Walter Faggett and Genita Finley

# Report: The Coincidence of Opposites Committee Work in Washington, D.C. and the Mississippi Delta

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**Dr. Walter Faggett:** Hello. It is such a pleasure to be with Helga and Dr. Elders again, as we talk about some of these world issues that the Schiller Institute is addressing. Again, I'm Walt Faggett, a pediatrician here, Assistant Professor of Family Medicine at Howard University College of Medicine. And also, I'm co-chair of Ward 8 Health Council as well as chair of the task force appointed by Councilmember White to attack the pandemic, here in D.C.

### A Pilot Healthcare Program in Washington, D.C.'s Ward 8

I'm so privileged to be working with Lynne and Dennis [Speed] and Helga on the project addressing many issues: mainly the pandemic, worldwide famine, and associated issues. We're very pleased to report that the pilot program here in D.C. is proceeding, trying to implement the vision as articulated by both Helga and former Surgeon General Joycelyn Elders, that is, to have a community health worker program here in D.C., which can demonstrate some impact on increasing immunization, decreasing deaths from the pandemic, here in Washington.

If I might have a point of personal privilege, I'd like to ask if we can take a moment of prayer for Mayor Muriel Bowser. Mayor Bowser lost her sister from COVID pneumonia, yesterday. We, here in D.C., are mourning with our mayor. It just emphasizes how important the work that the Schiller Institute is doing worldwide, and we are so pleased and privileged to have a part in demonstrating some projects which might decrease the number of deaths. Thank you for that moment.

The pilot project is proceeding very well. We again had a mass immunization effort. I think we have some pictures, just that in the Ward 8 Southeast Tennis Center, at which we had Howard University, Georgetown [University], and GW [George Washington University] collaborating. We had students from those institutions, the majority from Howard University. These are medical students, social work students, and pharmacy students, and we'll show you those slides.

This was a result of the collaborative efforts of the Ward 8 Health Council and the Councilmember Trayon White's task force on pandemic relief. We do have a data committee, which has just confirmed that with the combined efforts of so many people—Johns Hopkins, the MCOs [managed care organizations] here in the city, 60 organizations in Ward 8 Health Council helping out, we initially had a 2.5% immunization rate in



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Ward 8; but as of last week, it' s up close to 10%. Unfortunately, Ward 8 is still the lowest in the city, with some wards having up to 20% immunization, and we still have the most deaths in Ward 8, at 203—I' m sorry, 204, now that the Mayor's sister is the 204th death here. So, but we have had a couple days of zero deaths in D.C., we' re very proud to report.

Courtesy of Walter Faggett

*In a pilot program staffed by students from Howard, Georgetown, and George Washington universities, Washington, D.C.'s Ward 8 Southeast Tennis Center was transformed into a mass immunization center for COVID-19.*

### Overcoming COVID 'Vaccine Hesitancy,' and Partnering with Indians

But we do have the vaccine hesitancy issue, which we're addressing. We hope that the pilot program, in which we've already identified volunteers who will be the initial ones trained as community health workers, Prestige Community Resource, under the direction of Wilhelm Bonnette and John Smith, will be coordinating on this effort. We have some help now from a new organization, Empower D.C., in which there'll be some returning citizens, 18-24 years of age, recruited to assist in this. While we're recommending that vaccines be made available for those 16 and above, on a walk-in basis, it would appear that our efforts need to be geared towards the vaccine hesitant, the skeptics, so that we get more shots in the arm in that population. We are identifying some health workers who have been resistant, and we will make a special effort to turn that around.

I forwarded a draft proposal that Dr. Lawson [ph] will have put together, and we look forward to working with the Schiller Institute on fleshing that out.

We mentioned a student population that we have previously worked with from Ballou High School, and we plan to make experience available during the summer for any students who want to work with the community health worker training program.

I just want to mention here that the *Washington Post* today, 4th of May, front page, talks about how some of the youth here, some of the Indian-American youth professionals, are helping their relatives in India. This is something we will try to link in with, as well. So there's a Neil Makhija, the Executive Director [of IMPACT]; also Sudhanshu Kaushik who's a Harvard physician. So we will try to see if we can get some connectivity with them. I know the Schiller Institute is talking about what can we do to replicate what we do here in other countries, so India might be a good target for us, as we go forward.

