Dr. Jerome Adams on why the words we use matter in efforts to promote health equity

Former U.S. Surgeon General Dr. Jerome Adams has the following message for health equity advocates: forge respectful relationships with people with different viewpoints — and pay close attention to the words you use.

“We need to learn to speak in a language that resonates with folks,” Adams says. “When that happens, you will get better policy making.”

Adams recounts his experience – both as the 20th U.S. Surgeon General and as the former state health commissioner for Indiana – in an interview with Health Disparities podcast host Claudia Zamora.

He also discusses his new book, Crisis and Chaos: Lessons From the Front Lines of the War Against COVID-19, explains why diversity in medicine matters, and talks about the importance of dismantling stigma to increase access to mental health care and addiction treatment.

The transcript from today’s episode has been lightly edited for clarity.

Dr. Jerome Adams: Stigma kills more people than heroin or fentanyl. And it does that because it keeps people from asking for help. It keeps people from even acknowledging that they need help, and keeps other people from being willing to offer help. We really need to focus on lowering stigma. And that was a big part of my mental health and substance misuse efforts when I was Surgeon General: How do I leverage my bully pulpit to help lower stigma?

Claudia Zamora: You are listening to the Health Disparities Podcast -- a program of Movement is Life, being recorded live and in person at Movement is Life’s annual health equity summit. Our theme this year is “Bridging the Health Equity Gap in Vulnerable Communities,” and as always we are convening with a wonderful community of participants, workshop leaders and speakers.

I’m Claudia Zamora, your host for today’s episode of the podcast. I’m a health education consultant and health equity advocate, and I serve on the Board of Directors for the National Hispanic Medical Association and the Board of Directors for Movement is Life.

Our final plenary session at this summit is titled “Health Equity: Why It Matters And How We Get There,” in which Dr. Jerome Adams used examples from his prior

experience, as a physician at an inner-city hospital, State, Health Commissioner, and surgeon general, to explain why we must look at health as much more than access to traditional healthcare.

Dr. Jerome Adams, is a physician with a Masters in Public Health. He was 20th United States Surgeon General from 2017-2021, and is now a Presidential Fellow and Executive Director of Purdue's Health Equity Initiatives, and a Distinguished Professor of Practice, at Purdue University.

He ran the Indiana State Department of Health prior to becoming Surgeon General. In the State Health Commissioner role he managed a $350 million dollar budget and over 1000 employees, and led Indiana's response to Ebola, Zika, and HIV crises.

Notably, Dr. Adams helped convince the Governor and State Legislature to legalize syringe service programs in the state, and to prioritize $13 million in funding to combat infant mortality. As Surgeon General, Dr. Adams was the operational head of the 6000 person Public Health Service Commissioned Corps, and oversaw responses to 3 back to back category 5 hurricanes, and to a once in a century pandemic.

Welcome Dr. Jerome Adams, we are so pleased to have you with us.

Adams: Fantastic to be with you, good day, Buenos dias. And wow, that was quite the introduction. I am not worthy. I feel like you got the script from my mother.

Zamora: Well, yes, you are very worthy. So let's start by sharing with our listeners some key points of your closing plenary talk today. Could you please share an overview with us of why for you health equity matters?

Adams: Well, the closing talk is really going to be trying to pull together many different threads that have been laid out over the course of the last two days. And there have been some amazing talks about the importance of health equity by people who live and breathe this each and every day. I've spent the last decade in policymaking. And really what I want to do is help people understand how we go from talking about these things, to actually implementing health equity strategies on the ground level.

And as you mentioned, I've done this at a state level as a state health commissioner and a Surgeon General of the United States. And I also hope to make the point that we need to understand our audience and speak in their language. To give you a real concrete example here: I was state health commissioner in Indiana, we had a super

majority white male Republican legislature. As much as I want to educate people about and talk about and raise up the issue of systemic racism, I can't walk into that legislature and say, 'structural or systemic racism' right off the bat and expect that I'm going to gain traction. And so I really want people to understand what it was like, from my perspective in these high level policy roles, trying to advocate for health equity.

