

## GSA Scientist-Citizen Episode 01 Transcript

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Narrator (00:00):

You are listening to the GSA Scientist-Citizen Podcast, celebrating individuals committed to proactive public engagement that improves understanding of science and policies that support all of us as we age.

James Appleby (00:12):

Welcome to the GSA Scientist-Citizen Podcast. I'm James Appleby, CEO of the Gerontological Society of America, the leading interdisciplinary organization dedicated to advancing the science and practice of aging. With more than 6,000 members in 61 countries, GSA brings together researchers, educators, clinicians, and policy leaders working toward a shared vision, meaningful lives as we age. On this podcast, we explore the power of Scientist-Citizens, people who extend their expertise beyond the lab, clinic, or classroom to engage communities, strengthen trust in science, and help shape policies that improve all of our lives as we age. Scientist-Citizens are critical to a society where science is valued, facts matter, and democracy thrives. Join us as we learn from leaders who are putting science into action and discover how you can lean into the role of Scientist-Citizen in your own community.

James Appleby (01:17):

My co-host today is GSA President Tamara Baker, a nationally recognized gerontologist and professor at the University of North Carolina at Chapel Hill. Dr. Baker's research focuses on health equity, aging, and the social and behavioral factors that shape health across the lifespan. Tamara is a longtime leader in the field and a passionate advocate for translating research into action. Welcome, Tamara.

Tamara Baker (01:43):

Thank you.

James Appleby (01:45):

Tamara and I are honored to welcome our guest, Dr. Reed Tuckson, one of the nation's most respected leaders in healthcare, public health, and medical innovation. Throughout his career, Dr. Tuckson has worked at the intersection of science, policy, technology, and patient care, having served in many roles, including Commissioner of Public Health for the District of Columbia, Head of Medical Affairs at United Health Group, and advisor to organizations across healthcare and government. He's a graduate of Howard University and Georgetown University School of Medicine.

James Appleby (02:17):

As managing director of Tuckson Health Connections, he continues to champion better health through innovation, prevention, telehealth, and patient engagement. During the COVID-19 pandemic, he co-founded the Black Coalition Against COVID and helped to launch the Coalition for Trust in Health and Science. Dr. Tuckson exemplifies what it means to be a Scientist-Citizen using scientific knowledge, not only to advance medicine, but also to engage the public, inform policy, and strengthen trust in evidence-based healthcare. Welcome, Dr. Tuckson, to the Scientist-Citizen Podcast.

Reed Tuckson (02:51):

Thank you. It's a great pleasure to be with you and with Tamara and your audience.

James Appleby (02:56):

Thank you. We, we look forward to a compelling conversation. And Dr. Tuckson, you've, uh, you've had an extraordinary career that has taken you from medicine and public health leadership to health policy, innovation, and science advocacy. Can you tell us first, what led you into medicine? And when did you begin to realize that you wanted your impact to extend beyond the walls of a traditional clinic or a classroom?

Reed Tuckson (03:19):

Thank you for that question, and probably the answers to both are related. I was lucky enough to be the son of a woman who is a, was a visiting nurse in Washington, DC, my hometown. We're multi-generational Washingtonians. And my mother was a visiting nurse who grabbed her big black bag and put on her uniform and hat and got in this special VNA car and drove to the poorest parts of DC. And she walked the alleyways and found people that were in need and taught mothers who were unable to know how to care for their infant child how to do that. She did all the hard work. And the thing about it that I was lucky enough was that she told me about it. She talked to my brother and I both about it. So we knew what she did. And we understood a lot of the social impact of the environment and how it impacted on health.

Reed Tuckson (04:12):

And so these were things that were imbued into us very early in life. I made my decision about my career path. I was fortunate to be trained at Georgetown under the best cardiologist in the country at that time. And I was very passionate about being a, a cardiologist. I spent a year between my second and third year in medical school doing pharmacology research and basically focusing in on cardiovascular issues. And so I was all primed when I got to the hospital of the University of Pennsylvania. I was in the straight medicine program headed towards cardiology fellowship. When one Saturday afternoon during my junior residency year, I admitted five people when I was the on-call doc at the VA in, in end-stage heart disease. Five people in one afternoon at the VA. And I asked the question, why are these people dying and they're going to die from a preventable illness, hypertension and hypercholesterolemia and that, and the usual triad of issues?

Reed Tuckson (05:09):

I made that. I asked myself that question out loud to the, my mentors at the University of Pennsylvania, one of whom was John Eisenberg, who went on to have an incredibly distinguished career. And John, who ran the general medicine program and the Robert Wood Johnson Clinical Scholars Program at Penn, are very involved. He basically said, "Oh, so you're one of us." <laugh> When you ask that kind of question, why are these people dying of preventable disease? It opened the doors and said, "Let's start looking at this intersection between clinical medicine and social environment and health policy." That ushered me eventually into the Robert Wood Johnson Clinical Scholars Program where a whole new world opened up for me. And that ultimately led me to a, a, a very broad career in medicine that continues to unfold to this day after almost more than 40 years.

