

[Bruce Johnson: Author, health advocate & much-loved CBS reporter discusses health inequities.](#)

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For many years a familiar face on CBS in Washington DC, and winner of 22 Emmys, Bruce Johnson has made health awareness and equity part of his life's mission. In this episode Bruce joins podcast host Dr. Mary O'Connor to explore the power of the media to solve our health disparities crisis. How can we end the decades old pattern of inequities and disparities in terms of access to care, disparities in prevalence of chronic diseases, and the systemic biases that unfortunately permeate our systems of care? He also discusses how a heart attack inspired his book "Heart to Heart", his subsequent involvement with the Mended Hearts organization, and the importance of facing up to past abuses

Dr. O'Connor: Welcome to The Health Disparities Podcast, a program of the Movement is Life Caucus. I am Dr. Mary O'Connor, Chair of Movement is Life and an orthopedic surgeon. I am the Chief Medical Officer with Voya Health. A healthcare startup that's on a mission to empower humanity, to lead their healthiest life. Prior to co-founding Voya Health, my career was in academic medicine, first at Mayo Clinic, and then at the Yale School of Medicine and I was a full professor at both institutions. And just for completeness, I will state of course, that all the views and opinions expressed today on this podcast are the participants' own and do not necessarily reflect our respective organizations or Movement is Life.

My guest today is the amazing Bruce Johnson, broadcaster who spent approximately 44 years reporting the news in DC on WSA9. He started in 1976 and gave his last newscast for that channel at the very end of 2020. Bruce has won an incredible 22 Emmys. He's been honored by the Washington DC Hall of Fame Society. And perhaps, most importantly, he's now got a beautiful spot on the famous mural of black historical figures outside of Ben's Chili Bowl on U Street. This is the iconic gathering place that has served everyone from jazz greats to sports greats, to the occasional president. It doesn't get more authentically Washingtonian than that. Bruce is no stranger to stories about health. In 2009, following his recovery from a heart attack, he published, *"Heart to Heart"*. His book about 12 people who discover better lives after having a heart attack. He's interviewed dozens of candidates and picked out a diverse group of heart attack survivors who represent a cross section of America. In 2018, he became a life member of the Mended Hearts Organization, the leading advocacy non-profit organization for men, women, and children recovering from cardiac issues, and he has devoted so much time and effort to advocating for heart healthy lifestyles. This includes a documentary entitled, *"Before you Eat the Church Food, Watch This Video"*, a collaboration with the association of black cardiologists. Bruce, welcome to the Health Disparities Podcast. We're just delighted to have this opportunity to discuss health matters with you today.

Bruce Johnson: Dr. O'Connor thanks for having me, great seeing you. We go back some years, we worked on some important projects together, and I will always remember that good work that you and your organization are doing. I've always said you got your health, you got it shot. I know that from personal experience, in addition to the massive heart attack that I had July 2nd, 1992, back in 2018, I had a bout with non-Hodgkin's lymphoma, and I needed to go to chemotherapy. And I'm fine now, cancer-free now, but I brought my viewers along, announced it on the air and brought them along with me. And a number of people have come into the fold and realize that we don't have to go through these situations. These critical matters alone, there are support groups. There are others out there in large part due to social media to help us with that.

Dr. O'Connor: So, let's explore that the power of the media and social media to help us address our health disparities crisis. And by crisis, I don't just mean the COVID crisis of the last 12 months, the pandemic, and we know that has disproportionately impacted people of color, but I'm also referring to the decades, old pattern of inequities and disparities in terms of access to care, disparities, and prevalence of chronic disease and the systemic biases that unfortunately permeate our system of care. So, to get this going, I'm going to ask you what we're calling our fast five questions, five questions in five minutes to really give our listeners some high level,

information about your thoughts about these important questions. First question, here we go. What is the health disparity or population health issue that you're most concerned about and why?

Bruce Johnson: Obviously, because I'm African American and I've seen the tolls that bad health and the health emergencies that have taken on my own family, everybody in my family died before he or she really had to. And a lot of it was due to the health disparities. I've seen it as a reporter. Unfortunately, those stories aren't the most enticing. They're not the sexy stories, but they're the most important stories. I think it's the number one issue in this country, Mary, the health disparity. I think the reason why it doesn't get the attention that it deserves is because I don't know the number, but so many people in the country just don't buy into systematic racism as being an issue. So, if you don't start there, with the inequities, how do you get down to the level of, yes, we're all responsible individually for our own healthcare, but it isn't solely up to us, especially those who don't have the means.

