Closing the Gap in Health Care: A Personal Odyssey

Thaddeus John Bell

KEYWORD 1, KEYWORD 2, KEYWORD 3, KEYWORD 4, KEYWORD 5

This narrative provides insight into medical education for Black physicians in South Carolina in the 1960s, during the civil rights movement. It also discusses the many rewards and challenges of being a physician of color, describes what has been done to develop programs that benefit minority communities, and argues that more such programs are needed.

I have been a primary care physician for several decades. A circuitous route led me to what I believe is the most important accomplishment of my career, other than the care I have provided to my patients: the development, growth, and positive influence of the Closing the Gap in Health Care (CGHC) program, which focuses on health disparities that separate African Americans and other underserved populations from the general population. CGHC aims to do what its name states — close the disparities gap. Being in a position to develop CGHC required that I travel a long road, a journey that started with my early education.

My Early Years and the Civil Rights Movement

My earliest involvement with diversity and inclusion started in 1962-63 when, at the age of 19, I became involved in the civil rights movement. I was a student at South Carolina State College in Columbia, South Carolina, a historically Black college that has educated such notable African Americans as Jim Clyburn, Minority Whip of the United States House of Representatives. A local bowling alley had denied entry to Blacks on grounds of race, and I participated in a civil rights march in protest. I was arrested and incarcerated for two weeks in the South Carolina penal system. This experience was my introduction to the civil rights movement and was life-changing — it made racism a reality for me.

In 1965-66, as a college senior, I applied to what was then the Medical College of South Carolina (MCSC)[1],

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The Journal of Law, Medicine & Ethics, 49 (2021): 168-173. © 2021 The Author(s)
DOI: Add number here

parities was to develop a plan to educate large groups of people about basic health care. Closing the Gap in Health Care for African Americans and the underserved was born out of that effort. At the core of my plan was the idea of using what I called "health tips" as an educational device. Early in that effort I gradually learned the important components of writing a good health tip; that is, information in a form that would hit the mark of guiding individuals to better health.

My plan was to present the health tips in many different formats: radio spots throughout South Carolina, printed pamphlets, social media (FaceBook, Twitter, Instagram, and YouTube, among others), presentation in churches, and on our own CGHC website.[3] I found that the tips had to be very brief, written in such a way that the information could be orally presented in 55 seconds, because 60 seconds is the maximal amount of time a commercial or public service announcement is allotted on radio or television. I could achieve that timing goal with about 176 words, so it became the format for all my health tips. Our health tips are heard throughout South Carolina. We also put messages on billboards in high-visibility locations, especially in Black neighborhoods. The CGHC website provides information and contains links to the many media in which they are available.

Over the years, I have created 30 talks for Black men, the John H. Bell Barbershop Talks, named for John Hamilton Bell, my dad, who was a professional barber. These discussions focus on health issues that Black men are reluctant to discuss with their physicians, or in fact, even with their wives or in front of women in any setting. Prostate cancer is an obvious topic directed to men.

Message Content

The top ten health disparities are well known, and CGHC has been dealing with them for the past 15 years: heart disease, stroke, mental illness, diabetes, HIV, kidney disease, obesity, hypertension, cancer, and violence. We have addressed all of them in over a hundred health tips we have created since the inception of the program.[4] Perhaps the most important characteristic of a good health tip is using language familiar to the audience, an aspect of cultural competence. For example, when speaking of diabetes, I minimize the use of that word, instead, I use the word "sugar", which my audience clearly understands. Here is an example of a health tip about diabetes, which has a high incidence in the Black population:

> Diabetes is a common medical condition that is well known to the Black community. We refer to diabetes as sugar. In the United States 23 million people are affected. Unfortunately, only one-third of the people affected are aware they have "sugar" making it a very dangerous medical condition. Not knowing can have devastating and prominent consequences. The longer someone lives with uncontrolled "sugar" the more likely they are to develop nerve damage known as diabetic peripheral neuropathy. Peripheral neuropathy is best described as a burning, tingling or shooting pain in the feet but other areas of the extremities can be involved. This complication can also cause infections and ulcers that can lead to amputation.
>
> Tell your physician if you have these symptoms. Your feet will need to be checked often. Keeping your "sugar" under control and working closely with your physician is very important.

Myths and untruths within the Black community have also influenced my writing, myths such as "medicine is bad for you," "if you don't feel good, you don't have to see a doctor," and "it's alright to be overweight." We have also dealt with issues of racism by explaining how it leads to poor health outcomes. We have not shied away from addressing head-on the poor lifestyle behaviors and lack of responsibility displayed by some African Americans. We have recently emphasized the social determinants of health and how they affect health outcomes.