James Appleby (06:00):

Well, and indeed, so much of that, it speaks to the role of scientists, citizens really in, in civic life today. And I think the ideal of the, of the Scientist-Citizen is that scientists will go well beyond their traditional role of scientists, right? From beyond the, the lab, beyond the clinic, and recognize they do have a civic responsibility that comes with their scientific expertise. I'm wondering, what does being a Scientist-Citizen mean to you, and what sort of role do you believe scientists should be playing in, in our civic life today?

Reed Tuckson (06:29):

I think that we. First of all, if we go back, And I, as you mentioned in the introduction, I was indeed fortunate to be the, the, the senior vice president for professional standards at the AMA for a number of years. This was an incredible job where I had basically the medicine portfolio of the AMA. One of the parts of the AMA that reported to me was the Ethics Institute. And during my time there, those very bright people were working on a new interpretation or a modern interpretation of the Hippocratic Oath. And one of the principles that they emphasized, and I have carried with me ever since then, is that when you boil down the Hippocratic Oath, you get to a place where there is a responsibility that we have to a lifetime of continuous learning in service to the vulnerable person, but that we will train, translate that expertise into service to and discourse with society.

Reed Tuckson (07:30):

And that was a very powerful statement that we would take a lifetime of learning, focus on the, the vulnerability of the person, but focusing then on service through clinical medicine and discourse with society being involved. I was, as you mentioned, the, the commissioner of public health at the District of Columbia during the height of the AIDS epidemic. The one thing you really get a grounding on doing that work, and I was fairly young in my career, I was in my 30s. The one thing you get a real grounding of is the sense that if you do not deal with the predicates of disease, if you do not deal with the cultural context in which we have to communicate prevention and therapeutic plans, if we do not understand the infrastructure or lack thereof of the individual living in society, what's available to them and what isn't, if you don't understand those things, then it makes no sense - no difference that you have spent a gazillion dollars in great intelligence to diagnose a problem that, in fact, when it comes to the remedy and therapeutics, you can't implement the therapeutic plan.

Reed Tuckson (08:39):

And so I'm very imbued from all of my experiences that tell me that it's not just enough to pontificate. It's not just enough to assume that once you have written the prescription that your job is over. That there's, that if our goal is ultimately the improvement and the enhancement of the health of the individual, then that's the, the north star. All the other pieces are elements to get you. But if we focus only on the individual, that hemoglobin A1C was low, I've done my job despite the fact that the patient is dying, that can't be our job. It has to be a different focus. So we have to really focus ourselves on outcomes.

Tamara Baker (09:22):

I greatly appreciate you talking about how you got into medicine, and there are a couple of words that really resonated. You talked about service and also mentioned culture, and it sounds like that's really the impetus of your career. You seem to constantly focus on translating science to action from your work in public health and to healthcare leadership and community engagement. If you can just talk a little bit more about how this particular path that you were on or continue to be on, how this has shaped your understanding of what it means to be a Scientist-Citizen.

Reed Tuckson (10:00):

Yeah. O- one of the things, I'll go back to being, uh, again, a health commissioner for a major city. You are the scorekeeper. You are keeping the epidemiological data. So many people died of this, so many people died of that. But when, when I went back and traced those things that were killing people in Washington, DC during the time I was there, you go back and look at the major causes of death. You find yourself ultimately standing at the intersection of the crossroads of all the, of the, the roads of society. You're standing in the middle of the society itself. If you look at the, the, the. If you look at cardiovascular disease and you look at cancer, you look at stroke, you look at diabetes, you look at the big issues, violence and trauma. You look at those elements and you trace back to etiology.

Reed Tuckson (10:47):

All of a sudden, you're finding yourself standing in the intersection of all the crossroads of your society. And that really got me because then you start moving towards primary prevention, towards fundamental taking away the insult before the insult hurts the individual. And then you find yourself understanding that even as you try to take away the pain of the insult, you're still immersed in the society. So I'm. Once you know that, and once you are responsible for those statistics, once you are the one that has to say, "Oh my God, I can't let this continue on my watch. What can I do?" Then all of a sudden, you begin to focus on the intersection of concepts. You're interested in how all the pieces fit together. And there are a lot of pieces that have to fit together. And, but that's the kind of joy of those of us who take this on.

Reed Tuckson (11:38):

It's also the frustration of those who take it on because the etiologies And the covariates and the complicating variables are so complex that there aren't any easy fixes. There's no magic single bullet that you're going to be able to do. And so you have to be prepared. But I'll just close my answer by saying my brother's a colorectal surgeon. We couldn't be more different. <laugh> Takes thorn out of the lion's paw. The lion is happy. The, everybody goes home. Those who do the kind of work that, that I do, you never win in the short run. It's a long-term effort, and you don't go home at night going, "Ah, I defeated it today." <laugh>

Tamara Baker (12:15):

I really appreciate that response because, again, you mentioned something about you keep the score. And you also talked about at the crossroads of society. And when I think about society in general, particularly like in the DC area, for example, we're talking about trust and how you connect with the community. So again, I understand that your work emphasizes the importance of trust enhancing encounters. So, you know, what does that phrase mean to you? And why are personal connections so important when scientists are trying to build trust within certain communities?

