

Global Health Leadership

Hello, I'm Jon Samet. I'm the chair of the Department of Preventive Medicine here at USC. Of course the department that houses the MPH program. I'm going to be talking with you about global health leadership and talking a little bit of personal story to about how I moved into this area, so my own experiences in leading activities that relate to public health and global health.

My objectives today to talk about leadership provide you with some examples of people I think are important and potential role models, and people you should know about as you enter a career in public health, and global health. I want to talk a little bit from my own perspective that is I mention about the role of academics and researchers in being leaders in global health and the kinds of ways and opportunities there are to make difference. Because I suspect making a difference is what may have motivated you to enter a career in public health. Think about words, being a leader showing leadership, being an advocate, being a researcher, being a practitioner, doing research to generate evidence, evidence to make a difference.

Being an expert and engaging in policy, so these are some of the issues I'm going to be talking about. When we think about how to advance health, there really are many opportunities for doing so. This is one of those complicated multi-level kind of diagrams here where we start at the bottom with genes, molecules, and move up to the top to the global level.

Just take for example obesity of some investigators might be concern about the genes for obesity, and others might be interested in global food policy. Perhaps in the multinational food companies. In between there might be interested in family structure, the availability of food and of course dis-complicating our lives, all these factors play out over the life course.

We have to take on many problems a life course kind of approach. When we think about generating research evidence, that could be any of these different stages or levels, and the policy approaches, the opportunities for leadership to make a difference could well figure quite differently at the genome level, thinking about how to perhaps one day implement a genetic approaches to disease risk modification.

At the global level, thinking about how one goes about trying to influence the multi-national food industry. You need to think about you will make a difference, and think about in a way what you might be doing 30 years out in your career when you want to make a difference and in fact look back to see what you have done.

The world is complicated around these kind of issues, and I show you this diagram not because I want you to look at it, and interpret it's element, but this is a diagram of the players in tobacco control and their interactions, and it points out that we engage in public health and global health in very complex systems where we maybe occupying one or another box perhaps

involved in tobacco control or doing research. We need to understand the full enterprise to understand how we can make a difference.

When you think about how you will make a difference, will it be by carrying out research? By developing and implementing policy, moving over to the policy maker side. Working for an NGO that has a mission? Providing medical care, very important way to make a difference. Business and again business is incredibly powerful; think about the pharma industry, or on the other hand think about the food industry. Perhaps becoming very rich and doing something like what Bill Gates has done, truly magnificent and transforming the planet. Or by being an advocate, and these are not necessarily exclusive, although it may be hard to live up here and do research and at the same time be an advocate. Because sometimes trying on your own both directions, you can't do both.

Because if you want to be scientist and advocate, which in a way means you've gone beyond the limits of describing evidence, push for particular outcome point of view then that may tend to discredit your sides. Then of course the political I mean is very, very important. Think about what you mean by leadership.

Even doing the exercise of writing it down before it goes on to talk now about some definitions of leadership. There's of course there's a lot written on leadership and the one thing having work in academia for quite a while and make a distinction between leadership and administration.

Administration is dealing with the details that I put up there, keeping the trains running and leadership setting the directions for the trains. Again leadership can be an internal role, it can be one that goes externally, and there are many many different models for leadership.

You can take a look at these, you can go in the Google and put in definitions of leadership and come up with far more than you want. It is of course a general concept, there's a lot of discussion about leadership in our worlds, a lot of leaders whose styles we admire or perhaps dealt, admire and there's much to be learned about leadership from fields of scholarship.

Here are some examples of quotes from people who are leaders, Bill Gates, a quote about empowerment, and I think this speaks the needs sometimes for leaders to step back and help others to move forward. Sort of what John Quincy Adams said on the second quote and, you have to like what Abraham Lincoln says.

If you're going to be a leader, be a good one. Just looking at books with the title leadership, the numbers are large and mounting, that cut across many different fields, you can just walk by an airport, book store if you wander to the business section, there will be book after book on leadership, leadership made simple, leadership made hard. Leadership using the principles of whoever, and I'm not sure you can pick up one of these books and transform yourself into a leader. I enjoy seeing what people say about the general topics.

Here's a few results of the kind of thing that one finds with a Google search, and you can go do your own of course and you can see that many titles in Amazon.