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> Hey Brothers this message is for you. It's not often that the health messages are targeted at African American Men but this message is going to do just that. Prostate cancer is the second most common cause of cancer death in African American men. It is a cancer that all Black men should be concerned about, whether they have a family history of the disease or not. The good news is that the outcome can be acceptable if you do the right thing. Your chances of living if this cancer is detected early are significant. I am hoping and praying that you will pay attention to this information because it just may save your life or the life of a love one. If you have a primary care physician and you are over 40 you should have already been offered a digital rectal exam and the PSA blood test. A PSA test should be done every year and you should have a discussion with your physician about the test and what it means. Get tested every year and stay alive.

We have also started a 'Beauty Shop Talk' for women on such relevant topics as obesity, breast cancer, diabetes, and unhealthy life styles. One of the most difficult topics for Black women to understand is obesity, because "being thick" is actually embraced by many women, who therefore find it hard to accept that it is often a major contributor to heart disease, diabetes, breast cancer, hypertension, and osteoarthritis. We also discuss maternal health issues, emphasizing how the lack of good health can lead to poor postpartum health outcomes for both mother and child. The issues are presented in an entertaining and culturally sensitive manner, which encourages acceptance by the women.

Maintenance and Success of CGHC

It took time for others to agree with and support the goals and effectiveness of CGHC. Major partners are needed to make a venture like this work, as radio broadcasts and other means of communication can be very expensive. We have received a great deal of help in sustaining CGHC's outreach through, for example, long-established relationships with various communication media as well as individuals and subdivisions of MUSC, grants from the City of Charleston and the State of South Carolina, and my wife, who is an account executive with local radio stations. Since its inception, the organization has received over a million dollars in grant funds to deliver health information to its target audiences.

CGHC's efforts have been validated by a recent qualitative study conducted by Dr. Marvella E. Ford and her colleagues at MUSC.[5] Her two-year study in the Greater Charleston area reported that our health tips radio broadcasts have had a major impact on increasing the health literacy of the African American community. In a series of focus group evaluations of CGHC, investigators found that the information transmitted in the broadcasts was accurate, widely available and accessible, well-balanced, consistent with other medical information sources, and culturally highly relevant.

We are now an award-winning health literacy organization for African Americans and the underserved. CGHC has achieved regional and national recognition, winning several awards, for example, the South Carolina Department of Health and Environmental Control first place award for the best innovation in cultural literacy about health disparities, the National Health Information Awards for excellence in health information programming, and the University of South Carolina's James Clyburn Health Literacy Award in Public Health Communication and Community Service.

The second major award offered to CGHC was in 2007: the J. Marion Sims Award of the South Carolina Public Health Association. I refused the award. I initially accepted an invitation to receive the award on behalf of the CGHC at a public health society meeting. A few days before the award ceremony, I learned of the history of Dr. Sims, who had been lauded and honored as the 19th century Father of Gynecology, but had been recently revealed to be an abuser of slave women in developing his surgical techniques — I had not previously known this.[6] The central aim of CGHC is to oppose and eliminate health care disparities, particularly those related to race, so I could not in good conscience accept the Sims award; I refused it and explained the reason to the award committee.

In addition to my efforts in health literacy, I also frequently provide lectures to a variety of groups on health and fitness, in part drawing on my experiences as a world class sprinter in Master Track and Field, having won the World Championship in the 100 meter sprint in 1987 and 1989, the World Medical Games Championship in the 100 meter and 400 meter dashes, and two master world champion sprint relay teams in 1996 and 2001 at the Masters World Games.

My footprint in masters track validates my credentials as a fitness expert. The African American community considered me, in the beginning, to be somewhat of an oddball. A doctor running sprints was unheard of in my community and most people were unaware of Masters Track and Field. My close friends were not involved in fitness and this forced me to find younger fiends who shared an interest in running. I immediately started incorporating lifestyle medicine into my practice and it generally was not welcomed or appre-

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ciated by most in the African American community. I even lost some patients because I endorsed proper eating habits, weight control, decreased drinking, cessation of smoking, and exercising on a regular basis.