Reed Tuckson (12:50):

The one painful lesson that we have learned from COVID has been that we in public health and we in clinical medicine, and to an extent we in research, have been guilty of becoming too far removed from the people that we serve. Yeah. We become, no matter what communities we come from, poor or middle class or rich, but certainly those of us from middle class and poor backgrounds, we become clinicians. We have a higher economic status. We move up in the world. We move to a new neighborhood. We might change cities multiple times. And what happens is the community itself, the people get left behind. And that becomes very, that distance becomes very important because what was happened is we've seen other people come in and take advantage of that distance, of that gap, so that we're not speaking to people the way that people want or need to be spoken to.

Reed Tuckson (13:44):

We are very elite. We can be very high-handed. We are really good at finger-wagging and talking down to people sometimes saying, "We have the knowledge, and we have the evidence, and we have the science, and you are not doing right." And so that, that has been the, has been so revealed as a huge problem today, as people do not trust us enough. They don't trust us. They're not willing to just give us our trust. As in medicine, we've always had the autonomy of professionalism. We were the ones who own the business. We own clinical medicine. We own how healthcare is gonna deliver it. And now, we're having to face a reality where it's shared. This is the moment, and let me just be really clear on the context of the moment. The context of the moment now is one that is shaped by we have an absence of shared values with, across the nation.

Reed Tuckson (14:38):

When we said that we wanted to save every single life that we could possibly save, which is our orientation from COVID, and that we would do whatever was necessary to save all those

lives. That was what my mandate was when I was health commissioner during the AIDS epidemic. I was expected to do everything in my power to save lives. And I was monitored and held accountable publicly in the news media and by my own sense of passion and mission. Today, what we found with COVID is inflicting that sense on a community that may value small business pre- preservation more important, or kids going back to school as being more important. So there's a sense that how dare you inflict your elitist values on my community and assume that more than what we want than we do. Secondly, we're in an environment where there's no true, true source of facts.

Reed Tuckson (15:28):

That there is no place that you can now go where everybody, uh, understands that this is settled evidence, settled science, and that this is the way to go. That is no longer occurring, that it's all mixed up and it's confused and it's tossed and turned. But the last thing, the thirdly that forms this context is that our tribe affiliation actually overwhelms even the fact that we don't have a shared values and there's no true north of truth. And so what you've got now is my personal identification with my group, my political group, my whatever it may be, but my tribe is more important. So this notion of being a citizen scientist and being a scientist that engage with people, if we do not understand those three phenomenon today, we're going to continue to be I - suboptimally successful in what we're trying to do. And so now the work becomes how do we co-create the new future of healthcare between the health ecosystem and the American people?

Reed Tuckson (16:28):

And this is going to be a generational, uh, struggle, but it's one that has to begin now with clinicians being aware of the challenges, aware of that triad that I laid out, and then realizing and making a decision through either our personal efforts or through the organization's efforts to be able to close that gap with individuals, but also with the communities that surround the institutions where we do our work.

Tamara Baker (16:55):

Exactly. Awesome. Thank you.

James Appleby (16:57):

Yeah. Re- Reed, you mentioned your work, of course, at District of Columbia heading the public health department there. And of course you worked AMA, uh, and, uh, as well as in a Fortune 20 company. But you also have had a very active role with federal government officials. I, I know you were on the Health Directors Advisory Committee. I know you also served as the HHS Secretary's Advisory Committee on Genetics, Health and Society Chairperson. And I'm wondering, given the enormous role that government plays, whether it's the, the local, county, city, state, or federal level, how did those experiences shape your understanding of the influence government officials and scientists have in protecting the integrity o- o- of science and helping communities make those informed decisions?

Reed Tuckson (17:45):

One of the principles that I am adamant about, and one of the observations and truths that I'm adamant about is how fantastically wonderful our government health servants have been and are. These are such dedicated people, and I have witnessed their work up close in, as you mentioned, a variety of context. These are very smart people, very mission-driven people. They're not well-compensated economically, so they don't do this kind of work because they're looking to get rich. These are people - these are really mission-driven folk. What upsets me and angers me to this day is the ridiculous and outrageous attacks on these government workers and these government officials. I've had multiple conversations with some of the MAHA folk, people who I've come to, but my gosh, they are so adamant or can be at, at, at calling these folks corrupt. I think there's no better example of this and no more painful example of this than Tony Fauci.

Reed Tuckson (18:53):

I've known Tony Fauci for 40 years. I've known him. He was one of the first mentors when I was at the University of Pennsylvania, I remember to this day, in my senior year, they always brought in three times or four times a year role models. And this is back in the '80s now. And I remember they brought in Tony Fauci for dinner and for lectures, and we went to dinner. I sat beside him at dinner. And I just imagine how young he must have been back in the '80s, yet he was already fully established. And my point with him is this, is that I asked him, "When do you..." I wanted to see what his lifestyle was like. I said, "Normally, he says he gets to work at 6:00 AM and gets home for dinner around 8:00 PM, but Saturdays are a much better day for him because he only comes in at 9:30 and he doesn't leave until, and he leaves as early as 1:00.

