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Leadership matters: A conversation with Dr. James Hildreth

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Abstract

I was extremely honored at this moment in the midst of our current health crisis to have a conversation with Dr. James Hildreth, president and chief executive officer of Meharry Medical College. The focus and commitment expressed by Dr. Hildreth reflects the very mission statement of Meharry Medical College itself, to advance health equity through innovative research, transformative education, exceptional and compassionate health services and policy-influencing thought leadership. As equally important is the alignment of Meharry's purpose with our very own at the Institute, as Meharry's mission continues to empower diverse populations to improve the well-being of humankind. Dr. Hildreth challenges us to find common context, follow the science and recognize that leadership matters. He calls on us to stop making assumptions and find a place of understanding, acknowledgment and action.

Keywords

COVID-19, systemic racism, health disparities, social determinants, leadership, human experience

Clarity in a Time of Crisis

I was extremely honored at this moment in the midst of our current health crisis to have Dr. James Hildreth, president and chief executive officer of Meharry Medical College join me recently for a conversation shared via The Beryl Institute's *To Care is Human* podcast series. (<https://www.theberylinstitute.org/page/Hildreth-Podcast>)

It is definitely a trying time as we remain caught in the grips of a global pandemic that's taking its toll on our communities. Economically, its challenging businesses and people kept from work, it's placing a strain on healthcare workers committed to tackling this crisis head-on and it's revealing, in the outcomes it is presenting, the very systemic weaknesses and inherent biases that we have long known rested just beneath the surfaces of our society for years. The opportunity in my conversation with Dr. Hildreth, a visionary physician leader, respected researcher and an unwavering champion for health equity who is also giving his time to help lead our response to the COVID crisis in the Nashville area, was immediately clear. We cannot ultimately address either of these crises of our time in isolation.

The focus and commitment expressed by Dr. Hildreth reflects the very mission statement of Meharry Medical College itself, to advance health equity through innovative research, transformative education, exceptional and compassionate health services and policy-influencing thought leadership. As equally important is the alignment of Meharry's purpose with our very own at the Institute, as Meharry's mission continues to empower diverse

populations to improve the well-being of humankind. That is the essence of elevating the human experience and the profound importance of the idea "to care is human" that is so critical to the moment in which we find ourselves. It was truly an honor to have Dr. Hildreth join us.

A Conversation with Dr. James Hildreth

As we get started, I love people to be able to get to know you in the context of all you have done and accomplished on your path to leadership now as president and chief executive officer of Meharry Medical College. So could you give us a glimpse of your journey to leadership?

I would start with the fact that when I was 11 years old, growing up in a small town in Arkansas, my father got very sick and died, and I could not understand why there was a hospital with doctors in it that my father could not get care, treatment for his illness. He died, and I was an angry young man; and that same year in 1968 Martin Luther King was assassinated, and he was my superhero. That really changed my life; both of those events kept me on my path. When I was 13 years old, I decided to become a doctor in the context of never having seen a black physician or knowing that a black person could become a physician. I did my homework and found out that there are some universities in the country that were really good at getting students into medical school more than others.

My goal became getting into Harvard. I went to Harvard; I had the good fortune to become a Rhodes Scholar and the basis for my Rhodes Scholarship application was to go back to Arkansas and establish some clinics to make sure

that no other 11-year-old had to go through what I went through. I went to Oxford and I did a PhD in immunology, because I'd become really fond of that subject or it just sort of suited me very well. I came back to Johns Hopkins for medical school and ended up staying there for 23 years as a professor doing virology and pharmacology research.

Another pivotal point in my life story was when I was a medical student; it was the first or one of the first patients I took care of, a young black woman in her early twenties who had just given birth to a baby. Both of them had HIV and both died of AIDS because there was no treatment at the time. I changed my plans from becoming a transplant surgeon to committing my career to HIV, and that's how my work on HIV started. I had the good fortune of becoming a fairly well-respected HIV investigator, and in 2004, I got a call from Dr. David Grandison in Nashville inviting me to come to Meharry Medical College to be the founding director of the HIV center. The first two times he asked me, I said 'no.' I was very happy and content in my career at Johns Hopkins; I was doing very well. Then I think they called my wife, and my wife convinced me that there wouldn't be any harm in going down to visit Meharry. To be quite honest, having been at some of the most prestigious institutions in the world, Harvard, Oxford, Johns Hopkins, I experienced something that I had not quite experienced before, which was a place where from the students, to the staff and the faculty, the commitment to an idea, to their mission was just so amazing to me.

More importantly, it was the mission of the place where I focused, and what reflected my own journey: to make sure that people who look like me could have the best healthcare had to offer and also to make sure that people who look like me have a chance to become doctors and researchers and dentists. It was just a really powerful experience for me coming to Meharry based on what I saw. I did come to Meharry in 2005; I stayed for six years and then I went to the University of California Davis, UC Davis, as Dean of the College of Biological Sciences. That was a bit of history, because they had never had a black Dean before in their 105-year history.