I'm going to take you through some leaders and begin in terms about thinking about the exercise we're doing.

You might think about a leader you know of and like and see as a model in global health, and I put not Paul Farmer here, only because so many people think about Paul when they begin to think about leadership.

Who are leaders in global health? Well they cover the domains that we have talked about. Policy makers, people involved in governments, NGO, Academia, public health leaders. Some people hold leadership by virtue of the position they hold. Tom Frieden the head of the U.S .Center for Disease Control, or the head of WHO, Margaret Chan. Academics, researchers, and other health professionals and those who are advocates.

Some people are very forceful leaders as they advocate based on their own experience, experience of their community. A variety of different people are leaders. Back to my focus, personally motivated, the role of academicians in global health. Here we thought about how we can make a difference in a kind of place that we sit in, say at USC. We can do research, we can train we can apply, be practitioner, we can service experts, and experts to a wide variety of organizations that I've just simply labeled here effectors.

These are entities that are after targets, they are after change, they are after implementing programs and part of what we can do is develop research evidence that feeds in, we can train, train those people who aren't, in the NGOs in the global agencies. We can be experts for these entities, and hope that our guidance will assure that Science what we know is used as effectively as possible.

How can academicians lead? I would put research right at the top as I have developing programs and initiatives so, at USC global health is relatively new. In fact, in part we have it to respond to student demand and interest in this general area. We can lead by example; our students will see what we do, we can communicate, engage, go out there in the world and do things, and importantly raised the next generations.

Here are few people and we're going to go through some of these, just as examples of people who have made a difference, and they've made a difference with leadership example, and sometimes science. Back to Paul Farmer who I suspect many you've heard of, who created Partners in Health along with Jim Kim now at the World Bank Trade.

Tracy Kidder's book tells his story. Paul, a physician, was training in anthropology, has proved to be very effective in taking on important problems in persuading others to go with him, to take them on, and in part telling story about this problem to bring attention to things like multi-drug resistant, TB or the plight of giving care in Haiti. He's written a great deal about this, and he

comes at this with a framework, a lens so to speak, social justice, dealing with the inequities that are so challenging not only in the United States but globally.

Here's someone you may not know about, but someone important to me, and someone you should know. Sir Richard Doll. He's one of the leading epidemiologist probably did more than anyone has ever done, or will do. Certainly a key figure in smoking. Richard had the point of view for a long time that the research of his role was to publish, and then others would take on, carry through with what needs to be done.

Later in life, as the smoking story continued, he became well not an advocate, an aggressive communicator of the evidence, with the message, "Hey, it's bad let's do something about it." Another towering figure D.A. Henderson widely acknowledged as the person who led while at WHO, the smallpox eradication campaign. His leadership style was strong, pushing, sleeves rolled up, getting in there himself.

I have to say I think that, well certain hopefully smallpox would have been eradicated in the leadership of someone else, he may have gotten it done as quickly as could be done at the time. I had the opportunity to spend the morning with D.A. some years back, we were both at John Hopkins. I told his story in this interview that is recorded, if you're interested on the website of the journal Epidemiology.

Here's a little bit about D.A.'s story, again I would urge you to find out about what he did, he led the WHO smallpox eradication campaign. He led the John Hopkins School of Public Health for quite some years. Then finally he really, in his work on biosecurity led, he identify the problem, he set up a senator to address it, and really took on leadership nationally, and internationally in this area.

Here he is 1962 and then more recently and finally visited us here in USC in October of last year. There was his book on eradication and it was the most compelling story teller and was able to capture the interest of a wide group, ranging from those old enough to work with him to undergraduates.

Another friend Mauricio Hernandez, currently the director of the National Institute for Public Health and formally the under secretary of health in Mexico. Mauricio has pushed, he's led his national institute effectively as a researcher, educator, administrator. While in the government, he pushed hard for getting the government through the right things on tobacco, on having a soda tax, and addressing the problem of obesity in Mexico.

He led from an academic and research institution and then also went into government as a policy maker, and that combination is a powerful one. He was also here, and you can hear his interview if you go to our website.