Zamora: Thank you for that. Why must we look at health as much more than access to traditional health care?

Adams: Well, we know that only about 20% of your health is determined by the traditional ways that we think about health care: what happens in a hospital or what happens in a doctor's office or a clinic. The other 80% are things that happen outside that sphere, things like transportation, safe and affordable housing, access to, to nutritious foods in your community. And if we don't address those things, it doesn't matter what we're doing in the hospital, or in the clinic. Again, I want to make it concrete for folks. Just this morning, I saw a big news story about Ozempic, and about how we're trying to treat our way out of the diabetes and obesity epidemic that we're in. Well, that's the medical model. If we don't embrace a public health model, we are always going to be trying to dig ourselves out of a hole that keeps getting deeper and deeper and deeper. We would actually get much better outcomes free, much lower cost, if we invested in complete streets, and again, access to to affordable and nutritious foods, than if we wait for everyone to get diabetes, and show up in our emergency rooms and DKA, diabetic ketoacidosis, and then try to bring them back from the brink of death and put them on Olympic, which at this point in time cost $1,200 a month for the rest of your life.

Zamora: Great point. During the emerging COVID pandemic, there were some hugely impactful decisions made which had a far reaching consequences. How hard was it to get politicians to work with sound public health principles?

Adams: That is a very, very interesting question. It's one that I talk about a lot in my new book, Crisis and Chaos: Lessons Learned from the Pandemic. I try to help people understand that despite what you read about or hear on the radio or see on TV, the majority of the politicians that I spoke to were well intentioned, and they believed in health. However, they view the world through their own eyes as we all do. If you haven't grown up, relying on government assistance programs, like I did, if you haven't grown up in a rural community, where access to health care was limited, if you haven't grown up without educational opportunities, it's hard for you to understand how much that influences your ability to make healthy choices. And so number one, representation

matters. We need to make sure we've got diversity at the table. And we've got to make sure we're willing to be at the table.

So I'm going to tweak this a little bit. I want people to hear me here. We often talk about the importance of diversity. But one of the things I talk about in the book are how Black and Brown people chastised me for joining the prior administration, and said you shouldn't be at the table, you should walk away from the table, you shouldn't engage. That's the exact opposite of what we're actually saying needs to happen and what we know needs to happen. So I think the more that you can, number one, be at the table and, number two, forge respectful relationships with people, the more they will have their eyes opened to different viewpoints. And when that happens, you will get better policymaking.

I also think that we need to learn to speak in a language that resonates with folks. So I mentioned earlier, the supermajority all white male legislature that I had to deal with when I was State Health Commissioner in Indiana, while I was still able to secure $13 million for infant mortality, which disproportionately affects Black and Brown communities. We were still one of the first red states to expand access to care through Medicaid via Affordable Care Act funds. How did we do that? Well, I talked about workforce, I talked about the impact on the business community. And at the end of the day, that was a language that resonated with my audience. It still got me to the end goal, but it was speaking about it in a different way than we often do in public health, and then in health equity circles.

Zamora: Your thoughts about being at the table, I was in a meeting, I'm not gonna say who the client was, and they were talking about vaccinating underserved specifically Latino communities. And, you know, it's MDs, PhDs, and I'm waiting for them to give the solution on how to get the vaccine to the underserved populations. So then we're talking about, oh, we're gonna get a bus or a van, we're gonna go pick them up somewhere, bring them back, and then we'll give them the vaccine and then send, you know, bring him where we pick them up. I waited about 10 minutes, nobody said anything. By the way, I was the only Latina in the table. And I said, Well, you know, they're not gonna come. And they were like, 'well, why? we're gonna pick them up.' And I said, because some of them have 1, 2, 3 jobs, making minimum wage. They don't get benefits. Do you think they're gonna leave and lose half a day's work to come and get a vaccine? That's not going to work. I said you guys need to go to the community, you need to go where they are. So I thought, well, if I hadn't been here, the narrative would have been we offer, nobody showed up.