I enjoyed that very much, because 40% of my 6,000 kids were first generation in college, most of them were pre-meds, pre-nursing and pre-vet. I think I had a lot to bring to them in terms of mentorship and role models and more. Then in 2015, Meharry invited me back as president. So for me, considering how I started my journey and all the things that I wanted to do, being president and chief cheerleader for this place, it almost seems like God's handiwork. Because again, I'm leading an organization that represents the very reason I got into medicine in the first place, to try to bring equity to healthcare, to help. I'm

excited to be a part of Meharry, really proud of the legacy that I'm now part of. That's my story.

As you take all the lenses of your experiences, the kaleidoscope of views that you bring, how would you frame the challenges we are currently facing today? Where do we need to be focusing? What should we be ultimately acting on right now?

I think that for me, the thing that I've been wrestling with and trying to avoid coming to the conclusion that I ultimately always come to, is whether or not we truly value our lives the same in this country. When I looked at what was happening in China, back in January, seeing people who were smokers, who had hypertension, who had heart disease, who had diabetes, they were getting really sick and many of them were dying and China's a very racially homogeneous nation. The fact that it was happening there really meant that those factors were truly impacting the course of disease, and some of us have known for a long time that if you're black or brown, you're much more likely to have those things, so there was a sense of dread because we knew the virus was going to wreak havoc in our communities.

Over 115,000 people have died and millions have been infected, and you would think that that would get our attention in a way that few things could. In just a few months, 115,000 families are grieving the loss of someone they love, but when you look at who is being impacted, there are people who are old, who are brown, who are black, who are poor. You ask yourself the question, would the national response be different if the profile of those dying was different? You couple that with the fact that some of the mitigation steps that we're asked to take have been politicized. There's no one world that wearing a mask should now come down to what your party affiliation might be. I don't know what else I can do, what else I can say, buttons I can push, whatever I need to do to galvanize the attention. Maybe people just don't care. You just find yourself wondering, how is this possible? Because to me, it's a nightmare that all around us there's disease and death and seems like most people do not appear to be taking the threat of the virus seriously.

One of the briefings we were holding, I just felt compelled to remind people that every day we, by our actions, show our trust in science, by the actions we take. Sitting up in an aluminum tube, flying five miles in the air, trusting that it's not going to fall down and kill us. My point is that every day, with the choices we make, we take science for granted and we've accepted it; but in this case, for some people it seems, the science doesn't matter. They don't want to hear the science. They're irritated by the science. The public health officials who speak about this are a nuisance because they get between me and my life. It's another big challenge in that with all the advances that we've made,

and they're truly incredible, if people only understood how amazing the technologies are, perhaps their actions would be different.

Just one example is that the scientists in China posted the complete genome of the SARS-CoV-2, the virus responsible for COVID-19 in January, and in less than three weeks, there were a couple of companies, perhaps more than that, who had already identified a vaccine candidate based on the genome of the virus. That is just an unheard-of thing, because in the past it would take a year or longer to type the genome and translate that into proteins and form models. The technology, that amazing science, is really going to provide us an answer here much sooner than otherwise would have been possible. It may not be soon enough for some, but my point is we've trusted science in so many different ways and so many domains of our lives, it's puzzling that in this instance, we don't seem to be.

What are you telling your students at this time, folks that are aspiring to be future researchers? What is the message for them right now?

Well, part of my message is to have them understand what an unprecedented time they're living through right now, because it's something that's not happening in the 101 years, 102 years, right? I want them to understand both the magnitude of what we're challenged with, but also the opportunity to live out why they chose to become physicians and dentists and researchers in the first place. Because we all go into medicine and research because we want to make a difference in the lives of people, to extend lives, save lives, improve lives, and here's a once in a lifetime opportunity to be part of something truly historic. There's that part of it. Also, I'm trying to use the disparity and outcomes of COVID-19 to have them really appreciate why an institution like the Meharry has an important place in the healthcare ecosystem.

When I was being interviewed for the Rhodes Scholarship back in 1978, one of the questions I had that was asked of me was, didn't I think that HBCU had outlived their purpose. Hundreds and thousands of universities in the country, why do we need them anymore? I think my answer at the time was that there are lots of people in leadership roles who are well respected, who would not be in those roles were it not for HBCUs, but I think that now more than ever, we're truly relevant, we have a role to play. I want my students to understand that the legacy is real, the mission is real, and the opportunities are clearly real to make a huge difference in the country, in the lives of people, in communities. I really want them to understand that and appreciate it.

What do you hope the changes will be in terms of the moment in which we find ourselves? What will impact health care? What will happen, hopefully with the outcomes we provide and ultimately, what do you see as the opportunities we have in healthcare to address this real impact of health disparities and the systemic racism that I think we all have to acknowledge exist today?

