

**Full Transcript of the Navy Surgeon General VADM Adam M Robinson, Jr. at Howard University's
Johnson School of Communications, April 27, 2010**

Keynote Address at Health Care Reform Symposium

Good afternoon. Everybody who knows me knows that you need to say Good afternoon a little louder, even if you are sated after this delicious lunch. So Good Afternoon! Thank you very much I like that much better. It is a pleasure to be here. The energy that's in this room I felt when I walked into this building early and went up to Dr. Kohns and walked around your displays and started listening to people talk about health care. I think that same energy is in this room as the lunch precedes so my goal is to make sure that energy doesn't get sapped as we focus on some things that I think are very important and there are a variety, a potpourri of things I want to discuss.

But first let me do something...I told my Public Affairs Officer today who is with me that I wanted to start off today with a joke. He begged me not to. Jokes get you into all sorts of trouble, but if you don't like it, keep it to yourself and I'll move on to the next thing.

Mother Mouse was making it through a field and she had all of her big mice with her and they were scurrying through the field because they didn't want to be stopped or attacked in any way and she ran over a particular hedge in the grass, she came to the top of a hill and stuck her head up and looking at her eyeball to eyeball was a cat. Mother Mouse looked at the cat, the cat looked at Mother Mouse. Mother Mouse then stood up on her hind legs and she said, "RUFF! RUFF!" The cat jumped and flew. Mother Mouse turned to her children and said "Now children, don't you now see the value in knowing a second language?" (laughter/applause) You all are so kind to clap but I wanted to throw that in there because I think it's a good joke. I don't think I'll get in trouble with that at all.

Dean Gates, Dr. Ford, all of the faculty here today, thank you so much for what you do at Howard University and for what you do for the Nation. Ya see, you like I have a role to play in something called Service which I will speak about frequently throughout this talk. As I was talking to one of the professors here what he does in his classroom, I said "It is obvious to me that you look at each student. You figure out what each student needs. You then tailor your abilities and everything that you may have towards shaping that, to introduce your material to the student so that the student can become an empowered learner. Someone who doesn't just check off another grade box on the way to graduation, but becomes empowered and understands where he or she means in the world in which they live. Understands what higher education means and it's not a degree. It's not way to make money. Those things do come but that's not the reason. The reason is to show what your contribution can be in this world to one another and that you can help one another and that you can help one another as you travel through this world. Because ladies and gentlemen, the reason that we live on this earth, the reason that God has given us the ability to be here and to think and to be a sentient being is to make sure that we never forget that we need to help one another.

So you see the health care reform that's being discussed is exactly what needs to be discussed because it's another mechanism of helping one another. We not only help people who need care. We also try to learn how we pay for that care. We also try to help learn how we do prevention. ...and we

prevent disease as opposed to just treat disease. We also learn what we should from a national point of view, what our responsibilities should be as citizens and what our responsibilities should be in terms of everything that you do in your communities and those small networks that you live in. That's what this is all about today and I thank you and I appreciate the opportunity to come speak with you.

Howard University has a powerful history. You know it better than I. You are members of the Howard University family. I also am an extended relative of the Howard University family in that my father graduated from the medical school, Class of 1937. And if you run out you will see his name listed. I'm Adam Robinson, Jr. He was Adam Robinson, Sr. My mother also attended this university in the late 30s and speaks very fondly of her many contacts with so many important people that were here. I want to simply say to you that the extension and the contribution we make to this world, is not a contribution that we make in any isolated sort of way. Yes I am the Surgeon General of the United State Navy. Yes, I am the first African-American Surgeon General, and I am the 36th, yes I'm the Chief of the Bureau of Medicine and Surgery, but I want everyone to know, and I truly believe that God has a way of putting you where you need to be, whether you want to be there or not, and #2, there is no one in this room that doesn't in fact stand on the shoulders of giants. The shoulders of giants such as Dorothy Height who was not a graduate of this school, but in fact helped this school progress and get it to where it needed to be. Who died at the Howard University hospital only a week ago today who as the National Council of Negro Women lead for 4 years, led this nation where it needed to go, not just in terms of social justice and African-Americans and people of color, but also for women, because when people turned her backs on her in the Civil Rights Movement because she was a woman, they equally turned their backs on her in the feminist movement because she was African-American. So you see, Miss Height took it from both sides but she is someone who never gave up and she shows us how we should live our lives. That means we stand on her shoulders today. So don't forget that.