I put in Judith MacKay because she's been a friend for years. Here's a person, a general practitioner went to Hong Kong decades ago and became involved in tobacco. If you read the

writing up here you'll see it says, "Working alone and often unpaid." Judith is an example of someone who truly works by herself but draws people in to address big problems. In this case the massive epidemic of tobacco use in China, and then elsewhere in Asia. Judith has been quite a remarkable force, able to push through, able to understand with insight the politics of tobacco control in different countries and to do difficult things, like influence the government in China around smoking. Here is Judith who also visited us, and you can look for her talks on the website.

Another valued colleague, Gonghuan Yang, I've worked with her for 20 years on tobacco control in China. She worked from within the system, leading a large group at taking Union Medical Center moving to the CDC of China when it was established, and being serving as Deputy Director General of the Chinese Center for Disease Control and Prevention with tobacco control among other things under her. Now, having left the government, she's become a forceful voice on tobacco control. While still doing research, she speaks out to the failures of tobacco control in China, indirectly criticizing, sometimes directly criticizing, the government which is challenging in that country but necessary since all tobacco domestically comes from the government's tobacco monopoly.

This is from a report that she put together with a colleague whom Gong a report that, looked at how tobacco control was doing in China, and the answer not very well. She certainly called attention to the problem.

Lynn Goldman another valued colleague previously at John Hopkins. Now she's a dean of the George Washington University School of Public Health and Health Services that actually recently changed its name following a donation. I will say about Lynn, she's done important research. She's been in the state in federal government. She was assistant administrator of EPA. She's been a person who has been able to push for the right policies when she was convinced the evidence supported them, she has led groups, she also does administration, and I think part of Lynn's ability to lead comes from the way she plunges into things much like I said when discussing D.A. Henderson.

Atul Gawande of course the charismatic surgeon at Harvard who has publicized the idea of surgical global health, and he has a powerful voice in his writing, he writes for New Yorker, he writes books, he knows how to disseminate and again by example, there are now I think many who see that following his model and example could benefit the world by enhancing surgical practices, and approaches in accessibility worldwide.

Another colleague Roberta Ness who's teaching innovation, and has turned to helping others understand how to develop their own creativity and abilities to innovate. You can see a website for her materials and she has two books that are available and she's also been an academic leader, just stepped down from being dean at the School of Public Health in Houston and maintained her research.

Let's look at these folks, I mean I've gone through some fascinating people far too quickly, but what are the characteristics that seem unified. Well they're focus and they're determine. They can think in innovative ways, they are tough, they have stood up when things were challenging, but they have committed, committed to advancing population health and global health.

All of them have strong communication skills, some great communicators, and they motivate people and that is critical and goes back to some of the initial definitions of leadership. You need to think about your career, and again I often challenge students with what seems like a somewhat strange exercise to write your obituary but I did this with undergrads and fascinating.

I say, write your obituary what are you going to have done in perhaps 70 years, which is probably the life expectancy for a 17 year old ... Well yeah 17 year at the moment, somewhere into the mid-80. Think about that, and what would you like to be remembered for. I'll return now the topic that I said I would in, and tell you a little bit about my career which has been out of a clinical researcher administrator and hopefully leader.

I'm going to take you through where I've been using this map at the United States and I will say that my career began with training and science chemistry and physics at Harvard and then to the University of Rochester to the school of medicine and dentistry for my MD degree. I wanted to do a research and I think by then I wanted to do a research to have make a difference and like many medical students at the time.

My research was of course in the lab and it really did not resonate with what I wanted to do. This is me, in medical school and I was joke that these were the glasses that everyone wore in the '60s that's true. Then have to do an internship at the University of Kentucky, and what I learn there was about social inequity about the social origins of health problems.

A very poor state and it's poorest with the worst health problems ended up at the University of Kentucky Medical Center. Who I have to said a great deal of disease that didn't have to happen if people have been screened, if they have had come in earlier when they develop Pneumonia.

If they have been given the right antibiotics and so on. This was important in motivating me towards public health and global health. I had a little soldier and went drafted and went to Panama to do in fact anesthesia in Gorgas Hospital very large hospital in the Canal Zone at the time.

A useful rest bed what I learn a great deal about the lung, because I was doing anesthesia and an opportunity to reflect on what I wanted to do. I made a decision that I wanted to finish my training in internal medicine, and go on to get research training related to environmental and occupational health.