Adams: Exactly, exactly. And that's why representation matters. I often say if you're not at the table, you're going to be on the menu.

Zamora: COVID exposed health inequities in a way that showed us we already had an epidemic of health disparities that were not being addressed. Does this perhaps mean we need some kind of warp speed taskforce to address health disparities with similar urgency?

Adams: Another great question that you ask. And I'll start off with your premise. And I want to completely agree with your premise that COVID showed us we already had an array of of underlying health disparities. I often say COVID didn't reveal anything new COVID was just a magnifying glass. It just magnified a lot of the problems that have been in existence and that we've talked about for decades, and it put a spotlight on them so that everyone sitting at home was forced to see it in stark detail. They were forced to see that people who were morbidly obese were more likely to end up in the hospital, they were forced to see that frontline workers were at a much higher risk of getting infected with the virus, they were forced to see that people who live in multi generational housing often ended up being super spreaders, because one infection turns into 10 infections overnight.

And so it's incredibly important that we leverage this opportunity in this moment, to highlight the impact of addressing health inequities and building healthier communities. Businesses have seen in a way that all the talking in the world could have never shown them that if you don't pay attention to health, it's going to shut down your business. And so I think it's important that we that we really do come together, and assess lessons learned. And that's again, what I try to do in my book is help walk people through those lessons learned.

But when you say a warp speed to address health disparities, I would change the verbiage a little bit, I don't think you're going to get support on a national level around the idea of addressing health disparities. I wish we could. I just don't think we want particularly in a lot of places in America right now. But what I do think we can get support around is building healthier communities to promote healthy workforces. There's not a person on here right now, who hasn't been to a restaurant, or a or a store that didn't close earlier than what you thought they were going to close recently, because they don't have enough people working. And we know many people have checked out of the workforce as a result of the pandemic. And so what if we can help people understand that building healthier communities creates a healthier workforce and a healthier bottom line? That's something that I think we can get a warp speed around. And I have proof of this. In Indiana, we were actually able to secure a 1500% increase

in public health funding, it was actually $250 million dollars at a time when public health funding was being cut. And we were able to do this by focusing on the business argument for building healthier communities and investing in public health.

Zamora: When you started the position of Surgeon General, your stated goals were addressing mental health challenges and the opioid epidemic then in late 2019. And certainly in early 2020, the focus necessarily shifted to COVID-19. Do you remember a time or a specific meeting where you realized that COVID-19 was going to change everything? How did your job change with the onset of a global pandemic?

Adams: That's an interesting question. How did my job change? It changed drastically, because I had to shift my focus from all the different things I was with was trying to lift up before maternal and infant mortality, the opioid epidemic, suicide prevention, in focus them on trying to help people understand how to stay safe from this novel virus. And that's actually again, one of the lessons learned in my book. In the future, we need to figure out how to walk and chew gum at the same time. Because we know that unfortunately, suicide rates went up. Throughout the pandemic, we set a new record for overdose deaths last year, 111,000 people died of overdoses. And we have seen maternal and infant mortality rates going the wrong direction. After in many places they were doing a little bit better pre-pandemic because of investments that folks have made in that space. And so my job changed drastically.

You asked when, or if there was a specific date or time that it changed. And we forget a lot that happened in 2020, some of it's just because we've moved on, some of it is because it's traumatic, and we don't want to remember it. But I'll give you a very specific day, the day that the world wrapped its head around the idea that this was going to be serious was when that Utah Jazz - Oklahoma City Thunder basketball game got stopped on live TV, because Rudy Gobert actually was diagnosed with COVID. And then it caused a ripple effect, the NCAA Tournament was halted. And it's fascinating when you think about the fact that it wasn't the Surgeon General saying, 'Hey, pay attention. 'It wasn't Tony Fauci saying, 'Hey, pay attention.' It was when sports and business started to become impacted, that people began to take this very seriously. And it again underscores the point that I made earlier about how we need to speak in a language that resonates with our audience, we need to help them understand how health impacts the other aspects of life that they care about. Because unfortunately, for all of us, we tend to put health last, even our own personal health. I'm speaking to people on this podcast, many of whom would say they are health advocates. And I'll ask you, how many times in the last week, have you not gotten enough sleep, not eaten, right? Not worked out, not talked to your family, or done something that's positive for your mental health, for the sake of your job, or other priorities that you have in your life.