Reed Tuckson (19:36):

But Sunday is his really great day where he leaves around noon." And I'm like, "My God, is this the curve that I have to meet?" <laugh> But this is a man who dedicated his entire life day after day, year after year. And when the Ebola crisis occurred and somebody had to treat that patient, who put on the spacesuit and went into the isolation room? It was Tony Fauci. And yet there are people today who want to, who, who, who are, who are pillorying him from, and lambasting him from pillar to post. It is the most painful thing to watch. So my point being that what I have been. But my experience around the government scientists and government officials has been that because so many of them are so much smarter than I am, that what I have to be is a supporter. And so one of the great things I have is I, in my, I have a statuette given by Research America saying that I was a great supporter of research in America.

Reed Tuckson (20:37):

That makes me feel terrific. And so I would just say to all of you in the audience, again, not all of us have the genius to be a Nobel Prize winner or to be the head of an NIH Institute, but what we can do is be supportive. And I think that's really. And we should fight for the budget for the NIH, the budget for AHRQ while we're at it, the budget for CDC, and of course the budget for FDA. That research has got to keep moving forward. And if anybody ever had the audacity to say that they, these institutions should not get research support because something is wrong with the researchers, that's absurd.

James Appleby (21:15):

Yeah. And I so appreciate your sharing that perspective and sharing the story about, about Tony Fauci. And certainly here at, at GSA, we do everything we can to support the colleagues that we work with in federal government across the, all the agencies. In particular, the National Institute on Aging, where we have so many of our members engage with them and we work closely to help support them and everything they're trying to do to make sure the scholars are aware of funding opportunities, make sure we're taking steps to encourage the pipeline of new researchers to come into the field. And w- we've seen the same thing. Just tireless individuals where they respond on weekends. They're just, they're committed to what they're doing. And I really appreciate how you framed

Reed Tuckson (21:55):

That. James, I wanna just say thank you for what, for saying that as well. And I think we all recognize the context of, that surrounds our conversation today is this attack on, on, on funding for our scientists and our developmental scientists. And these are, there are a lot of folks are getting ready to lose all that they have put. Imagine you have been a young person dedicating your life to service through science. And you've trained yourself and you've sacrificed and you've paid all these bills to go to school and you postponed your marriage or your spouse and you lived in hand to mouth just to get through. Now you're ready. And they snatch the money away for no good reason, for just incredible stupidity. And now we see other countries pulling our scientists away, offering all kinds of inducements. What do we think is going to happen over the next decade?

Reed Tuckson (22:49):

This is abs - this is just so frightening. And I feel so bad for those young people.

James Appleby (22:55):

I- I- indeed. And I'm very concerned here at GSA about a, a brain drain. I, the sense watching things unfold, it's, science is being kneecapped at th - at this point. And we've got to continue to do everything we can to e- encourage scientists to, uh, continue forward and in particular, try to encourage. And it's a hard sell right now, junior scholars to go into the field. Even if the money happens to be there, if there are no scholars to step, step in and do the research, we're not gonna have the discoveries we need to advance. And the United States counts on NIH to come up with the new discoveries to help fuel innovation in the country. So - But Jay.

Reed Tuckson (23:33):

Let, let me just interrupt and say, make this point, because it sort of ties back to an earlier point as well. What I also am concerned about is the lack of understanding by the public on what the science has delivered. We, again, are too often in our silos, in our ivory towers, and we are excited about what we do, but we need to make sure that Mrs. Jones at Fifth and Vine, she understands and her family understands that because of the science in, in, in gerontology, that we now are able to make these kinds of interventions that five years ago were not even conceivable. That we've got to be, we're, we've got to close that distance so

that people understand why what we do is so valuable and how it is so practical in our lives right here, right now. And they need to understand that if that knowledge is not there, what are the, what you all are good at at GSA is that we, are you good at being able to lay out, here's where we're headed.

Reed Tuckson (24:37):

This is what a future will look like because of the work of the members of GSA. We have to make sure that Mrs. Jones on Fifth and Vine understands that.

James Appleby (24:48):

Absolutely. And continuing to translate that, the science into the which means for the general public is something that we're indeed trying to do through our Scientist-Citizen program to encourage scientists to step forward and communicate it with neighbors, with friends, with family, with community groups, and use every channel available to get the information out about the value of science. We have to change the narrative in America to a point where essentially there's reverence for science. Science is what has enabled us to extend lives, to have better public health, to grow more corn on an, on an acre of ground than we ever could have imagined. That's all science. And that reverence, uh, has been lost, and we've got to figure out how to return that. And we hope certainly the Scientist-Citizen program will do that. Yeah. You, you, you mentioned the, the COVID-19 pandemic, Reed.