Don't forget Benjamin Hooks who died a couple of weeks ago, 1944 graduate of this institution. A man who was a preacher, a man who was a lawyer, a man who was the head of the NAACP and under his leadership he brought them back to life because hundreds of thousands of people during his tenure joined came back to the NAACP, but most importantly, Dr. Hooks also knew that you get nothing in this world without sacrifice and hard work. He never turned his back on the fact that the people, his sister, his mother. By the way, his family was incredibly well educated if you read his bio. His mother was a graduate of Maria College, his sister I think was a physician. In any event, Dr. Hooks never turned his back on letting us know what our responsibilities are to one another. So let us remember that as we are here today. Let us remember that as we try to go through and understand the processes of how we fit into this world.

Now, Navy Medicine...Surgeon General here. I'm not gonna talk about health care here. I'm gonna be very honest with you. I know a little bit about health care, and a little bit about health care reform, but in the present public debate, the Surgeons General of the Army, Navy and Air Force were fairly quiet on this because we have a sort of a closed health care system. It's not a secret, but because we are in the military and the health care debate was mainly on the public side, but I think there are some important lessons that we can teach the country in terms of what we do with health care...not the least of which is that prevention is the key to health care. Let us start preventing disease, not treating

them. So when I read through the list of heart disease, high blood pressure, and diabetes...those diseases that are killing people at alarming rates. When I think of the people going through depression, depression is one of the #1 maladies not only for African Americans but it impedes people's ability to go out and make money and make a living, but also in our military coming back from arduous duty in Iraq or Afghanistan. Depression which feeds into Post Traumatic Stress which feeds into all sorts with all sort of Traumatic Brain Injury, depression because a major disease that we need to deal with and we have to deal with it effectively. And it's not meant to be dealt with one time or in one way. It's to be dealt with in a variety of ways over a long period of time. So you see, those are the kinds of things I think the military can help with, but I think that in no way should we lead or are we in front of this whole thing.

I want to discuss with you now what Navy Medicine does and the importance of what Navy Medicine does, and not because we are an armed force of the United States, and not the importance of Navy Medicine because I'm the Surgeon General, but the important of Navy Medicine from the fact that we can go out and reach people that no one else can reach. That we can in fact, go out and do things for people that no one else can do, and in fact do the things that are most important of all and that is to serve. So as the faculty serves the students, we serve men and women of the world. The best example I can give of that is in Haiti.

First of all I want to give you some statistics. What's Navy Medicine? Navy Medicine has 39,000 active duty people. We have 8000 Reservists and 13,000 government civilians working in our operation. We have 6000 medical and non-medical contractors that work for us. We have one headquarters element of which I'm in charge. We have 4 intermediate level commands led by Admirals. 28 Medical Treatment Facilities, 135 medical clinics and 6 specialty commands focused on research and development. And in terms of what does Navy Medicine do from a medical perspective and the things that I was talking about is that we serve people throughout their life. To be honest with you, from cradle to grave. Navy Medicine is there for many men and women in the Navy-Marine Corps family. And remember, many of you may not know this, but Navy Medicine is also Marine Corps medicine. We take care of the Marines. We are with the Marines every time they go anywhere in the world no matter what they do. Navy Medicine is there with the dependents of these Marines. Navy Medicine is all about preventative care. Our Concept of Care in Navy Medicine is Patient and Family centered care. That's the first principle that I want to talk about today in this health care conference.