I went to the University of New Mexico to be a resident another place where the problems of inequity and adequate resources are evident for all. We took care of the Native Americans

some of them, and also substantial number of our patients were Hispanic, and the non-Hispanic Whites were generally less resource than those two went other institutions.

Another great opportunity to learn, and then to Boston, where I trained in epidemiology and pulmonary medicine. Solidify my ideas about working on environmental health issues, and went back in the Mexico and stayed on the faculty for 16 years. A great place to do epidemiology, very clear what problems needed to be addressed.

Diverse group of people and proved to be a place where I could do epidemiological research, and then drives Sta. Fe, and sit with the head of State Health Department, and talk over the findings who go meet with the city or go meet with the in house service. A good opportunity to learn how to put move evidence into action.

Then to John Hopkins, the John Hopkins Bloomberg school of public health now the world's largest school of public health, incredible outreach, and incredible opportunities to network and to make a difference. Great faculty and the opportunity to bring them into action and I tried to imprint on those around me, the idea that weren't does not do research, but one does research to make a difference and then make sure at least if the results get out to make a difference.

From Baltimore to Sunny Southern California, where I am now, and again we have the institute for Global Health, the Department of Preventive Medicine and again our faculty are doing research that will make a difference. Here's I think just a summary of what I said, the three places now where I've had major jobs.

What have I learned, I guess a lot, I've had good lessons and hard lessons but in terms of my own approach to leadership, I've always stayed in the phrase, when I was a clinician I did clinical work just like everybody else, and now as a department chair I do research and I teach and run the department.

In my approach, and again this is leadership, I've try to achieve consensus but you can't always do it, and sometimes you just have to move on. As a result, not everybody will be happy all the time, and again that's the consequence of leadership, you're making tough decisions, you're tough because there may not be enough evidence, or you have to balance off interest in one group against another.

You have to make them, I've also say the present time is hard because I'm sure you're aware that research funding is challenging and it makes my job harder, and then of course for those of you go on in Academia will hear about things like, work life balance. At some point in this infinite job you have to cut it off and say, home, work and see if you can make a distinction. Which is getting hard in our electronic world.

Leadership styles, we all have our own way of doing things, and here are some things that I think are the way I do leadership, try and bring some humor in chief consensus, as I mention I

lead by example and work hard I try and help others to understand what they need to know about themselves and also to motivate them.

You know an insightful leader is also looking at his or her shortcomings, and again there are leadership training opportunities for you to identify those areas where you could do better. I've served on many committees outside of Academia as a leader, EPA, national Academy of Sciences, FDA and so on.

Often these are exercises and policy translation, they are bringing evidence together. Summarizing, and synthesizing it, and thinking about policies can be supported or what decisions might be. There are other kinds of activity that one can be involved in to change the world, testifying or being an expert, witness, giving guidance to NGOs.

Writing, critical, communicating, getting work out there and give some of the first step to having your work utilize is to get it into the peer reviewed literature. Putting on my sort of academic hat, and saying, "Well should you be involved in the world." What are the pros and cons, well there's some are both, and I've listened them out here, so I personally think that for those that are working in public health, global health.

It's our responsibility to at the least see the evidence that we develop policy approaches are understood, and use. We want to assure the impact of our research, engaging policy can be very challenging, but it's rewarding if something happens, and it made me, and make friends as I have done. On the other side and certainly on the US right now, I don't have to say too much more about this.

It's hard to step into the policy territory in some areas. There are many factors besides science, scientific evidence that drive decision making. Also time consuming typically unfunded, not often, but typically and people may come after anyone engaged in the policy world and accuse them of conflict of interest whether only perceived.

Of course there's the possibility of making enemies which sadly I've done now, but its inevitable consequence of doing something that they make a difference. A lot of my effort is spent in Washington trying to do just that, make a difference often an expert, and here you can see thank God a panel of experts.

Underlying my thinking, and this is great over simplifications the idea that data and evidence can make a difference. But we do research, generate data, draw inferences, for example on cost or risk, we synthesize the evidence, do systematic reviews, we evaluate the evidence for what it shows, and we take action.

Studies on smoking and cancer, smoking causes lung cancer. A surgeon general report to bring it all together with an evaluation and determination that smoking causes lung cancer and then taking action which of course many have followed. Just to show you a little bit of what I've been up to on the last few years, and perhaps I'm a little too hyperactive here.