James Appleby (25:38):

I just wanted to come back to that because I think, uh, from what I understand, it's a wonderful example of how scientists, clinicians, and community leaders work together to take on a public health crisis. You, you founded the Black Coalition Against COVID. Could you tell us a little bit about that and the lessons you learned?

Reed Tuckson (25:55):

When the pandemic first started, and we got the early data that started to indicate how challenging this disease was going to be, as a African-American clinician, I always know that when white America gets a cold, we get pneumonia. So I knew it was gonna be bad. And so everybody was figuring out what their role is. So I, first, now I'm long in the tooth on the clinical side, although I volunteered. I said, "Look, if the first string goes down and the second string goes down and you gotta have the junior varsity, whatever I can do, sign me up." My family didn't quite appreciate that at 75. <laugh> So that didn't go over real well. So I thought, I said, "Why don't I stick to what I know how to do? And I know how to do is bring people together." And so it turns out that in DC, many of the community-based influencers were still alive from when I worked with them on, on HIV.

Reed Tuckson (26:47):

So I called the band together and I called all these folks together, even though I live in Atlanta. We weren't traveling anyway, so everybody do everything by Zoom and so forth and so on. And so we started to bring folks together to talk about how do we mobilize. But it became very obvious quickly that, that a vaccine was gonna be important. And that to get a vaccine

means clinical trials. And clinical trial means Tuskegee and Henrietta Lacks and all the other things that, that plague the Black community when it comes to misinformation and distrust. And so, okay, we're gonna have to do this nationally, and we need to do a big job. So I called up the presidents of the four Black med schools, Howard, Meharry, Morehouse, and Charles Drew, the National Medical Association, the National Black Nurses Association, and the largest publisher of health information digitally for the Black community, blackdoctor.org.

Reed Tuckson (27:34):

And smashed all this together as one engine. And we then started to reach out and partner with the Black community, fraternities and sororities and 100 Black men and 100 Black women and Jack and Jill. And we also partnered with the faith community. And so what we started to do then was to bring expertise. And we, and with no money, no staff, no nothing, sitting right where I'm sitting right now, the same background, uh, in the same microphone, we produced from this very spot, more than 40 national town halls, many, some of which had as many as 800,000 people that we hit in a night. And that's especially when we did it with all the, the social community-based organizations. We also did specialty things like for the incarcerated population. We did rural health. We did people that were working in nursing homes that didn't wanna get vaccines themselves as employees.

Reed Tuckson (28:29):

Now, we picked all these neglected areas that needed to be touched. And we produced these shows. And it was an incredible experience, not only because of our work, but in part, and I think we had a lot to do with it. We saw that the Black community closed the disparities gap. For the first time in history, we ever closed the disparities gap. And we did it in record speed here, but as represented by primary series COVID vaccines. And so what we've learned is that by mobilizing and getting the church and all these other folks involved in a direct, immediate partnership with clinicians, so that whenever we did a show, it would be the docs, but the community and the, everybody right there together. No, no space between us. And we saw the impact of that. I think that model is one that's not only appropriate for the Black community, it's for America.

Reed Tuckson (29:21):

And so we're starting now to learn those lessons as I'm moving into an- another iteration of work that came out of the Black Coalition Against COVID.

James Appleby (29:31):

Trust-building encounters, right? More trust-building encounters. Tamara? I'm

Tamara Baker (29:34):

Sorry, I was just so anxious to get to the next question and learn more specifically about the Black Coalition Against COVID. It resonates with me as an African-American woman and seeing how COVID really impacted the Black community. What you mentioned just resonated so much with me and- and understanding and getting the fraternities and sororities and Black churches together. I-I applaud you for that. When we talk about the coalition, specifically

the Black Coalition against COVID. Am I correct in saying that sort of inspired the foundation or the establishment of the Coalition for Trust and Health and Science?

Reed Tuckson (30:16):

You put your finger right on it. When the, when we looked up at the end of the pandemic, and I looked at the data, and you could see that the Black community second year had a slightly better life expectancy than white America, which most people don't understand and don't realize. And what you look at, if you look at the trend for vaccines, you see the Black community starting at zero and rocketing up. You saw the white community sort of steady state all the way across the board. There wasn't a lot of movement, particularly the second year. When the second year, when it, we, after we kind of got the, over the initial supply, the black community took off, white America sort of stayed level. And that really made me wonder why? How is that possible? And that sort of let me know that this misinformation and this distrust issue was as much, if not more of a problem for white America than it was for Black America.

Reed Tuckson (31:13):

And then that started to make us start to say, look, this is an American issue, not a race issue, not a rich people, poor people. It's not a Republican, Democrat. This is an American issue. And what I then realized to my, to my horror is that this is an existential threat. This misinformation and distrust is an existential threat to the oath that every health professional has taken and the mission statement of every health organization. And so that made me really nervous to think, if this is going like this, what can we do? And so I asked a question out loud, as I seem like I do. Is it possible, given that this is the magnitude of this threat, is it possible to bring together the entire health ecosystem end to end for the first time in history, given the moral, clinical, and social import of this challenge?