Dr. O'Connor: Absolutely. Second question. And some of these concepts we'll explore in more depth after we get through our fast five, what is one important solution to the disparity issue we can all do to help move the health equity needle on this issue?

Bruce Johnson: I leave it to you, the experts, to really come up with the answer, but everything I've heard from the experts, everything I've heard from the masses. The people that I talked to there has to be universal healthcare. It has to be healthcare on demand. It can't be just the best healthcare for those who can afford it and not even the minimum healthcare care for those can't afford it. I'll give you a really quick story. I ran into a 27-year-old, young man last week. He's worked, has gotten an associate college degree, pretty excited, likes to work, lost his job, lost his health insurance had to say to his therapist because he suffers from anxiety, that's why he left the military, he had to say to his therapist, I can't pay you. So, he's out here with no health insurance, no help from his therapist, the support group that he had been going to and that's the crisis. I tell them in the form of stories and I don't know of a better story than the story of that 27-year-old young man.

Dr. O'Connor: Absolutely. The stories are about the people and it's the lives of the people that matter. So, third question, who is a person that you admire, someone who you have seen make a difference in healthcare in some way, who's an important health equity leader for you?

Bruce Johnson: I wouldn't want to put that on one person then have that person come back and say, I don't even know Bruce Johnson that well, but I'll just talk about a group of people, the people on the front line. Okay. One

person does come to mind. Her name is Dr. Lisa Fitzpatrick. She's in southeast DC and she left a really good job at a hospital there and she now practices in the streets, so to speak. She takes her craft, she takes the information to the streets, encouraging people to start taking responsibility as best they can for their own good health, Lisa Fitzpatrick.

Dr. O'Connor: Beautiful. Kudos to Dr. Fitzpatrick. Fourth question. When it comes to health, what would you tell your younger self? What advice would you give your younger self?

Bruce Johnson: You know me. When you ask me a question, I'm going to answer it directly as I'd like for people to do what I ask them a question. I'd say to my younger self, "Well, maybe you shouldn't have started smoking and drinking so early. Maybe you shouldn't have tried to emulate those people around you who really didn't have your best interests at heart." The other thing which you have no control over whatsoever. I probably would have asked our parents for a better DNA. You know what I mean? But you can't dial back the clock. So, you look at where you are now, what can you do from this point forward to take better care of yourself? And again, I keep coming back to, if you've got your health, you've got a shot.

Dr. O'Connor: That's true. So true. Fifth question. What is the best health news you've heard so far in 2021?

Bruce Johnson: I heard it just last night, President Biden by the 4th of July, we should be able to have family gatherings again, best news I've heard.

Dr. O'Connor: Best news. Excellent. Wow. Okay. So that was great, Bruce. Thank you for that. Let's, talk a little bit more about some of these topics. And in particular, I want to mention the article that you published in MedPage Today that was talking about the challenges of vaccine hesitancy in the black community and how it won't be solved just by quote "leading by example." Your deeper point is that we can't have trust until we face up to and correct past abuses and that information about the vaccine is being miscommunicated in brown and black, working and poor communities. So, can you share your thoughts about the nature of this miscommunication, how past abuses are perpetuating inequities and how you think we can move forward to make this better? You can start with the nature of the miscommunication.

Bruce Johnson: Well, it comes down to race, it comes down to socio-economics. And, so let's talk about the socio-economics of it. I just think there's a certain amount of disdain for the poor, the working poor in this country. And I don't mean that, to slap somebody upside the head and that sort of thing. But it's a fact, they're the haves and the have-nots. And I think one of the problems is we assume certain things with poor people, less

educated people that they don't understand. We're the smart ones. We have the degrees, or we're the ones with all the success. We play basketball. We are entertainers. We've been elected to high office. So, we know what's best for you. And so, we tell you what you should do, take the vaccine. And we expect people then to take the vaccine. It doesn't work that way. They don't trust us. They have good reason for that. I'm not going to list the Tuskegee experiments and all the other experiments and that sort of thing. They know we come around when it's election time or we come around to their communities when something very bad has happened, but they really are not convinced that on the whole that we, as a whole care about them and their families. So, we put the celebrity pick the person you want male, female, black, white, rich man or whatever and they say, get the vaccine. Dr. Fauci, take the vaccine. And here's why, and he can answer every one of your questions and my questions, but he can't really answer their questions. And their number one question is, "Do you really care about me and my family?" And I think that's important. My wife is a contact tracer. I can sometimes eavesdrop on her conversations when she talks to people, they've been exposed, tested, positive. One of the last questions, she says to these people, "What can I do to help you?" That moves me, that moves them. And she ends up staying on the phone probably an hour or two longer than she should. And my point being, you go to the population and you let them know that the decision for them to take the vaccine, isn't my decision or your decision. They want to be and