Concluding Remarks

Institutional racism, implicit bias, the history of the relationship between medicine and African Americans, the social determinants of health, and African Americans' lack of trust in the medical profession are some of the issues that will need to be addressed continually well into the future. These topics are lightning rod conversations throughout the U.S., especially in a state as conservative as South Carolina, which continues to refuse participation in the Medicaid expansion. This program would reduce the state's uninsured rate and, undoubtedly, provide assistance for low income Americans, pregnant women, the elderly, children, and disabled people. It was a major lifeline for many people, but the state, for political reasons, has opted not to participate.

Change has been slow. Although MUSC and similar academic health institutions continue to show an interest and some progress in addressing and correcting health disparities, in my personal experience, many in the private health care sector remain in denial about the very existence of health disparities. The Covid-19 pandemic has shown once more, however, that the disparities are widespread in our country, as people of color are the most severely affected by the disease.

It will require a major new effort to eliminate racism in medicine and the social determinants of health, and increase the number of African Americans and other people of color in all disciplines of the health professions. Trust must be restored. I think the profession is duty bound to teach health care professionals about the history of racism in medicine and acknowledge how these atrocities have affected the medical profession. Many of them, including some African Americans, are unaware of these atrocities.

The report of the Institute of Medicine, "Crossing the Quality Chasm: A New Health System of the 21st Century" states that health care varies "in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status."[7] This is exactly what has affected the world's noblest profession. We should always remember Dr. Martin Luther King's comment made in 1966 at a meeting of the Medical Committee for Human Rights. He stated, "Of all the forms of inequality, injustice in health care is the most shocking and inhumane."[8] We have not finished our work in eradicating health disparities. We are just starting.

Acknowledgements

I am grateful to Robert M. Sade, M.D., for his guidance and editorial assistance in writing this article.

Note

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Op Ed on health disparities 2020

The COVID 19 pandemic has brought forth the worst public health reality during the past 100 years. To me and others who have provide health care primarily to people of color, and other marginalized people it was an accident waiting to happen. COVID 19 however has affected everybody proving to be an "equal opportunity infection". I am surprise indeed that our nation has been caught off guard and that such a happening could cause such a horrific tragedy.

The embarrassing legacy of African Americans and Medicine has been well documented in numerous the textbooks, articles and journals and yet few are aware of the dreadful health outcome of African Americans, underserved and marginalized people have been a part of the fabric of American for well over 200 years. Yet, health care professionals, social scientist, religious leaders and a small segment of the public are aware of the unequal treatment people of color have historically endure.

Dr. Martin Luther King Jr. in 1966 spoke at Medical Committee for Human Right in Chicago and said that "Of all the forms of inequality, injustice in health care is the most shocking and inhumane". Dr King was indeed a student of history but in his short life of organizing and preaching in the South he no doubt also witness the inhumane treatment of African Americans, the underserved and other marginalized people in health care. Another document that seem to have been forgotten and ignore is the report written by the Institute of Medicine called "Crossing the Quality Chasm: A New Health System of the 21 st Century. That report proclaims that "care does vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status". Yet that is exactly what has affected "the world's noblest profession".

I remember as a medical student how I had nightmares about how people were being treated. I really thought the medical profession was unbiased and was the one profession that treated everyone with dignity and respect. I believed the Hippocratic oath that I heard so much about. I was too young and naive not to fully appreciate all of the variables that were involved. I know something was not right. I did not know that about the Tuskegee Syphilis Experiments that started in 1932 and ended in 1972 the year I started medical school. I later often wondered did any of my professors know about the Tuskegee experiments and more importantly did they speak out against it.

As a Family Physician I have dedicated my practice of medicine to decreasing the health disparities that exist in my community and South Carolina. It is very apparent to me and will documented by the CDC and others that one major cause of health disparities is the lack of health literacy. The reasons for this are numerous but poor communication and lack of trust are major issues in the underserved community.

South Carolina is ranks near the top 10 states in health disparities. The Medical University of South Carolina is one of the leading institutions in studying all health disparities. Closing the gap in healthcare was recently studied and found to be very effective in educating the tri county.

The health disparities that stand out in African Americans and other underserved populations are Cancer, Heart Disease, Kidney Disease, HIV/AIDs, Mental Illness, Infant Mortality, Diabetes, Violence and Environmental issues. Maternal Health in African American Women is a new disparity that is gaining attention. African American women are three times more likely to die of a pregnancy –related cause than white women. African American are more likely to die from cancer and heart disease than whites. The prevalence of diabetes is greater in African American in South Carolina than whites, with health literacy, economic issues, and unconscious bias in delivery of care contributory.

"African Americans are living longer than ever before and most of them have some kind of health insurance but there is still extremely high rate of illness and infirmity" and they continue to experience low life expectancy than any other racial or ethnic group.