If there's a single person on here, who doesn't raise their hand, then they're not telling us the truth. And I say that because we again, need to, to make sure we're speaking in a way that people can relate to, and that speaks to their day to day priorities.

Zamora: I'll be the first one, I raise my hand because I do it all the time. Even though I say and I put it on my calendar, you know, go to the gym, go take a walk, do something, something comes up. And then I just put it aside.

Adams: Call mom, you know, although it's, it's not something that we should beat ourselves up over. But we have to understand that if we and we have to help other people understand that if we don't invest in our baseline health, if we're not what healthy and well ourselves, we're not going to be able to invest time and energy into those other things that are meaningful to us.

Zamora: Exactly. Now, going back to when you started as U.S. Surgeon General, your priority being mental health. I know I'm sure you know that Hispanics are, you know, there's a stigma around saying I need help or have issues. How what was your plan to kind of tackle that in Black and Brown communities? That again, it's hard for them to say, I need help I have a problem.

Adams: So, two things that I tried to do. Number one, I tried to walk the talk. And so I want to back up because I say something, often to crowds, and I want your listeners to hear it now. Stigma kills more people than heroin or fentanyl. And it does that because it keeps people from asking for help. It keeps people from even acknowledging that they need help, and keeps other people from being willing to offer help. And so we really need to focus on lowering stigma. And that was a big part of my mental health and substance misuse efforts when I was Surgeon General. How do I leverage my bully pulpit to help lower stigma.

And stigma happens when you can separate groups into us and them. And so we lower stigma by helping everyone understand there is no us and them. We're all in this together. So one of the things that I did as Surgeon General, was very publicly shared the story of my family and my brother, who's suffering from substance use disorder, and has been for most of his adult life. And I can't tell you how many times people will come up to me afterwards and say, Thank you so much for saying that. My family is dealing with the same thing only I've been ashamed to talk about it. And you've given me the courage to speak about this more openly. So that is how we lower stigma by sharing our stories and by normalizing mental health and wellness and substance misuse, which leads to the second point I want to make.

I am incredibly impressed by young people and their willingness to embrace mental health and wellness. The young people, the students who I teach, now, they're very willing to say I need a timeout, they're really very willing to say, Hey, I'm going to therapy, or I need to take a mental health break. And I think we need to empower the young people to continue to lead the way in this space. Because in some ways, there are old fogies out there who just aren't ever gonna, are never going to change. But the young people, I think, will, will certainly help us normalize talking about these issues. And we also know that young people can have a positive impact on older people. I'm going to shift away from mental health for just a second. But to give you a concrete example, we know that if you want to change the way a family eats, if they're used to eating unhealthy foods, and you want to get them to eat healthier foods, it's not through the parents that you make that happen. It's actually through the kids. If you can have interventions in schools where kids are growing fruits and vegetables, and they're coming home and saying, Mom, Dad, I want a salad, or I want to grow some tomatoes this summer, then the mom and the dad will say, okay, yes, let's do that. And the whole family changes their attitude. But if it's top down, if it's mom and dad trying to make them do it, then you know, the kids will maybe take a bite when mom and dad are around, but they'll go back to eating their candy and their potato chips, when mom and dad aren't around or when they're over in grandma and grandpa's house. So I say that because young people really are the key to helping us change the way that we look at health, both mental health and physical health, and we need to empower them.

Zamora: So we need to take a cue from the millennials.

Adams: Exactly. As much as we beat them up, we do need to take a cue from them every now and then.

Zamora: But you know, you're right. Because I know I've worked with younger that were maybe 15 years younger than me. And they had no problem saying, not gonna do it now, I will do it tomorrow. And I'll be like, Ah, why? No, we got to get it done now. And now I'm actually, I'm starting to slow down to be like, now it can wait for tomorrow, so, very great point. How should the U.S. enhance its pandemic preparedness for the future?