should be part of this decision. So, before you start telling them what to do, you should listen to them. They don't want you to fix all of their problems. They want you to at least acknowledge that they have these problems and these concerns and these priorities. They want you to acknowledge that they too are concerned about their families.

Here's my solution. And I stole this solution from the Association of Black Cardiologists. When I was sitting in on a session in Harlem and a doctor was talking to these women about cardiovascular disease and get their families to be more heart healthy. She listened, she listened before she made her pitch. And so, that's what we should do when it comes to the vaccine, we listen then ask him, "What can I do to help you?" It may be a list of phone numbers or whatever that might be to help you. And then, you explain to them that this vaccine based on science and everything that we know, and you could be the clergy member talking, you could be teachers, or you could be the next-door neighbor, but I think grandmothers are the key here and moms. Based on what we know, this is your best chance of surviving and being there for your children that resonates. When I see the grandma taking the shot for her children. If I'm a grandma with kids, if I'm a single mom with kids that's going to move me a lot more, than if I see a famous person taking the vaccine.

Dr. O'Connor: Absolutely. And I would say at the end of the day, we take a vaccine, not just for ourselves, but I was primarily motivated that I wasn't going to bring the virus home to my nearly 100-year-old mother-in-law who lives with us or anyone else in my family. When I am out there on the frontline, as a healthcare provider, I was actually less concerned. I'm not really worried about me getting sick. And of course, I could have gotten sick. Fortunately, I didn't, but I was worried about me giving my loved ones the virus.

Bruce Johnson: Absolutely. And that resonates, and that touches far more people than a lot of X's and O's.

Dr. O'Connor: Absolutely, absolutely. And so, I hope that we're making progress with getting our high-risk communities comfortable, because we understand that those communities of color. And even in rural America communities that have been disproportionately impacted, may not have the level of trust and be as accepting of the vaccine. So those are all really important messages. And I love your concept that, whoa shouldn't we listen to them first, yeah, shouldn't we? Doesn't everyone want to be listened to first, instead of told what to do?

Bruce Johnson: So, it's really important when we rolled this out, Mary, that we don't leave anybody out. It's so easy now to talk about minorities. And we tend

to throw in rural America almost as a footnote, which I think adds to the divisiveness in the country. It's socio-economic when it comes to a lot of this stuff, not all, but a lot of this stuff. We need to let everybody know we're all in this together and really mean it.

Dr. O'Connor: Absolutely, Bruce. First of all, what I'm hoping one good thing to come out of this pandemic is more people understanding how we are all in this together. We're all connected. None of us can protect ourselves from a pandemic individually. We can't isolate ourselves and our family. That's not how this works. So, we all have a stake. We are all our brother and sister's keeper to some degree or we should care. We should work to help globally everyone be healthier and better because in reality, that benefits us. I'm hoping that that's one of the important learnings that has come out of the pandemic, because quite honestly, before this, we did not hear a lot about health disparities. Although, as you know, Movement is Life for 11 years, we've been talking about health disparities and how important it is we start to address these issues. So, I'm hopeful that the dialogue will continue and that dialogue is going to lead to more actionable steps that are going to make a real difference.

Bruce Johnson: I like to say that I hope the dialogue in this pandemic will be the tipping point to take us to the next level. We're putting in place some permanent remedies in these communities so that we don't come back to

this point again, in another couple of years with another pandemic or some other health crisis.