Reed Tuckson (32:08):

To my surprise and a bit of my horror, the answer was yes. And so that sitting here at this desk with no money, no staff, but re - able to recruit an incredible group of six to eight members who became a board, uh, a roll up your sleeve boards, within two months, almost 60 organizations had joined, and now there's more than a hundred. And it represents the entire health ecosystem. Everything from the American Association for the Advancement of Science, the Basic Science people, Academy Health, the Health Service Research World, the Bio and Pharma, the AMA and the Council of Medical Specialty Societies and a whole bunch of others, the American Hospital Association and the Federation of American Hospitals. So you get the hospital and also some rural hospital associations. You get nursing, pharmacy, allied health, telemedicine, home care, A - uh, the AHIP with the insurers, APHA, and NCQA for the, as the regulators, the joint commission, ethics institutes, patient groups.

Reed Tuckson (33:10):

In other words, the whole thing end to end. And so what we've basically said is we are coming together to say to the American people, "This issue is of such importance, and we care about you, America, so much that even though we don't get along <laugh> almost anything else in

terms of the ecosystem, that we can lay down our disagreements and focus in on, on, on this." And I am incredibly grateful and in admiration of the values of the health ecosystem that they would respond to a call in the dark and say, "Yes, this is important enough that we must come together." So yes, I learned out of coming out of the. Oh, and one other thing was that what in- in- inspired it as well was right before the pandemic, the business round table with people like Jamie Dimon and Bezos and all those big wigs had come together before the cam - COVID pandemic and said that maybe return on shareholder value is not the number one thing of the, uh, that the modern health exec - the modern CEO needs to be focused on, but perhaps the communities in which they work and serve.

Reed Tuckson (34:22):

I went crazy that they said it, and we in health did not. And so I was like, "My gosh." So I was very much also inspired by that to make those first phone calls, and now 100 organizations are a part of this, and I am so proud to be a member of the health community. I think this is the most, the most admirable and ambitious and admirable and value-based professions, the collectively that, of any place in the country.

Tamara Baker (34:51):

I appreciate you, you saying that. It seems that you have an extraordinary gift of getting people together, like-minded individuals together to come together for a common cause. And I think part of doing that is how you communicate with individuals, how you connect with individuals. So as you think about scientific information that's being challenged and questioned every day now, how do you communicate really complex health evidence in ways that respect other individuals' experiences while still advancing accurate information? I know you mentioned that in a previous answer, but if we can just take a deeper dive into - Yeah. The importance of being able to effectively communicate sound and solid research and findings to the community.

Reed Tuckson (35:42):

Let me not, Pollyanna, this and make it simple, because you can't make it simple, Tamara. We are in, as I said, a place now where values are not shared. There is no true north of facts. There's dueling experts all across the board on, on all, on all sides with great titles. And so it's going to take time. And so what I would say is, number one, the first thing that we have to do is to work at the population and community level to, to be able to engage at that level. We have to d - we have to seed, we have to plant seeds in tilled soil. We, in the clinic, if we were in the clinical arena, too often, we'd have to plant a seed in concrete. So we have to till the soil first and have our hospital engaging with the community that surrounds the hospital and having these listening sessions, these conversations.

Reed Tuckson (36:36):

What's important to you? And why do you feel so strongly about a point of view? What is your, what is the goal of our community? What's our shared vision for health? That's important work. So that, what I, what that says, Tamara, is that the clinicians have to partner with the public health people. Yeah. That we need to cut that, that. We have to stitch that gap

together and be out front with the conversation. Secondly, then as clinicians, we have to learn how to listen. This is an art. Yes. We have always been taught the patient-physician relationship. And it's always said patient first, physician second. We've been taught that. But are we really good at it? Right. You know, we, I'm too busy. And, and we get, we fall back on this. I've gotta see a patient every 13 seconds and the blah, blah, blah, blah, blah.

Reed Tuckson (37:23):

And we make all these excuses. But we, and how whatever the reason is, we're not spending the time to listen to where the other person's coming. Third, we have to then realize as we communicate that we're not here to browbeat the person any longer. That if I blow up the relationship because you don't get COVID vaccines or you don't have your child vaccinated against preventable child illness, if we get into a knockdown, drag out on that, then when the patient comes back with breast cancer and needs the chemotherapeutic conversation, we've destroyed the relationship. So you have to be realizing in this world that we've gotta take our time. And then next, we have to then explain in language that people can understand and explain why we think what we think. We have to explain to them where our sources of truth are, and be transparent about that, and then continue to coach.

Reed Tuckson (38:18):

So, Tamara, I wish that it was an easy lesson. Sure. I wish we could say it is. If we are not prepared and do not gird ourselves for the long haul, we're gonna have challenges. And I think the other thing we'll have to realize that we're gonna have to find a way, lastly, to exploit the modern tools that could be our demise into things that will be our success. AI, ChatGPT. Yes. I just did an editorial in the last year for one of the internal medicine journals that describes that you, how easy it is to go into the ChatGPT store without any coding experience whatsoever and program deliberately misinformation with charts, graphs - Yes. Scientific lingo. And it's so easy to do. And so that's gonna take the citizen scientist, the American citizen who wants to be their own scientist. That's gonna put them in a very difficult, because they're living in an uncurated wild west out there.