Adams: So we're here in Washington, DC, recording this podcast, and I was just on Capitol Hill yesterday at a hearing on this very subject, and lots that we need to do. And again, I cover a lot of these things in my book, on a societal level, we need to make the case that we can't be economically healthy. If we don't have baseline community health and health equity. We need to bring the business community in, we need to make that case. And we need to make sure we're investing in public health infrastructure and data

reporting, and public health communications trainings, and the things that will allow us to to better inform the public and empower them to make healthy choices. I think that is it's critical. We need more international cooperation. I get asked all the time, if you could go back and change one thing in 2020, what would it be? And the unfortunate truth is, the studies bear out that there's not a lot that we could have changed, that would have drastically changed our outcomes in terms of singular things, singular interventions. But one thing that I do believe would have changed our outcomes is if China had been more forthcoming with information about the virus earlier on, that would have allowed us to more more quickly alert the public here, that would have allowed us to tell people, Hey, you should mask because we know that we have high degrees of asymptomatic spread of this virus, we did not find that out until till much later. And after all, the public was already confused on masking. And so international cooperation is key to pandemic preparedness moving forward.

And then the final point I'd make is we need more public-private partnerships. A lot of bad came out of the pandemic. But Operation Warp Speed, in my opinion is the greatest public health and scientific achievement of our lifetimes. And I say that because there was a Lancet article that estimated that that vaccine being available saved 15 million lives in the first year, globally. And you have to remember that in June of 2020, Tony Fauci and Bill Gates, both said, it's still gonna be 18 to 24 months before we get a vaccine. That was in June of 2020. By December 2020, we were putting shots in arms. So, 15 million lives literally were saved because of Operation Warp Speed. And we need to enable more public-private partnerships like that for everything from sickle cell disease, to cystic fibrosis, to breast cancer, moving forward, so that we can save lives.

Zamora: Is there hope for them to actually do public private partnerships? I mean, do you think as you mentioned, because they came together, we have a vaccine sooner than later. Are you, do you talk to any corporations? Does anybody reach out to you say, Can you help us? Can you guide us? How can we make other things happen, like the other diseases that you need.

Adams: I will say that, that I have seen an increase in these types of collaborations. And again, it's one of the, it's another big point for my book. We have this tendency, whenever a crisis happens to say, okay, crisis done, move on, fire is out, move on. And we don't want to focus on preventing the next fire, we just want to forget the last fire happened. And so a big point of my book is saying, Hey, we keep having these fires over and over and over again. And unless we think about it, and invest in prevention moving forward, and part of that prevention of these public-private partnerships, then we're going to continue to suffer poor outcomes from an array of different causes. And

so I actually do think some people are getting the message. And you've seen other drugs developed from mRNA technology, new vaccines that are being developed, you're seeing cures for sickle cell, we literally may have a cure for sickle cell disease, and within the next couple of years, through public-private partnerships between NIH and outside entities, and so I am very hopeful in that regard.

Zamora: Over your nearly four years as Surgeon General, undoubtedly there was a mix of thrilling moments and challenging ones, what did you enjoy most about being a surgeon general? And conversely, what was the hardest part of your job, COVID-19 related or otherwise?

Adams: So the most enjoyable parts, I would say, would be a lot of the chance encounters that I had, and opportunities to learn from people who I never would have dreamed, I would have been able to interact with. I talked about in the book, a conversation I had with Oprah Winfrey, that literally changed my life. I had opportunities to speak with and learn from Colin Powell, before he passed, had opportunities to meet and talk with Bill Clinton, and George Bush, you know, how many people have an opportunity to learn from and to engage with figures such as this, that's, that's a blessing. It's a blessing that this kid who grew up poor Black on a on a farm in rural Southern Maryland, never imagined in a million years, I would have, and I thank God for that opportunity.