South Carolina has refused the Medicaid expansion that would have surly help low-income Americans, pregnant people, the elderly and people with disabilities. It was a major lifeline for African Americans and other underserved populations.

The burden of disease that African American and the underserved endure is caused by multiple complex factors that have exist for decades. The lack of trust that has been document is a major cause of the Cancer disparities that we have in South Carolina. Recent studies tell us the lack of trust issue has impacted the high prevalence of Prostate, Breast, Cervical, Colon, Lung , cancer we are seeing in South Carolina .The morbidity and mortality rate for African Americans are alarming high when compare to white people.

The medical profession has painstakingly looked at itself and recognized that implicit bias, institutional racism, poverty, socioeconomic barriers, and now the social determinant of health are major players in the health disparities that affect African Americans and the underserved. The social determinants of health have also been documented to be just as important as the factors mention above. How and where you born, where you live, your education, what you eat, whether you exercise, and yes the conditions which you die all play a role in your health outcome.

and along with four other African American students, was finally admitted in 1972.

Medical Education and Training

During my time in medical school in the renamed Medical University of South Carolina (MUSC), I experienced many stressful days, becoming very much aware and alarmed at the unequal treatment of African American students, hospital workers, and patients. I could not understand why they were treated badly, without the respect they earned and the dignity they deserved. My respect for the medical profession was eroding, and I considered abandoning my dream of becoming a physician and returning to teaching high school. I initially thought that disparate treatment of African Americans existed only at MUSC, but I soon learned that systemic racism was rampant in the medical profession and in health care generally as I witnessed it in South Carolina. I continued to observe this during my residency in family medicine at Richland Memorial Hospital in Columbia, South Carolina.

Throughout my medical education and training, I was highly traumatized by all aspects of the health disparities, including African Americans' lack of trust in medicine and in health care professionals at all levels. The lack of health literacy about medical issues among ordinary African Americans was glaringly apparent, so I promised myself that whenever the opportunity arose I would do whatever I could to help change this situation.

My first position practicing medicine after residency was as a staff physician in Ridgeland, South Carolina, about 75 miles from Charleston. It gave me the opportunity to participate in a rural community health setting. I learned how to interact with Black people within a generally indigent community, how to talk with and listen to people, and how to teach health care in such a way that it was comprehensible to people at lower educational levels, avoiding technical jargon and speaking in their own language. During that time I discovered that I could get most people to comply with my advice if I spent ample time on educating them about how to take better care of themselves.

I remained in Ridgeland for about a year when, in 1982, I was offered a position as attending physician on the psychiatric unit at the Charleston Veteran's Administration Hospital, which is adjacent to MUSC — the two have a close formal affiliation. My responsibilities were taking care of veteran alcoholics and drug abusers. Many of the patients were young Vietnam war veterans whom I knew personally because I had been one of their teachers at Charleston High School.

During my tenure at the VA Hospital I became board certified in Family Medicine. After six years at the VA Hospital, I decided to enter private practice in North Charleston, South Carolina. During this period, I was asked to consider establishing a free night health clinic in rural Cross, South Carolina, about an hour's drive from Charleston. This provided me the opportunity to care for indigent Black people and encourage them to increase their health literacy. As the patients' trust level increased, I began to notice better health outcomes.

In 1992, the MUSC College of Medicine Dean, Dr. Layton McCurdy, called me and explained that African American students at MUSC were unhappy with their medical school experience. He felt it was time to place an African American physician in an administrative role as it related to diversity and inclusion. He offered me the opportunity to become an assistant dean for minority students at MUSC, but tragedy intervened. My son, Thaddeus John Bell II, had just graduated from Morehouse College in Atlanta, Georgia when, while playing basketball, sustained an accidental injury that led to a pulmonary embolism and his sudden death. This was personally devastating to me. I declined the Dean's offer. He understood my situation, however, and six months later again offered me the position, which I then accepted. The position evolved into Associate Dean for Minority Affairs, and eventually I was appointed Director of Diversity for the entire University in 1995. Throughout this time, I felt I had a tremendous opportunity to help increase the number of African American students at the six colleges at MUSC.

I recognized the need for more African American health care providers to effectively deal with the health disparities in South Carolina. We have been very successful in raising funds to help increase the number of Black physicians and other health care professionals, in part by creating such fund-raising events as an Annual Lowcountry Jazz Festival. By establishing the Thaddeus John Bell and Family Endowment, we have been able to award scholarships to many African American students who are pursuing health care degrees at MUSC, including medical, nursing, dental, and allied health professions students.