Dr. O'Connor: Bruce, we know that you've been so committed to helping people with heart disease. And I want to mention that we often talk here at Movement is Life about this intersectionality of chronic conditions, such as heart disease, but also that intersectionality with things like arthritis and obesity and the social factors like food deserts and systemic racism, low levels of physical activity. And these all basically create this vicious cycle that we talk about at Movement is Life that increases the overall incidence of heart disease and depression, the need for things like joint replacement surgery. And so, all of these things are so interconnected. If you're going to talk about how do we create healthier hearts, then we also have to talk about how we're going to promote increasing levels of physical activity, because we believe movement is life. And we're going to have to talk about joint pain, because if you have joint pain, then you can't move. And if you don't move, you gain weight and then you develop heart disease, diabetes, hypertension, depression. You see this, you know this, and then people have heart attacks and they're very sick then. So, I think one of the greatest challenges we face in health advocacy is that there are so many causal factors for this vicious cycle that find ourselves trying to fix. And so, it's really a challenge, how do we decide where to start either as an individual or as a system, and I would just like your thoughts on this,

because it's so overwhelming at times when there are so many factors contributing to our disparities.

Bruce Johnson: I'm probably better able to talk about individuals. And speaking of your program, I spent some time in your program and more importantly, the women in your program and one of the things, and there are many good things about it. But one of the things that really jumped out at me were the individuals and the support group that they formed and the power, and the transformations that took place in those support groups. One of the women said to me, "We don't judge." Wow, that is so powerful. Nobody wants to be judged. That's God's work. And she says, when they come together, they're all overweight. They come from different walks of life. They're not looking at one another trying to size one another up, if you will and judge, I just thought that was incredible. The other thing that I noticed, from talking to these women, again, going back to that group, I was talking about in Harlem, New York, is that they talk about those issues that matter to them. They care for one another. And then once you've established that you care for somebody, you can say anything you want to that person, because you're saying it out of love. You can then deliver that constructive, helpful information. They don't have to worry about rejection and that sort of thing. I really like the support group part of that, helping the individual, because a lot of us can't fix what's wrong with us. Can't even identify what's wrong with us. But once it's identified, then

you surround them with like-minded people, people that have similar issues. I hate that word, issues, circumstances, and then that's the power. And so, I think we need to look more at that and that transcends socioeconomics. You don't have to be well-to-do, to be part of a support group, part of a group where we all had this common situation. We're trying to move to the common solutions and that shouldn't be reserved for just the well-to-do and the educated. I think when we're isolated left alone, that's where the most damage is done, that we do the most damage to ourselves. Individually, there is a responsibility there, but you have to be shown. People have to be taught. And then, once you teach a group, you send them out to teach others, corporate level, heart transplants. I think it has to be more than just driven by the money. You know, as well as I do, money talks. Insurance companies are so huge when it comes to this. The pharmaceutical companies, Pharma is so huge when it comes to this. They're going to make a lot of money off of the vaccine. A lot of investors are making tons of money off of these vaccines. I'm sure you saw it in the paper where the country's richest, the multi-billionaires made multi-billions of dollars during the pandemic. That's on the front page at the same time we're talking about when the rest of us are going to get out from under this crisis and vaccine hesitancy. There's something wrong there. Why does this story of how much these people are making compare and get the same treatment as trying to get people vaccinated and getting lives saved? I want to take some of that billion individuals. And I don't mean to

knock them because a lot of the multi-billionaires are doing some good, but I think this is clear across the board we're not doing not enough.

Dr. O'Connor: Absolutely. Let's go back and talk about your role as a broadcaster and media, because I know that you've covered many health-related stories in Washington, DC. And you touched on this earlier, but I think our listeners would love hearing more about your thoughts and perspectives on how important the broadcast media is in highlighting health disparities and furthering solutions.

Bruce Johnson: The majority of people in the socioeconomic groups that we're talking about, they still rely on broadcast media for their information, and I think that's unfortunate, especially in that everybody's got a cell phone now, but most of all we're all connected. We can get information directly to people via that cell phone. I know some people who are looking at that, whether it be COVID or a number of other things, it's information, and advertisers pay companies for this information, there's a role for the media. From having done this for nearly 50 years, I wouldn't put too much into the media. I don't know that the media leads. There've been times in our history where they had led. The Civil Rights Movement and some of the other movements, because it's a visual medium and that sort of thing and that's great, but we've got social media now, which changes everything. And there's so much to choose from out there. So, when you