Now, the flip side is that what was the hardest part of my job? The hardest part of my job was the politics. It was the fact that and I want people to hear me here, I am not a Republican, I am not a Democrat. I'm an independent. I'm someone who believes that neither party has a monopoly on good or bad ideas. And I'm someone who, as a physician, does not have the luxury of saying, I'm not going to treat you because your political beliefs are different than mine. That said, there are a lot of people out there, including some people who are listening to to us right now, who very much formed opinions about me, based on what they perceived to be my politics, and who held -- hopefully, after this conversation, we've changed your minds a little bit -- but who held very strong and negative opinions about me, because of my perceived politics. And that made things very hard, particularly for someone who really does try to fight for health equity, it was incredibly hard for me to be out there fighting for the very people who were on the news dogging me out over and over and over again, because they didn't like the person who they saw me as being associated and affiliated with, which leads to a final point that I want to make here. And that is that I can't tell you how many times I was the only in the room, the only African American the only person who grew up relying on government assistance programs, and struggling to put food on the table and the only person who was from a rural community. And so it's important for us to make

sure we're supporting those individuals who are at the table, even if we don't always understand or perceive their political inclinations, or or or completely agree with them. Diversity matters and we want to have a full array of voices at the table so that everyone's perspective is heard.

Zamora: And talking about diversity, why do you think it is so important to have no diversity in medicine and in the healthcare workforce?

Adams: Well, we know from studies, that when you have diversity in the healthcare workforce and in medicine, that you get better outcomes. And I think this is important to this may be something that is jarring to folks. But we've got to go beyond just relying on the moral case for diversity. I think it is important for us to tell stories and to make that moral case we shouldn't run away from it. But we can't rely on it being sufficient to convince policymakers and the general public to embrace diversity, what we need to do is help them understand this is a matter of quality. It's a quality metric. If you had two different surgery centers that had different outcomes, more people were dying at surgery center A than surgery center B, we would say, Hey, this is a quality issue, and we need to address it. Well, if you have people who speak a different language, or people with a different skin color, or people with a different religion who are dying at a disproportionately high rate, again, we should look at that as a quality measure, and it's costing the system money. And we need to help people understand that it's also impacting our workforce, and our communities. And if we can make that case and show data to make that case, then it's going to be a whole lot harder for people to push back against diversity moving forward.

Zamora: Could you share with us some key health equity goals that you would have in 2024, and some calls to action for our listeners?

Adams: I would say my big goals for 2024 are making sure we don't forget that we understand and that we don't forget the lessons from the pandemic. Some of the biggest health changes that have occurred on our planet have come after times of war crisis. After September 11, we drastically changed our emergency response systems. After World War Two, we actually saw expansion of universal access to health care across much of Europe, after World War One, we saw blood transfusion therapy rapidly improve and expand. And so good things can come out of bad times. But not if we don't take the time to critically assess what what happened, right and wrong, and to do better moving forward. So that's my goal for 2024.

For your listeners, I would challenge you to recognize and check your biases, because our biases can lead us astray. They can cause us particularly political biases, to not

truly reflect on ourselves and on the people who we prop up. So I think that's number one. Number two, we need to be very cautious moving forward about recognizing misinformation and disinformation. Because there are a lot of people out there who are preying on us. They're preying on us because they can make money. If they can convince us to believe something that is not true. And it's on us, it's on us in many ways to make sure we're betting our information, and we are particularly health information and that we're going to trusted resources. Because, you know, and I don't want to close on a bad note. But it's interesting to me that the Tuskegee experiments, were really about denying care for people, the Tuskegee experiments were or folks observing the progression of syphilis and denying Black men penicillin. And now because of misinformation and disinformation, you have members of the Black and Brown community that are denying themselves care. And so it shows you how misinformation and disinformation can actually cause us to do harm to ourselves. And I hope that that moving forward, our listeners will try to do a better job themselves of recognizing because you're not gonna be able to stop people from from spreading it. And there are things we can do. I don't want to say there's nothing we can do. But there's always going to be someone out there trying to sell snake oil that's a story as old as man. But we need to make sure we can recognize, in most cases, the snake oil from the actual appropriate medications.