Well, I think that addressing the disparities in health require that we just address some social determinants of health as they're called. Minority communities tend to live in a placement square. There might be a food desert, so there's no access to healthy foods. So they buy foods with high calorie content, but not very nutritious. That can lead to diabetes, all the things that we talk about. Oftentimes, when there's going to be a waste facility or something else that can create a bad environment that would be put in the neighborhoods. Not that it is a huge factor in our health, but certainly is a factor. Access to healthcare is also a challenge in these communities, being able to go to a school where the quality of education is high or contributes to health. In some cases, your educational attainment can be directly linked to how healthy you are.

I think back to health literacy. So there's all these fundamental things that a lot of people can take for granted that people who live in minority communities can't, and if those were to be addressed, I think the healthier status of those communities would follow suit. So people have been harping about access to healthcare. It is a problem, but quite honestly, that only accounts for like 10 to 15% of our overall health, and so it is an issue, but it's not the main issue. The main issue is all these social factors that have to be addressed and, unfortunately, that's left up to the politicians and policy makers and right now that's a huge challenge. But I do think the murder of George Floyd has created an opportunity that may not come again for quite some time, and I hope our country will be focused long enough to have substantial changes happen; because many times when these things happen, we have a few hashtags that will transform the conversation, but then we get tired and go back to the way things were. I hope this time will be different.

What does a true focus on human experience in healthcare look like? In light of the moment in which we find ourselves, what must we be doing to address the issues that have elevated themselves through this crisis and clearly through the social conversation we need to be having today?

I think in healthcare, one of our biggest challenges is that the people who are a part of healthcare need to reflect the people that they are caring for. Unfortunately, that's not quite the case and that's important on a lot of levels. Oftentimes I'm the only black person sitting around a

table. It's been that way for most of my life. The experience of having to, or not having to, interact with me on a professional and personal level can actually change how people view folks who look like me. Not that it should take that, but oftentimes that is the case. I do know for a fact that when people who are a part of leadership have diversity sitting around the table, the conversations are different, the focus is different, even the outcomes are different. One of the things that we've got to find a way to do is to make sure that the leadership in healthcare, leadership in higher education for that matter, reflects our differences, because then decisions will be made that are not influenced by personal bias and we can achieve the progress that we need.

For example, we know that outcomes in health, when a physician sees a patient, is better when the patient and physician have some cultural connection or at least feel like there is a cultural and human connection. But that's not going to happen often, for example, as there's only 3% or 4% of physicians and 1% of PA's who are black. So in other words, if you look just across the board, diversity in healthcare is a problem. Until recently there's a gender issue as well, but I think that we have to be focused on it. We have to be intentional about it, and I think that when we are focused and intentional and we are aware, we just have an awareness of the bias we all have, then we can start to make real progress.

I think that one thing I've been emphasizing is that we just need to start having honest conversations. Some of these conversations are difficult to have about who we are, what we are, what motivates us. I think the results of those conversations could be really powerful, and I hope they'll happen. I see them happening now. I hope they'll continue.

As we identify these issues and the things that are impacting the broader human experiences we've just discussed and the realities that we've realized about our system, how do we ensure that these conversations are ultimately sustained?

I think that here's where leadership really matters, because if we had leaders who were having these kinds of conversations and listening to what is really happening, what people are saying, I think leaders can sustain the conversation. They can help us to make the kind of structural changes needed, because some of these things are now structural in terms of the bias and racial challenges. Here's where I think the country has been let down a big time on both sides, in terms of our leadership, and then being willing to have those open, honest conversations.

We've got to stop making assumptions about motivations, right? I've come to the point of trying to explain things to

people by just saying that I am James, I'm the son of Lucy and Jacob, I'm the brother to Charles, Dorothy, Verdell, Mary Ellen. And I'm the father of Sophia and James and the life mate and husband to Phyllis Drennon King. So you can understand me in the context of a son, a brother, a father and a husband. If you just know those things about me and make no other assumptions about me, you would actually know me pretty well. I think that would be true if I was black, white, Hispanic or whatever. My point is, if we can just start to view each other in a common context, that would actually make a huge difference. To me, that's what this comes down to: not making assumptions about each other and just have those conversations where you find a common context or common framework that will make a difference.

Creating Common Context

Dr. Hildreth's point, that we have an opportunity to create common context is a profound one. I have long said in healthcare we are human beings caring for human beings. At the same time, we cannot and must not assume that means we are all the same, but rather we must see, acknowledge and seek to understand the very differences we all bring to that equation. And we must stop making assumptions.

That touches at the heart of this moment in which we find ourselves right now. We must and we hope through venues such as PXJ and others that we do the work to not only start, but sustain these honest conversations. The context of son or daughter, of sister or brother, of father or mother, of wife or husband, to bring equity in healthcare, to build actions to our trust, to really crush those assumptions and the fact that we can see all lives as important. That is what this convergence of the COVID crisis and heightened awareness of disparities has revealed.

Dr. Hildreth's journey and his insights reveal all that is and must be possible. More so his words to challenge us to not relent in our pursuit of what is right and good for all we serve in humanity. There may be no higher calling at this time, not only for those in healthcare, but for all of humanity. Thank you Dr. Hildreth for bringing that to light.