Patient and Family-Centered Care. You say, "well Admiral Robinson that's a really nice slogan and we really like it, and maybe it'll sell some health care whatever, but what does it mean? Everyone says they are patient and family centered." Well, we don't say we patient and family centered, we act like and we treat people from a family and patient centered point of view. So why is that important? Because, if you get all the health care reform in the world, if you give me all the access and quality in the world, but the patient service you get from your health care provider, in other words, if people don't like who you are or how you treat, it is all for naught. I am telling you, you can go to the best surgeon in the world and if she treats you like a piece of you-know-what, you will not like her. Even if she's the best. You have to really make sure that you take care and treat people in order to have involvement and impact. So as you are going through the things today, and I don't know if you recognize Don Berwick or not, but as you were talking at some of your sessions today on Access, Cost, and Quality, if you listen to

Don Berwick who is very famous. Google his name. He talks about the Triple Aim, but the Triple Aim has to also include the patient concept of the experience of their care. And that is as important as anything. So Patient and Family Centered Care is my way of letting my providers and physicians know and health care experts, no matter where they are, whether they are in uniform or they wear civilian clothes, it's always about the patient. It has to be patient and family centered.

We manage every aspect of care and this is important. We make sure that we make sure we bring the medicine to the patient, we don't make the patient find the medicine. You see, the difference between the military and civilian side is that we do case management for you. Today, when you go see your doctor and you need that next appointment with that specialist, or you need that special therapist, or that audiologist, or speech pathologist, or you need to go out and get some ancillary health care professional, you're gonna have to go find that person. Your doctor may give you a list of people or suggest that this name is a good one, but you're gonna have to actually work to get that care, and if you're good at that, you're gonna be fine, and if you're not so good at that, and some of us aren't so good at that, you may get lost in the shuffle. So you see, health care isn't just about getting to the right doctor but getting the right access in a timely fashion, but you can't make it hard. For example, there are some patients who are elderly, who are mentally infirmed, who are just not capable of actually making those second and third order determinations about their care. Who does that for them? Who in fact helps them helps them with their case management?

These are all the things that are indeed occurring in our communities. This is why access to care is part of the issue, but also making sure you get the right care, at the right time, with the right amounts, for the right reasons. And if people actually experience that care, it has to be managed. And some people may say "well, we'll get there." It's not about getting there. We have to get there every day, all day otherwise people lose out. That's why there are inequities in care in some communities. That's why in communities where there is a lot of money or social class or clout, don't have those problems. So this becomes a social and an environmental issue as sure as anything. But it also becomes a real issue in terms of care, and taking care of patients and their families.

I've already mentioned that we need to talk about health prevention over disease intervention. Make no mistake about this: Health prevention is more expensive at the beginning than disease intervention is. It is more expensive to start a health prevention program or a wellness program and have people involved in it. It is more time consuming. It requires more from health care providers to educate patients about blood sugar, and A1C level, and PSA levels, and high blood pressure, and cholesterol and triglycerides. It means you have to do something very novel. It means you have to sit down and actually take time with people. You gotta do something novel....you have to turn away from the computer screen, turn off all of the electronic gadgets and actually sit down and look at someone eyeball to eyeball and tell them the things that they need to hear in order to help them in their life.

It seems so easy. But this is the School of Communications, right? Communications always starts with one human being talking to another human being. This is the law of 1st principles. That talking can be in writing, through a computer, it can be in many different ways, but it's gotta be human being to human being. If you're really good, you'll figure out that if I can actually see you and figure out

your body language, watch your expressions on your face, see the frowns, see the laughter, the smiles, whatever, I can actually start connecting with you. That's a novel thing too. No one seems to really connect anymore. Let's just keep right on going and keep on texting and what do we do now? Tweet? Let's keep on doing anything to minimize the impact, the interaction, that personal contact. Because I really don't want to know who are, I just want to know what your Tweet says. Well, I'm being facetious but you get the point. We have to make sure that we don't lose the personal touch as we do this.