I chair the FDA Tobacco product scientific adviser committee and we were charge with putting out a report on menthol in tobacco. We actually held eight meetings between March 2010, and 11 and put out a report that said that menthol harms the public health. I've been involved in looking at EPAs review of the risk formaldehyde and it so called IRIS program that has become very controversial.

I chair the group at the World Health Organization that address cellphones, actually radio frequency electromagnetic radiation, and I've been on the EPAs Clean Air Scientific Advisory Committee, among other things addressing ozone, and articulate matter. I testified in the house committee on science here in July and that was actually about the findings of this report which suggested that the IRIS program itself needed updating.

I'll get back to the story at the moment, but while I was sharing this panel and we were looking at possible revisions to the ozone standard, the president himself came out and said there would be no revision to the ozone standard. Also working with the National Academy of Sciences and Developing.

A research agenda on engineered nano materials around health and environmental risk, and then back to FDA after mental, we turn to dissolvable tobacco products. Ozone, ozone just kept going in that time span. Little more ozone in 2012, I then took on a committee to look at the EPAs review process the IRIS program that had developed formaldehyde assessment work with the FDA continued and then back to neon France on whether air pollution causes cancer.

I think these are just examples of interesting translational activities where I ended up in a leadership role. Family Smoking Prevention Tobacco Control Act has brought new opportunities for research, new opportunities for engagement of researchers and leadership opportunities within the agency and on the scientific community.

I chair the tobacco products scientific advisory committee will do so over total of six years. Here some of the stuff when are menthol report developed and this is some of the background material on menthol and leading to an editorial by myself, and [inaudible 00:34:25] remember the panel on menthol cigarettes.

Talking about what we did how we made the decision and then a parallel editorial from someone critical of us for not recommending that menthol should be ban, which was the policy decision. We said the evidence supports action and left it to the agency to determine what action might be appropriate.

This leadership engagement, leading this working group at WHO on radio frequency electromagnetic fields. Just continues to hunt me as the issue of cellphones remain very prominent. Here's the group that I led in Leone a wonderful place, but if you go there from one of these meetings, you rarely get to see it.

Again a great deal of publicity, here I saw my role as being an effective communicator and telling the public and the decision makers what we knew and how we got there and this is end piece on the New York Times discussing sort of walking this fine line when the evidence on certain and decisions have to be made.

Here's the ozone decision the president himself saying that there will not be a revision to the ozone standard, a little bit more of that and again going back to communication issue. My discussion of the Clean Air Act and health and what might be done. The formaldehyde story when we commented on the EPA IRIS assessment formaldehyde here's what the New York Time said about it, and we offered again speak of leadership we said, well it reports got a lot of problems, but here's how to make it better.

That in fact liveliness second committee I've been involved with it, just released its report. Now here is a letter from senators, Vitter, and Inhofe to then administrator of EPA Lisa Jackson and you can see they're pleased that the report has come in, and then it talks about concerns about the ability of the agency to produce high quality assessment.

Hearings were held and this is the hearing proceeding from the one I testified out on July 14th. Again, sometimes there strange twist, here's a little bit of the transcript chairman Hall the head of the committee the Health Science Committee has come in to the hearing and is asked if he wants to make any comments, and you just might note what he says about the three people sitting at the table. An assistant administrator of the EPA a high up person from the GAO Government Accounting Office, and me and says, "He wouldn't believe anything any of us say, and he's not going to ask us any questions." Quite incredible in the price if you will of putting yourself forward like this. More on this whole IRIS assessment story, you can see that this was a big deal in terms of what came out of the report on formaldehyde and the follow up.

Just to get through this and here is the committee that just finished during eye review of the changes that EPA had made. It's back in Washington last week, reviewing presenting this report to the EPA and others.

Then finally looking last October, back in on at now the risk of air pollution the cancer risk associated with air pollution and reaching the conclusion that in fact that Air Pollution does cause cancer. Here's the communications here for that. I think we have covered a lot of territory here.

What I'd like to leave you with is that there are many different pathways in global health to make a difference. At this point in your career you may not be sure where you're going and what you want to do, but you know you're not losing any options and what I would suggest is that you look to role models, talk to people, talk to people, talk to me and think about what kinds of directions you want to set and then follow them.

Thanks and hopefully I'll catch up with some of you personally. Bye.