wake up in the morning, are you going to do the cable, or you're going to do streaming? If you're going to do streaming, what apps are you going to use? There's so much. The responsibility comes back on you, to educate yourself and make yourself available to all the information that's out there and not just go to the information that you're comfortable with, what you already know, the people that agree with you. And we say media, broadcast media. It's so broad now, we got to think about it, got to realize the power is still out there. It's still about the dollars into it. You could do a 24/7 health channel, but how many people would watch, in terms of the demand, how much of a demand is that, to sit there on TV and watch it, but why don't you put it somewhere else? Why don't you put it somewhere like in the palm of their hand, when they could dial it up when they want it. And it's out there in various forms, you got symptoms, where do you go to find out what this is? So that's all helpful stuff. We've got doctors now online, social media, which I think is a much better place than necessarily just be like right here than being on TV, nine o'clock. Nobody's got time to sit down in front of the television set at a certain time. It's out there. It's how to get it to the masses. But here's what I'm confident about. We'll figure out how to get it to the masses, because that's where the money is. One guy said to me the other day, working poor and poor people, they don't have a lot of disposable income, meaning money they can afford to lose but they do have a lot of discretionary funds, especially collectively,

you're talking a multi-billion-dollar market out there. And so, media, private sector they'll figure out how to get the information to them.

Dr. O'Connor: Then it also goes back to the point that you made earlier. And I really appreciate you highlighting our community program, Operation Change. And of course, grateful that you, had the chance to interview some of the women involved in the program. But even when we have that information out there in the media, and I'm saying that is important because it's a low cost and easy way for anyone to access health information. That is necessary, but in my opinion, insufficient, because what we saw in Operation Change and what really opened my eyes to this concept of necessary, but insufficient are the personal relationships that the women formed with each other and that gave them the power, the support to make the healthy behavior change. And I'll put a plug-in. I actually, was accepted and gave a TEDx talk, at the end of last year, which is on the TEDx YouTube channel called, "*Promoting Health, Your Secret Superpower.*" And I talked about how direct medical care only contributes 11% to our overall health and well-being and how important individual behavior is. And there's also of course, a significant component of the environment and social determinants of health. But one of the things that we can impact as individuals is that individual behaviors. So, how do we get women, our program is focused on women, but it doesn't have to be isolated to women, how do we get women to make the healthy

behavior changes? And, that means giving them this social group where they can support one another, because they're doing it out of love for each other. They develop the relationships. They're encouraged to say do it because you love your children. You love your husband. You want to be healthier. And when you're healthier, guess what that improved health behavior trickles down to other members in the family. I also found that so powerful. The pebble in the pond. If one mother adopts healthier behaviors, guess what the children in that family are more likely to be positively impacted. The partner or husband, spouse will be more likely to be positively impacted. And so, while I'm not trying to be, discriminatory against the important role of husbands or fathers in the family, we just chose to focus on women because we know that knee pain and obesity, disproportionately impacts women and particularly women of color. So, that program Operation Change that really gave me this idea that each of us individually can be health promoters. And we have a responsibility to our family members and our friends and the people that we work with to try and be health promoters. Let's say, "Let's go out for a walk over lunchtime." Does the boss say, "Hey, instead of me having that meeting with you, let's have a walking meeting, or instead of ordering pizza for lunch, I'm going to order healthy stuff." We can all make little changes that set an example for everyone and get people having a conversation that is more positive around health.

Bruce Johnson: And you become like the women in your program, I saw this up close, you become living examples of how to get things done. You're not standing there with a textbook. You're not standing over somebody saying do as I say, you're saying, look at me. Not only do you see the physical change in women and not just this program, but other programs that address health issues, you see the mental change, you see the attitude change, you see the confidence change. And then collectively you see the women realize that together, we can do things that as individuals, we can't do. You mentioned exercise and I was talking to one of your women in the program about this kind of thing, poor people, for example. "I live in a crime infested neighborhood. I can't go out and exercise. I don't have a car." But my thing is collectively, why can't you go down to the precinct?

They have police officers down there and why can't I get to come join, walk with you three to four times a week? Why can't you do a babysitting kind of service, so that when you're out walking into your crime infested neighborhood, somebody's not breaking into your apartment, stealing everything you own. Let's not make excuses for how we can't do things. Let's be more proactive and become our own advocates and let's figure out a way how we can get this done. And trust me, you see it happening, where the city is set up, recreation centers allow people to come in for Zumba and all the various classes they do. There's an excitement there. Do you know what I mean? There's a can-do attitude there and it

permeates out into the streets and into the communities. And you're absolutely right, it affects everybody, you can't sit in a group and continue to do your bad habits and look bad and feel bad and talk badly while everybody else around you has adopted a new attitude, as Patti LaBelle would say, "new attitude."