We need to also make sure that we include our basic sciences in everything that we do. You might say "well, why is that, do you like grant money?" I do like grant money, but that's not why. It's because the innovation and the creativity that will propel us to go to the next level, the next place we need to go, comes from that energetic and creative thinking. Science and technology, research and development are the bases from which most of our innovations come from. By the way, this is an interesting fact also. I say it's a fact, but I've never heard it or seen it written, but I know that it's true. Young people make more innovative and more thoughtful scientific discoveries than older people do. Do you know why? It's because young people don't know that you're not supposed to do it that way. Now, it seems funny but I'm very serious. No one ever told them that you can't ever mix this here with that over there because everyone knows that when you mix those two things that you get that reaction. So they go off and do it and find that it was exactly, lo and behold, it was exactly what they needed. There's a reason there are so many discoveries made by young people, people your age in this room. You need to keep this in mind when you're talking to people because as John Stuart Mill, the famous utilitarian philosopher used to say "listen to even the humblest of the individuals in the world, for they too have a contribution to make. Listen to them." So again, we need to communicate. Communicate means to listen. It doesn't mean to talk. Then you have the 360 thing going around. Remember those things. And I think that in Navy Medicine we've actually been able to show that translational research from the laboratory to the our patients in terms of how we care for them in war time situations and many humanitarian and disaster relief situations.

Now I'm gonna talk about Haiti. Many of you have in front of you at your tables Navy Medicine magazine on Haiti. And the key things on Haiti are this. Haiti is a small Caribbean nation, the poorest in the western hemisphere. I spent 6 months in Haiti in 1999 as a Fleet Hospital Commanding Officer. I then did general surgery there and we saw about 27,000 Haitian nationals over that period of time. It was long before Haiti had the earthquake but Haiti has been in the news for the last century for a variety of different reasons, from deposing of despot rulers to major war/conflict in the early 90s as you may recall when President Clinton sent in the armed forces. And the Haitian people have been incredibly needy and poor and they've need a great deal of help and they still do. I only point that out to you because after the 7.2 earthquake that occurred on Jan 12th, the fragile infrastructure of Haiti was completely demolished. There was really nothing left. People who normally live in shanties and shacks and sometimes cardboard boxes, would tin roofs, tarps, sometimes mud huts, very much in the western African tradition, without electricity, running water, sanitation. That is the norm in Haiti. There are not particular building standards in Haiti, so after the earthquake there was such horrible devastation with the buildings that did exist. So with that occurring, the U.S. Navy sent the Comfort there which departed Baltimore on Jan 16th. It actually arrived off the coast of Haiti on the 20th of January, about a 5 day

transit, we got underway in about a 77 hour period of time. We had about 980 people on Comfort, which is about a 1000 bed hospital with ten operating rooms, and has all the facilities including X Rays and CatScans, laboratory facilities, but it also has something else that is very important to understand. It has its own electrical and water system. It is a self contained city. It is a trauma hospital which means that we have to depend on nothing else from the infrastructure from Haiti. We only needed to make sure that we could get patients on board. We didn't need to depend on anything else. Why is that? Well, in fact there's was nothing in Haiti to depend upon. So that was the importance of the Comfort from that perspective.

In addition to the 980 people, there were about 220 NGO health care providers and a multitude of imbedded reporters covering from numerous media outlets. The NGO providers are very important because very often they will show you exactly what you need to do in the country that you're in. They have ties with the country that we're in and understand the culture. So it's important to in fact have NGO accompany you and help you. They have become invaluable partners in our disaster relief and humanitarian assistance missions.

We saw approximately 871 patients. We did about 840 surgeries. The Chief of Surgery, a guy named Tim Donahue who is the Chief of Neurology at the National Naval Medical Center, a wonderful doctor, summed up the Comfort's first day in Haiti by saying "the first day lasted 40 hours." Every 6 minute a helicopter came in with a critically injured patient and within about a 24 hour period, there were 40-45 critically injured people in the intensive care unit and an equal number of patients on the regular wards. So for the next three weeks, the physicians, the corpsmen, the lab techs, the translators, the NGO folks...all of them working together worked non stop 24/7 to take care of almost 1000 patients that they saw. The importance of this from the Navy's perspective, having been a Surgeon General for 3 years now, having been in the midst of a 9 year war in Iraq and Afghanistan, as we've gone through that period, there have been incredible things that have occurred from a Navy Medicine point of view. We've had the lowest mortality rate amongst trauma victims coming out of the war. Your chances of surviving if you can get to a M.A.S.H. unit or a surgical unit is 97% or so. In other words, if you can arrive with life in you, there's a good chance we can keep you alive.