The Creation of Closing the Gap in Health Care

While in the role of Director of Minority Affairs in the medical school, I was afforded the opportunity in 2005 to study more deeply health disparities of African Americans and the underserved in South Carolina. I attended a conference sponsored by the National Medical Association, which focused on health disparities in African Americans and other underserved populations. After the conference, I decided that one of the things I could do to actively decrease health dis-

The Journal of Law, Medicine & Ethics, 49 (2021): 168-173.

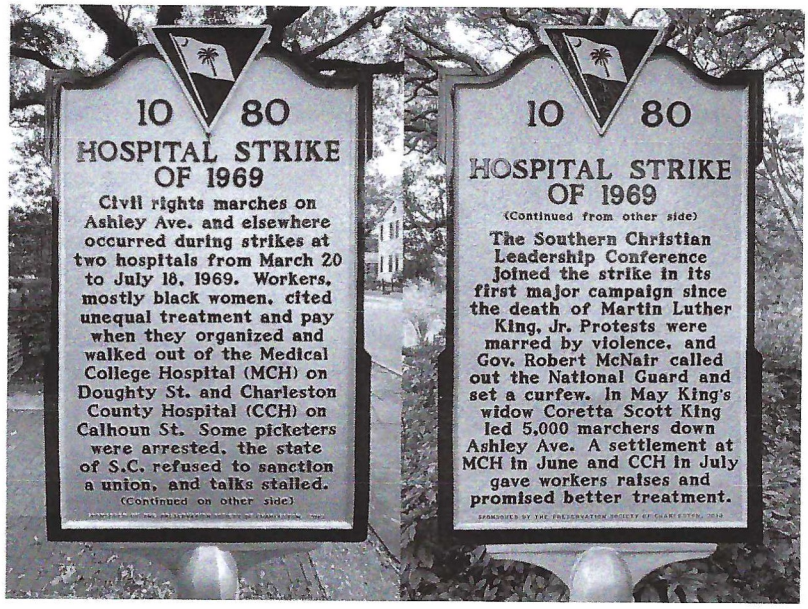
and was denied admission. At that time I was not fully aware that the Medical College had a policy of not accepting African American students. After the rejection I immediately turned my attention to the pursuit of other goals, recognizing that becoming a physician was not in my immediate future. While still a college senior I was selected by the Department of the Interior National Park Service to work as a park ranger in Yosemite National Park, California. I spent the next three summers with the National Park Service at Yosemite. After graduation from college in 1966, I returned to Yosemite, where I considered a career as a park ranger. While working there, however, I received a call from my college alma mater, asking me to consider teaching high school in Gaffney, where I would become the first African American to teach in an all-white high school in South Carolina. I agreed, but with much hesitation, because I had no formal teaching education or training. It had not been part of my life plan to become an educator, as I was focused on becoming a physician. In fact, my college degree was in chemistry and biology in preparation for medical school.

Attending medical school was my dream, but my hopes faded after being rejected by the Medical College. My year teaching at Gaffney High School was not especially noteworthy, but was successful enough that the superintendent of the school system recommended me to become one of the first African American educators at Charleston High School in Charleston, South Carolina. I moved to Charleston, and continued my high school teaching career. Then in 1968 one of the critical events of late 20th century America occurred: the assassination of Dr. Martin Luther King. Dr. King's assassination was devastating for me. I was 22 years old and recall the lack of regret shown by the entire high school administration about Dr. King's murder. It was then I renewed my attitude about attending medical school. Shortly after Dr. King's death, the hospital strike occurred and this further solidified my decision to pursue a career in health care. In preparation for my next application, I went to graduate school and obtained a master's degree in science education.

I returned to teach at Charleston High School, which was located directly across the street from MCSC. In 1969, 12 licensed practical nurses were fired from the MCSC Hospital for complaining about working conditions to the president of the College. They, along with other hospital employees, subsequently went on strike for more pay, dignity, and respect from the college and the hospital. That civil rights strike reached a national audience and attracted major figures in the civil rights movement, including Coretta Scott King, Andrew Young, and Ralph Abernathy.[2] (Figure 1) I watched with intense interest and participated in the protests that took place during the two months the strike lasted. One of the consequences of the strike and its resolution was that the federal government required MCSC to admit Black applicants. I reapplied for admission,

Figure 1

Both sides of the plaque commemorating the 1969 Charleston Hospital Strike, located on the campus of Medical University of South Carolina Medical Center



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