Dr. O'Connor: Yes. And that new attitude and excitement makes things more enjoyable. It's fun. And I can tell you that, one of the things that I'm really looking forward to is getting back to the gym. I've always enjoyed exercising in a community and not just on my own. Alright. I want to go back and talk for a second about Twitter and your thoughts about Twitter, because we know now that there's a lot of communication that takes place on Twitter. People get their news directly from leaders on Twitter. There's no editorial control. So, sometimes that information could be good information, and sometimes that information could be not good information. So, basically, almost like a double-edged sword. It's democratizing information, but at the same time, there isn't the same filter. In medicine, we talk about peer review process, in journalism, you have editorial review. There's somebody doing a cross-check on what is being put out there to try and make sure that it's accurate and factual. So, how do you view Twitter in the context of health disparities? How important is Twitter knowing that it can be this double-edged sword?

Bruce Johnson: One of the best things I've heard about Twitter's, don't bring a textbook to a Twitter conversation. Twitter is about headlines. You're limited in terms of the words that you can use, which means you're limited in terms of the information, the analysis, the depth, that sort of thing, which, unfortunately, that's fine for a lot of people. Got it on Twitter, you've got the whole story. No, you didn't, you got a headline. And you can't expect people to look beyond those headlines. We would hope that they would, but the masses don't. A lot of people have proven to be very effective with Twitter writing headlines and that's what we call it. So, again, symptoms got a headache. What could this be? You might get a few words on Twitter, but if you're going to think you've been properly diagnosed by what you got on Twitter, you need your head examined with all due respect. You need to go see a doctor. At some point you need to certainly beyond headline.

So, Twitter has its place. I'm on Twitter. I have two accounts on Twitter. And quite often when I go on Twitter, especially when I re-tweet something, I also have to make sure there's a link in there if you want more. I will often re-tweet an article that I find interesting. It might be an article that I don't particularly like, but interesting and my catcher might be, I totally disagree with this article, but what do you think? I don't think Twitter is great, for long conversations and dialogue, just like, I don't think Facebook is good for that. So, I think you really have to watch Twitter. It's

like the evening newscasts, you watch a story on the Six O'Clock News. You haven't been totally informed. You got some headlines, now go read something, go pick up something in print. And a lot of people just don't want to do that. They want to be spoon-fed. They don't want to do the work.

Dr. O'Connor: I firmly believe that the more educated the citizens of this country are the better we will be at making decisions. So, hopefully, we will continue to encourage people to learn, to educate themselves, to think for themselves and we need that. And we particularly need that in the area of healthcare and health disparities, because we need individuals thinking about how they can also, improve their health, how they can contribute to supporting improvements in their communities.

Bruce Johnson: Speaking of the communities that we're talking about, marginalized communities. I would like to see these communities get to the point where they are individually making more decisions based on information, education, and not so much on emotion. We lead our lives. We do the things we like to do. We take in whatever we want. And then when we get really, sick, that's when we go to the doctor and we say, "I've done everything to kill myself. Now, save me." Just doesn't make sense, puts undue stress on us, the doctor, and it just doesn't make sense. So that's what you're saying it starts out here? Absolutely right. And I would like to

see us make more educated, smart decisions, not based on emotion. And that applies to just about everything. Once it becomes emotional, then we're looking for somebody to make us feel better, too. I want the educated decision. I want the decision made based on policy that's going to last. And not so much how are you going to make me feel in the moment?

Dr. O'Connor: Well, if we were making policy decisions based on that, then as I said, we would be designating many more resources to preventative measures, public health, improving the baseline health of the public. Instead of what we clearly know is happening, which is pandemics of chronic conditions. And if we want to look at why we've lost so many precious lives in this country with COVID-19 it's because we were so sick to begin with. So much obesity, hypertension, diabetes. If, we didn't have that level of chronic conditions, people, patients would have been able to survive the virus at greater numbers.

