

Remarks by Secretary Denis R. McDonough (as prepared)

**VA Minority Summit
Washington, DC
June 9, 2021**

Dr. Marjorie Bowman, thanks for that kind introduction and for your enduring commitment to promoting diversity in health care.

Let me also acknowledge doctors Karen Sanders and Paul Greenberg. Your devotion to strengthening VA's academic affiliations with HBCUs and Minority Serving Institutions is inspiring and so important to health equity.

Four years ago, VA joined representatives of our nation's historically black medical schools, as well as representatives from dozens of other HBCU institutions, to find ways to eliminate persistent inequities and disparities in health care and improve the diversity pipeline. Dr. James Hildreth, thank you for hosting that first summit on the campus of Meharry Medical College, and thanks for joining us again today.

Four years later, the crisis of health care disparities and the ongoing struggle of equality and equity for people of color are just as urgent as ever.

That has been laid bare by a 2020 that none of us will ever forget. It will forever be remembered as the year that a global pandemic began and killed nearly 600,000 Americans.

But we will also remember 2020 as the year in which, in so many ways, our nation's sordid history of racism boiled over—often with deadly consequences.

The year that hate crimes against Asian Americans in our largest cities skyrocketed by 150%.

And, perhaps most relevant for our purposes today, the year that people of color died at far greater rates from COVID-19.

The statistics tell the terrible story. Throughout the pandemic, Black people have been almost one-and-a-half times more likely to get COVID-19, and nearly three times more likely to die from it.

Latino and Latina people have been almost twice as likely to get COVID 19, and those who are infected were nearly three times more likely to die from it.

These disparities are tragic, and they are unacceptable.

And, in many ways, this year brought into even sharper and more painful focus the disturbing effects of racial biases and stereotypes on the quality of health and health care people of color endure.

Now, these disparities have festered since our nation's founding, so nobody is under any illusions that ending them will be easy. Righting these wrongs will require *all* of us, pulling in the same direction at the same time, to drive change.

But make no mistake: we can and must do it. And, with the pandemic, we just proved that such a mobilization is possible.

Let's think for a moment about the enormous effort that went into responding to that worldwide crisis—finding, testing, and distributing an effective vaccine. In a little over a year, we went from a global pandemic to vaccinating 63 percent of Americans. Last March, that level of progress would have been almost unimaginable.

But we were able to make such tremendous progress because doctors, researchers, and scientists were unified and operating from a justifiable sense of urgency and deep commitment to saving lives.

We must now to apply the same kind of unified effort, that same sense of urgency, and that same deep commitment to saving lives to ending racial disparities in health care that have festered for far too long. This challenge is every bit as important now, especially at a time when our Veteran population is becoming more diverse.

By 2040, minority Veterans are expected to represent 37 percent of the Veteran population. And by 2050, minorities will make up more than half of our Veteran population. Those numbers make clear that we must be far better prepared to answer the specific health care needs of our very diverse America.

But here's what those numbers don't tell us. Only one percent of physicians identify as Native American, Native Hawaiian, or other Pacific Islander. Only five percent of physicians are African Americans. Only six percent of physicians identify as Hispanic. Only 12 percent of students graduating from our nation's medical schools are Native American, Black, or Hispanic.

Think about that. Those are problems, national problems. And they are problems for VA and the Veterans we serve. It affects our ability to deliver the best quality health care possible to the 23 percent of Veterans who are minorities.

We have to diminish those inequities by quickly increasing the number of minorities preparing for medical school, working their way through medical school, and graduating medical school. And I want to see them coming to VA to practice.

Fortunately, right now, VA has an opportunity to make lasting change in achieving equitable outcomes in health care for our Veterans, their families, caregivers, and survivors. We have the strong support of the President, who is committed to advancing

racial equity across the federal government. We are looking at new ways to engage partners like you to strengthen our outreach and increase our access points to underserved communities.

In April, I launched our Department-wide I-D-E-A task force—inclusion, diversity, equity, and access—to weave those principles into the fabric of our mission. A central component of the task force focuses on building new relationships with external partners like you to learn best practices from organizations like yours—organizations that know best how to serve diverse communities. Together, VA and our ecosystem of partners can work to deliberately and consciously change the way benefits, care, and services are delivered to marginalized and underserved communities.

And our Office of Academic Affiliations will continue to be central to training, managing, and developing the future VA workforce serving Veterans.

Seventy percent of the nation's physicians receive their training at one of VA's 171 medical facilities. We need more physicians and health care professionals training with VA.

And that's where you come in. There are around 700 minority serving institutions on our list. We're affiliated with only 200. That's a huge disparity. We need the other 500 to partner with us so that we can train, manage, and develop a future health care work force that looks like America.

But building the pipeline takes some time. You know it takes years to train new physicians, new nurses, and new psychologists. So, we're making the training, the scholarships, and the research at VA a critical part of that pipeline to diversifying health care.

Today, you're going to hear about how your trainees can come to VA and receive clinical training in over 40 health professions. You're going to learn how your trainees can come to VA and get scholarships to pay for medical, nursing or physician assistant's school. You're going to hear about how your trainees and faculty can develop their portfolios with grants and innovative research that grow dynamic, diverse leaders in the health care field.

And I'm so glad you're here, because we need your help.

Let me leave you with one final note on why diversity matters so much here at VA and why I'm so excited to be working with you. We need our workforce to look like America—not only because that's the right thing to do, but because it can save lives. The work we're doing here is as simple and important as that.

This is perhaps most clear when you look at the tragic case of racial disparities in newborn death rates. Black newborns are three times as likely to die as White newborns, which is itself a horrific encapsulation of the systemic racism of our nation's health care system.

But a recent study found that this crisis can be addressed in the simplest of ways: hire black doctors to take care of Black babies. The study showed that when the doctor of record for Black newborns was also Black, the babies' mortality rate was "was cut in half."

This is true for adults, too. A similar study showed that Black doctors treating Black men could reduce the Black-White gap in cardiovascular disease mortality by 19 percent. If our country has doctors and caregivers who look like the population they serve, we can save the life of a newborn—of a friend, of a father or mother, brother or sister. And, in so many cases, it can save the life of a Veteran who fought for our country.

President Biden appointed me to lead VA with a clear mission—to be a fierce, staunch advocate for Veterans and their families. When he did that, he wasn't talking about some Veterans—he charged me to care for all Veterans. That's what we're asking you to help us do, to partner with VA to serve all Veterans and be a part of the most noble mission there is in government.

Thank you so much for all you've done, and all you will continue to do. It's an honor to work with you.