The Air Force C-CAT teams can take critically injured patients on respirators and as bad as you can imagine, we can ship them back to the National Naval Medical Center in Bethesda in a very short amount of time. All of those things are good and I'm very proud of them, so as a surgeon, a colon and rectal surgeon, but as a general surgeon, I know the importance of that. But there is something else we need to do in terms of health care and it is just as important. And that is we need to extend that wonderful legacy of care, that wonderful legacy of logistical support, that ability to go places that no one else can get to in a timely fashion and then care for the people that are there. That becomes the power of humanitarian assistance, the power of the Tsunami relief efforts in Indonesia. That becomes the power of the Turkish earthquake that occurred in 2000 that most of you probably don't remember. That becomes the power of the earthquake that have occurred actually in 1901! A period where there was a devastating earthquake in Haiti. And I may have the date wrong. It's in the first decade of the last century, that's the power of humanitarian assistance. Something that we have now formalized in our Maritime Strategy. The Chief of Naval Operations, and the Commandants of the Marine Corps and

Coast Guard, in the 2007 “Cooperative Strategy for 21st Century Seapower” have simply placed humanitarian assistance and disaster response as a strategic imperative for our Navy. Because in addition to taking care of others, we need to understand them as people. We can win hearts and minds. I know its an overused phrase, but it’s true. We can show the soft power, the non-kinetic power, the power of people to give of themselves in a free way and are helping another human being that is in need.

Dr. Zebra (sp) who just returned from Haiti last week said to me earlier “no matter what you can think about or what you can do, when you see the devastation and the injuries, when you see people who are in need, you have to reach out and help them.” I think we in Navy Medicine feel the same way and that’s the power of what we did in Haiti. And I wanted to give you that perspective because oftentimes that perspective is not known about our military.

Now I want to finish up with two small things and I hope I can connect this together and if I don’t, don’t worry about it. Have another fruit cup. I want a fruit cup with ice cream but I was told I couldn’t have any! (laughter) So anyway, (long pause). Your Dean asked me “Did you choose the Navy or did the Navy choose you?” Well, let me tell you a brief story real quick. I was at Indiana University. It was 1971. It was the height of the Vietnam war. Vietnam ended in 1974. My draft number was 14 or 15. For those of you who don’t know what that means, it’s ok. For those of you who do, you know that I was going to go into the military. I decided that I wanted to make the decision as to what I would do and how I would do it. So, I was accepted into medical school. I was admitted to Howard. I remember Dean Mann, who was the Dean of the Howard Medical School and came to Indiana and spent a wonderful evening with me and counseled and mentored me in many different things. I finally decided to go to Indiana. He gave me some great advice that I should look out for that I’ll never forget.

And then I needed a way to pay for my education. And the Armed Forces Health Professions Scholarship Program was in its inaugural year. I remember the first students came in 1972. We were selected in 1971. I took that scholarship. The war ended in 1974. I graduated in 1976. And then I went off to do an internship Southern Illinois University. At the end of my internship, I thought that the war was over and did the Navy really need a Navy doctor? And if I could get out of my obligation, I’d really like to get out and hopefully they would forget that I even had that obligation. It is funny but it is also true. And then the Navy called me and said you have a choice, “You can go to Puerto Rico or you can go to ship based out of Norfolk.” And I said, what if I choose to do neither? Well, they said the U.S. Marshalls would come and have a discussion with you. Every year we have a few doctors that have to get the U.S. Marshalls involved. In any event, I decided that I better go. So I went to Puerto Rico and did a general officer medical year. And then I went to Bethesda and did my general surgery...and then when it was all over, and this is 1982-83 timeframe, I went to Japan and did a bunch of stuff. And then it became time for me to get out of the Navy because I had done my initial time and I didn’t have to say. So you see, the Navy chose me the first time, but all of us have a decision to make. The reason I like the story is that it’s the same for you. It’s not Navy, but you are gonna put something else in there. Everyone in this room has either done or will do it. You’re gonna have to make a decision and that is “do you stay where you are or do you go do something different?” And, how you make that decision will define what you do for the rest of your life. By the way, I don’t think that there are any right or