Bruce Johnson: And a lot of those people were frontline people, bus drivers, grocery store clerks, with these conditions having to go to work, not having the option of staying home. Multi-generational households, where they couldn't quarantine after somebody became infected. And we were slow to set aside the empty hotels because there's no longer any tourism and

people coming in from out of town, so that we could isolate people, take them out of those multi-generational apartments and put them in these places. So, we were really slow to react to this disease, this pandemic. I saw it, I reported it every day. It was, "Wear a mask." "No, we're not going to wear a mask. We wouldn't know what to do with the mask." I had a woman called me, Mary, and she was a worker at a larger supermarket. And she says, "I went to work with a mask on." This was early on in the pandemic. "I went to work with a mask on and they sent me home. They said the optics were bad. They didn't want the customers to see me with a mask."

I put the story on the air because my thing is when there isn't a lot of information coming from so-called experts, people will make up their own minds. They will do things in the best interest of their families. This woman did that. They sent her home, less than a week later, the supermarket calls her back apologizes. They're handing out masks to everybody. What kind of masks do you want? And so that's where we were in the beginning. The States made bad information, slow to realize that some people were being, more at risk than others. So, I covered all that. It was very, very depressing. So, many things we could've and should've done differently.

Dr. O'Connor: Absolutely. And I'm just hopeful that we're going to, learn from these very painful and tragic lessons because these lessons were paid for, with patients' lives. That's the price that we paid for learning these

lessons, not a small price, a tragic price. I'm hopeful that moving forward that we're going to have better policies, better procedures. We're going to stockpile N95 masks and the PPE supplies that we need more effectively because unfortunately, I don't think this will be our last pandemic or hopefully the last pandemic, but this will not be the last virus that we have to deal with. There will be other viruses like this.

Bruce Johnson: We lost that the head of the household, the breadwinner, in some cases, multi-members of the same family wiped out. The children that they will grow up without mother, father, grandmother. Grandmothers are important in our communities. Grandfathers are important in our communities. Gone, gone. We will pay and feel the impact of this pandemic for years to come.

Dr. O'Connor: Bruce, I don't even know how you would do those stories. I wouldn't be able to get through an interview like that without just, sobbing. I couldn't talk to those people. It would just be too difficult with their pain and their loss. How did you handle that?

Bruce Johnson: It's what I was meant to do. I mean, it was my job. I learned early on that you got to get in there, you have to roll your sleeves up and it's not about you, whether it was this pandemic, whether it was about gun violence in the city. I can't tell you how many funerals I've gone to. Young

people killed by gun violence. Can't tell you how many interviews I've done in prisons of young people who've taken lives. It goes on and on and on. Maybe cumulative effect. Maybe that's why I did decide, to step away from that. Retire from broadcasting and do some other things. I haven't stepped away from the issues. It's like, what more can you do? Another story and media has its limitations. It's not the same media as it was having all these resources. And, we did not only stories on the Six O'Clock News, but we were doing some specials. We would travel the world to do stories. And those were great times. I'm fortunate that I was in this business during the heyday. And then on weekends, I came forward for organizations like yours.

Dr. O'Connor: I know.

Bruce Johnson: Even more. So, you do as much as you can and when you make that exit on the stage, hopefully, people will miss you. I think they do, but I'm not totally gone. I'm still on social media. I'm still dealing with health disparities and helping you and trying to help people at the corporate level with their messaging. A lot of times it's just the message that's wrong. It's, like not what I meant to say, but what did you mean to say? It's the last thing they think about, the message. How are the masses going to receive this? Who are you really talking to? Who do you want to receive this and what do you want the message to be?

Dr. O'Connor: Well, certainly after 44 years in broadcasting, I think, it was okay for you to say, I'm going to retire from this job and now still go do things that engage me that I'm passionate about, but 44 years, congratulations, that is an incredible career. It really is.

Bruce Johnson: Mary, let me ask you this. This is a question that I get all the time, and I'm not the person, to answer this question. Why is healthcare so expensive in this country?

Dr. O'Connor: Oh, Bruce, you're reverting back to your, interviewer style and turning the tables on me, which I appreciate, but just want to point out to our listeners. Bruce cannot help but be a broadcaster and an interviewer. So, that, of course, is the multiple trillion-dollar question. Why is healthcare so expensive in this country? And I'll give you, I think my top three answers. The first one is that we don't have alignment of the way we pay the healthcare systems and healthcare providers with outcomes, number one.