Zamora: I am curious to know though, when did you know or who called you to say we will have for you to be the next U.S. Surgeon General?

Adams: Well, so so that's another interesting story. Um, I I have a very good relationship with Mike Pence, the former vice president, and some people like him, some people don't want I can, I will tell you that he's a very thoughtful and religious person. I don't agree with a lot of his policy positions, I'll be honest with you. But I don't agree with everything my dad says, that doesn't mean that I can't get along with him. And so he's been a big supporter of me and my family. He gave me the opportunity to be health commissioner in Indiana. And he's the one who put my name in the hat to be Surgeon General of the United States when he became vice president. But I was in Gatlinburg, Tennessee, and I was on vacation with my family, it's important that we make some time out for our family. And we were actually about ready to get to get on go karts. We read a go kart track, and my phone rings. And it says, says no caller ID. And, and I said, Hmm, do I want to answer this? And I decided I better pick up this phone. Because again, this was after the election, there was a lot of different things going on at the time. And it was Mike Pence. And he said, Hey, Jerome, how are you doing? And I said, I'm doing fine. He said, Well, how would you like to be the next Surgeon General of the United States? And I said, Well, sir, if you think I can do a good job in that role, then I would be honored. And that was how I got asked to the Surgeon General of the

United States, and again, just a second African American male in history, to serve in that role, at a time when there are fewer and Black males graduating from medical school now than what there were 40 years ago.

So again, regardless of how you feel about Mike Pence, and regardless of how you feel about Donald Trump, it is important to understand that they gave me an opportunity to do something that almost no Black males on the planet have been given the opportunity to do. And so I did my best in that role. And I'm going to continue doing my best moving forward to leverage the bully pulpit that I now have as a former Surgeon General, and to to really create those types of opportunities for other people who might not ever otherwise have them.

Zamora: I'm pretty sure you inspired young African Americans to go to medical school, because now they're seeing someone up there at the highest levels.

Adams: Exactly. So I last story, I'll tell you, I often get asked, did you ever dream of being Surgeon General and growing up. And the honest truth is, I never even dreamed of being a doctor. And it wasn't because I didn't have the ability, I had straight A's. All throughout all throughout K through 12, I got one B and I'm in college, I could have been anything I wanted to be. But I never dreamed I could be a doctor because I'd never met a Black doctor, never met a Hispanic doctor. I didn't know there was anything other than white male doctors with an occasional white female doctor. And so it wasn't until I got to college, and I went to a talk in college that was organized by my university, where Dr. Ben Carson was giving giving a speech. And I got a chance to speak with him afterwards. And I said, Hmm, I guess maybe I could be a doctor too. And I tell you that story, because again, representation matters in ways that you might not ever imagine. Some people see me on stage standing next to Donald Trump. And it triggers them in a bad way. But there may be a little kid who's watching the TV and just sees Oh, there's someone who looks like me standing in the White House next to the President of the United States. Maybe I can do that too. And I won't even say I hope. I know, because it happened to me, that of the 350 million people in America, somebody who I will never meet, who I'll never know about, had their life impacted in a positive way. I truly do believe that. And so I do believe it was a blessing to serve in this role. And, and it was great talking with you today. I really appreciate your thoughtful questions and the opportunity to be here at this amazing meeting and to participate, participate in this podcast.

Zamora: Oh, I am so honored to be hosting this podcast. I was actually at the HBCU conference when you're standing next to President Trump. And I was so happy to see

you there because I thought wow, you know, it's so nice to see a different color. Indeed, if I may say that, well, what

Adams: Well, diversity matters as we've said.

Zamora: Yes, it does. And we're gonna continue saying that, shout it out diversity matters for our Black and Brown communities.

Adams: Indeed.

Zamora: Well, that brings us to the end of another episode of the health disparities podcast. Thank you, Dr. Adams. For your insights. We thank you for your service, highest noble service of being a public servant. And thanks to all of our listeners for joining us on America's leading health equity podcast. Until next time, be safe and be well.