Reed Tuckson (39:17):

And can we now find a way to repurpose some of these new technologies and find it as a way to provide trustworthy evidence-based information that people will want to employ? But the end of the, the long answer, again, com - boils down to a short statement. We have a long time to go, and we're gonna have to learn new skillsets, particularly around listening and how to communicate. Yes.

James Appleby (39:43):

Wow. And there is so much to dig in here, and I know our time is limited. Let me just ask one question, and then Tamara, I know there are a couple additional questions that were on your mind, but Rita, just curious, did you have any Scientist-Citizen role models? You mentioned Anthony Fauci. Were, were there others who made you wanna grow into this much larger role? Yeah.

Reed Tuckson (40:00):

I, I, even though I went to Georgetown, but because I'm a, a, a Howard undergraduate person, I had ready access to the, to the physicians at Howard University. And there were, uh, a couple of them, one of which was a neurosurgeon of all people named Dr. Jesse Barber. And Dr. Jesse Barber was indefatigable after being early in the operating room, doing all that a neurosurgeon must do. But then in the evening, bringing us together, us young lions together, and engaging with the community, and pushing us out there. He was so much powerful and such a, a role model for me that during my training at Penn as a Robert Wood Johnson clinical scholar, I, it was a two-year program. I was at the Wharton School of Business studying and doing a bunch of other things. And in the middle of my second year, I get a call from Dr.

Reed Tuckson (40:55):

Barber who says, "You must come home because your city needs you. And we've got problems, and I need you here now." And so I was like, "My God." But I went to my mentors and my program directors and I said, "I've been called home." And they said, "That's why we trained you. Everything that we have trained you for was act - without realizing it, but was trained to send you back into that environment. And so go with our blessings." And so Dr. Barber, that kind of a person who just, who could, who could give you so much while you were formulating your sense of who you are and your role as a health professional in the community, who could be that powerful that he would cause you to leave <laugh> your training program and come home. And eventually, it was the greatest decision that I made because after a period of time, I became the commissioner of public health in the city, and that was the greatest privilege I've ever had.

Tamara Baker (41:51):

You know, I'm glad that you mentioned your foundation at Howard University. I'm an alumna of two HBCUs, excuse me, historically Black colleges and universities, and I recognize the impact that attending these institutions had on my life, and even as a leader in the field. And it seems like we had that common interest and also experience. I really wanna know a little bit more, how did that experience at Howard? You already touched on it a little bit, but how did that experience at Howard and then even your leadership role at Charles Drew University shape your sense of responsibility to your community? You already touched on it just a little bit. Even being an advocate for your community, how did those institutions and, and what you gained from attending those institutions and holding those leadership roles play in what you do and what you've become now?

Reed Tuckson (42:43):

My answer will not be surprising to your audience, whether they're Black, white, Hispanic, Native American, whatever. Whatever institutions you have been in, you know what excellence does to you. When you are expected to be excellent, when you are expected to deliver results, that's really the, the, the thing that makes all the difference. When my exposure to the people at Howard University was they weren't playing. <laugh> Right. <laugh> Yeah. I think what, what sometimes, what one of the craziest things about our

society is, especially today, there's this talk about DEI or somehow or another, some really crazy maniacs have been able to introduce into the conversation of American life the sense that if you are a person of color, that you are somehow suboptimal. And that if you had a chance to train and to learn that you only got that because of some peculiar blessing that nobody else would've been entitled to except for people of color.

Reed Tuckson (43:44):

And that we're somehow second class. Right. That is just the craziest, uninformed, stupidest thing that you could ever hear. What the Howard clinicians taught me was you had better be good and you better know your stuff, young man. And we are not going to accept any halfway stuff out of you. And that is, I have been beat to death by these men and women all of my life. And even though I went to Georgetown, I made sure that I exposed myself to the regular beatings <laugh>

Reed Tuckson (44:17):

By people like Dr. Barber and others. So my, my point being that when you're facing the kind of problems we face in the Black community, you really do have to be twice as good because it ain't easy. Yeah. You don't have the assets, you don't have the resources, you don't have the social cache. You can't pick up the phone and call some rich person to give you money. You don't have much to work with. You've got to find a way out of no way. And that means you really got to be good. Not only do you have to be good clinically, you have to be tight scientifically, but you also have to be tight executionally. And that's the whole thing where it all comes together. So that's the great thing about HBCUs is that we hold ourselves to a very high standard and we don't allow ourselves to be second class in our work.

Reed Tuckson (45:04):

Even though the society may look at us like that, that sort of becomes in some ways of, of an additional impetus that sort of says, "I'm gonna show you. If I ever get a chance, I'm gonna show you. And every place I've ever been, I have had the attitude, I'm gonna show You."