wrong decisions, but I think that there are decisions that we make impulsively without full information as to what full opportunities there are out there. So my point to you is to share with you opportunities that are out there in the military and military medicine world, that many of you may not have known about before my talk today. You don't know what you don't know. And I'm only trying to share that with you....and you come to decision points in your life. So the first time around the Navy chose me, the 2nd time around I chose the Navy because I recognized that #1 there was not another group of people that I could ever be around that was as good as the people I was serving with. I chose the Navy because I could never find the hospitals and the quality care better..and that care was based upon patients and upon 1st Principles...the principle that you have to be professionally competent.

You cannot be a slacker in any of our military hospitals today. Today, perhaps in year's past but you can't stay there now. There's too much scrutiny in everything that gets done. You have to be professionally competent. The 2nd principle is you have to be personally ready. I'm not making these up but I think this is true for everyone. What does personal readiness mean? Personal readiness means you need to make sure that the people in your life that are important to you, your family, your spouses, your children, your significant others, whoever those people are, you gotta make sure that you include them in your life and everything that you do. They need to be included on a systematic or even an appointment scale if that's what it takes because don't ever neglect them or take them for granted. If you do, you will lose them. And if you lose them, you'll lose a good portion of who you are.

And the 3rd Principle is the spiritual side of what we do. The spiritual side simply means this. There is something in this world that is bigger than any one of us individually. We better connect with that and understand that and give ourselves over to that and include that, we better make sure that becomes an important part of who we are and what we are. Now if we keep in mind these three principles, kind of like 3 legs in a stool, if you keep them right, you'll be ready to go. If you neglect any one of them, you will not sit straight. You will topple over. You have to keep those together. And then last but not least, and this is very important because this is why I chose the Navy and perhaps why you chose Howard...

And why many of you chose where you are...and that is the Ethos of Service. That Service is something you don't have to give wearing this uniform. Certainly if you wear the uniform you are giving service, but you can give service by all the mentoring and all the work you do to make sure this conference comes together. You can give service by making sure that you are involved in your community, your neighborhood clubs, in your churches, in your spiritual sanctuaries what they may be...making sure you insert yourselves in the lives of the people around you and the people with which you live. That's the reason that health care reform is so important. It is another way to insert yourself as a human being in the lives of people that need that help and the people that need that help also include you. It's a way of connecting with people and making sure that that ethos of service never goes away and that you learn how to pass it on to the next person. That's the legacy that means something. That's why Dorothy Height is talked about today. That's why King is talked about today. That's why the great men and women, black and white and all colors, are talked about today. They left a legacy that was larger than themselves, because they connected with people and they tried to make a difference in the world in which they lived.

So you see, Navy Medicine, humanitarian assistance/disaster relief..those are the things that I think make a difference in the world in which I live. That has been my firm philosophical mold of making sure that I give service and my only thoughts to you, and thank you for your great attention, never diminish,never think poorly, never denigrate what you can give as a human being, of yourselves, when it's given with sincerity, when it's given with clarity, and when it's given with absolute love in your heart, never ever think that it isn't going to be meaningful to someone that you touch or come in to contact with.

I thank you so much for allowing me to be here today. These affairs mean more to me than to you sometimes simply because they help me to solidify in my own mind exactly what service has meant to me over these last 33 years in the Navy and I only say to you that I'm looking forward to seeing you around the campus, around the world. Make sure that you make a difference. Thanks so much.
(Standing ovation/applause)