Number two, we have not as a society invested in the importance of public health and addressing social determinants so that people enter the healthcare system, sick, they're obese, they've got knee pain and arthritis because they can't go out and walk in their neighborhood because it's unsafe. They have bad lungs because they're in a neighborhood with bad

air. So, they get asthma, their children get asthma, they have hypertension because of their obesity and their stressors. There's so much that we haven't addressed as a nation relative to social determinants. And in my opinion, we can't expect doctors and the healthcare system to solve all these problems because I, as an orthopedic surgeon, I don't have the ability to solve these problems. I can recognize that they're there and I can say that we collectively need to understand that health begins in the community. Sick care belongs in the doctor's office, but wellness and health belongs in the community, and we need to shift our conversation, our mindset, and our resources to understanding how are we going to get health in communities.

Bruce Johnson: You're absolutely, right, yes.

Dr. O'Connor: And until we do that, we're going to keep spending huge amount of money on healthcare, not achieving the outcomes that we want because we are not fundamentally addressing the preventative measures that need to occur. That is the fundamental problem. And secondly, because we are spending so much money and there's so much pressure now to control costs, we see the development of things called bundled payments. And with bundled payments comes the real risk of cherry picking healthier, low-cost patients and lemon dropping patients who are sicker and more likely to need expensive resources. And guess who those patients are? Those

are disproportionately people of color, people who are obese, people who are of lower socioeconomic means. So, we see this in rural America as well. This is not just an inner-city issue, this lemon dropping and that's because we haven't aligned payment with clinical outcomes and risk adjusting for those patient factors for which the healthcare system and doctor, they don't have control over that. So, my bottom line is we would spend less on healthcare if we spent more promoting health in communities.

So, you've now started working with a communication company, 3D Executive Communications and that's the company that you've just referenced where you're working on taking the lead on coaching and advising how individuals communicate their message. Tell us a little more, how do you help them focus on equity or do you have the ability to help them focus messages related to equity and health and those important concepts?

Bruce Johnson: I spend more of my time in this company, dealing with health disparities, COVID suspicions and hesitancy and those sorts of things more than anything else. More so than the coaching at this point, although that's going to pick up. Bottom line, this company is about getting people to stop talking past one another. Getting these executives who control these vast resources, including the vaccine and that sort of thing. Getting

their messaging on point, getting them before the FDA and that sort of thing. Also, we're working in the communities, offering our services to local governments in terms of talking directly to people, how do you get the vaccine distributorship? How do you get this vaccine to the people who want it? At Prince George's County right outside of DC. I was talking to a government official about the hesitancy, and she says, "Bruce, we'll get to the distributorship, but I've got a 100,000 people." This was couple weeks ago, "I've got 100,000 people want the vaccine, who can't get it." So that's the kind of thing that we're involved in, in a big way.

Also, we don't do politics. I wouldn't join any kind of group that was doing politics. So, we don't do politics. We don't represent and work with people who are accused of wrongdoing and that sort of thing. We don't work with attorneys and that sort of thing. So, their mission is right, it's correct. It fits what I'm doing. And it doesn't stop me from doing the other kind of advocacy things like working with you. Trying to make my city a better place to live and work. And then hopefully can spread that to some other cities, because anything that we do in DC that works well, other cities are going to pick up on it. Everybody wants to be a part something that works and we're working on the same issues, the very same issues.

Dr. O'Connor: We are. Bruce, your advice has absolutely been priceless, and I really want to thank you for joining us today. Let's close with any final thoughts you'd like to leave our listeners with.

Bruce Johnson: You've got your health. You've got a shot. You have to take care of yourself and then take care of your families. If you can't take care of yourself and help yourself, you can't help anybody else. And you do it by example, not just a lot of words, and don't put off what it can do today. I know that sounds like a cliché. I hate people that do these diets and I'll start on Monday. No, how about right now? Live a day at a time, tomorrow is not guaranteed to anybody. I've had some serious health challenges I've overcome them. My thing is, there's a reason for that. There's still work for me to do, there's work for you to do. So, as long as we're out here and it's not just about us and we realize that we're here for a purpose, don't necessarily have to know the purpose, just keep moving in a positive direction. I once heard somebody say that, "I can't swim fell into the river, but at least the current was moving me forward."

Dr. O'Connor: That is great. Alright, I'm going to close. This has been fabulous and longer than our typical podcast. I want to thank our listeners for tuning into the conversation today. Please remember to subscribe to our podcast channel. You can find us on Twitter @MILcaucus that's for Movement is

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Life Caucus. So MILcaucus and stand with us for healthcare equity. This is Dr. Mary O'Connor signing off be safe and be well.

(End of recording)