Tamara Baker (45:20):

Exactly. Exactly.

James Appleby (45:22):

And Tamara, I know you were also interested in the topic of K through 12 education. You were reflecting on that. I know you've got a couple of children that are just coming out of high school and into higher ed and everything, but - Yes. But what do you wanna know

Tamara Baker (45:34):

About that? Yeah, and that's really a passion of mine as well, is start while they're young. As we think about the future of science and building public trust, how important is it that we begin talking and teaching about Scientist-Citizen values earlier as opposed to being in college and your undergraduate degree, but perhaps K through 12 education and the training of future scientists? So what are your thoughts around that?

Reed Tuckson (45:57):

I, this is, I, I am so proud of you for your passion on this. I end almost all of my talks with the last appeal, and I give a lot of talks. My last appeal to the audience is I ask everyone to go out and adopt their local Secondary Science Teachers Association and be prepared to get the talking points from them so that you can go to the city council meeting or the state legislature and fight for the budgets for K through 12. Mm-hmm. J - this is, if we do not turn off the spigot of stupid, we will never be successful. Think about it. Think about what is the most, other than maybe your house, what do you, as an adult graduating high school, spend most of your money on and has the most impact on your life and your family? It's healthcare. And yet, look at the.

Reed Tuckson (46:49):

I'm on a number of biotech boards. I'm, I'm involved in the science And I'm excited by the science. Uh, one of the boards that I was just on produces and created a gene therapy for macular degeneration, something that is near and dear to you guys. Macular degeneration gene therapy. Now, can you imagine talking about gene therapy to the American public today, how hard that is going to be? Yeah. And so the pace of science and technology is going so fast. And the decisions that people have to make as we have hospital to home, right? As we're moving people out of the institutions and in the environment, you have to be your own health professional in somebody. You have to interact with the technology in ways that you've never had to interact before. And we are singularly unprepared as a nation for that reality. And so please, everyone that is listening to this, no matter what community you live in, urging you, nobody calls the Secondary Science Teachers Association or the Mathematics Association and says, "Can I be supportive?" 'Cause I do it.

Reed Tuckson (47:51):

And I ask them. And they said, "Man, nobody calls us." And so you've got to go in there and deal with them and make yourselves available. If I have one more minute, I'll tell you that I'm so passionate about this that back to my work in, in, in DC, in the poorest parts of DC that we did with, during COVID, now what I'm doing is in that same community called East of the River, Anacostia, DC, you know, it's always somebody that's across the river, across the railroad tracks. That community, I am now going to the schools and picking and finding who are the young kids who want to be scientists or want to be physicians and bring them over now to Howard University. That's awesome. And Howard is in the process of preparing to take those kids that. And we're gonna give them all white coats, and they're all gonna be called doctor.

Tamara Baker (48:38):

I love it. That's awesome.

James Appleby (48:41):

And, and Reed, as we bring this wonderful conversation to a close, I'd ask, thinking about those emerging scholars out there thinking about going into the field of scientific research or

even established scholars who are uncomfortable with this idea of, uh, I'm okay in the lab, but don't put me out in front of the public or something. Any advice you have, you would have for them - Sure. As they're leaning into this?

Reed Tuckson (49:02):

First of all, let me just thank them for what they do. Nobody applauds the hard work. And again, I keep coming back to, I know how early these people get to the lab, and I know how late they stay, and I know how hard it is to do it. So let me thank you. No, everybody doesn't do the same thing. So if you are the scientist and you're in there and you can't communicate with the public, then you communicate with your peers, their colleagues. You communicate with others and say, "Let me give you the messages of what I do and why it's important to Mrs. Jones on Fifth and Vine. Let me at least go to the school board. And I don't have to be articulate, but I can at least be in the crowd holding up a sign going, support these kids. You don't have to do everything." People have different roles, but take a role.

Reed Tuckson (49:43):

Do something. Do something, no matter how little. Exactly. Or be able to help us to translate their research into language that then you can communicate to someone else. I'm always going to the scientists and asking them, "Can you please explain to me what you're doing? I'll know how to turn it into a conversation, but I need you to teach me." That's all. So we're, it's a team game.

James Appleby (50:06):

Yeah. Yep. Thank you. Thank you, Reed, for engaging with Tamara and me on the Scientist-Citizen Podcast, uh, today. And thank you for everything you continue to do. Uh, GSA, of course, is involved with Coalition for Trust and Health and Science as well, and we're so proud to, to be engaged with you. Wonderful organization. And so thanks for everything you continue to do to bolster the public understanding of science and medicine. And thank you to our listeners. At a time when science is being challenged on all fronts, we in the scientific community have the exact skills needed to defend the integrity of research in the importance of science, and to ensure that the next generation of scholars is prepared to continue our work. Scientist-Citizens are critical to a society where science is valued, facts matter, and democracy thrives. Visit [geron.org/Scientist-Citizen](http://geron.org/Scientist-Citizen) today to learn how you can move forward on your journey as a Scientist-Citizen.

Narrator (51:03):

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