### A Healthcare Pipeline in the Mississippi Delta

The exciting thing about the project here in D.C., is that we've been joined by a native of Mississippi, Genita Finley, a second-year medical student at Georgetown University, who's taken some time to work with us. The pipeline program that she helped develop in the Mississippi Delta, we think, might bring added value to our efforts here in Washington. It fits well with Howard University and GW and Georgetown resources. So, at this time, I'm so pleased to present the newest member of our team, Miss Genita Finley from the Mississippi Delta. Genita?

**Genita Finley:** Thank you, Dr. Faggett, for that introduction. Just to tell our people a little bit about the Mississippi Delta [the northwest region of Mississippi, between the Mississippi and Yazoo rivers], because oftentimes we hear about it, but we don't actually know that much about it, to give some context to where this program is located. The Mississippi Delta

is overflowing with cultural traditions and all sorts of historical landmarks, and music in particular. That is some of the positive things that are known about the Mississippi Delta worldwide. But in addition to those positive things, and in addition to that amazing soul food that you get there, and in addition to the culture of horseback riding and fishing and hunting and all of that, there's also, simultaneously, huge—actually not just huge, but one of the greatest concentrations of rural persistent poverty in the country.

In fact, in 2009, utilizing the Census Data, the federal government defined the term "persistent poverty" as a county in which 20% or more of its population has lived, or currently lives, in poverty in the past 30 years. Interestingly enough, the Mississippi Delta, the counties within it, all qualify for this, suffering from the one of the highest poverty rates, ranging from 9% to 48% within the Mississippi Delta, averaging 33%, the Mississippi Delta residents are often restricted by high unemployment, food insecurity, low educational attainment, chronic illnesses, limited access to affordable health care, or even just access to food, leading to food insecurity. Mississippi as a whole has some of the lowest health rankings, and even more so, the Mississippi Delta actually has the lowest health rankings in the state.

Courtesy of Walter Faggett

*The community health worker outreach program in Washington, D.C.'s Ward 8, organized with the collaboration of Dr. Faggett, helped to drive the COVID-19 immunization rate from 2.5% to 10%—and counting.*

And there, we battle for health status, meager health care access, inadequate primary care preventive services. The rural nature of the Mississippi Delta just adds to these additional areas of [lacking] educational opportunities—because we can't access them—that would normally counteract this long-term poverty that we see there.

So, while I'm from the Mississippi Delta, I'm also aware of the challenges that people who live in the Delta have to face and overcome daily to be successful. One of the things that I've always been adamant about, is adding something back to my community that could better the community. Speaking to a bunch of different officials in the Delta, I would always ask, "What is a career field that students could go into that could actually lift themselves out of this and help their future generations?" And doing some research with the actual officials in Mississippi, and also in the Delta as a whole, we found out that health care is the number-one growing field in the Mississippi Delta.

Unfortunately, a lot of the students in the Mississippi Delta are not prepared to enter that—whether it's criminal activity early on that might hinder their access to entering a healthcare pipeline program, or an educational program, or whether it's just poor grades early on, or even something as simple as just disinterest, or thinking that "I can't do it," "I don't identify with people that look like that, so I can't do it"; not having mentors to push you and motivate you that you can do this.

### Creating a 'Medical Extension' Service

That's when I came up with the idea, "medical extension." "Medical extension" is actually a collaboration of not just me, but different people who work in health care such as occupational therapists, paramedics, physicians, surgeons, even firemen, are involved in this collaborative effort. And what it is, is the healthcare pipeline developmental program that takes kids in 7th, 8th, and 9th grade. I was intentionally choosing those grades, because a lot of research is showing that by the 10th grade, students have already given up on learning

math and science, just because of the repeated rhetoric, "Oh, you're not going to be good at math and science"; or just peer pressure by that point is taken afoot in their minds, so they don't pursue math and science. So, we're trying to catch them before they can get to that age bracket.

So, the program targets 7th, 8th, and 9th graders, where there are two different components. One component is the Summer Medical Institute, where students will have two-week cycles, where they're actually educated in medical terminology, as well as different health care science fields' knowledge bases, such as anatomy, infectious disease, and nutrition. And they cycle through those two weeks, and they also learn CPR during those two weeks, and get actual certification. They can go home and brag to their family, "Hey, I've got CPR certification!" That will encourage them to continue their journey to pursue healthcare fields. That's what happens during the Summer Medical Institutes for those two-week cycles.

Now, you might be asking, "What happens during the year?" One thing we found out, talking to a lot of people in health care: Well, it's a great idea to have a Summer Medical Institute for young kids, but what if their grades aren't good? What if they have all this exposure, and they feel like, "Hey, this is something I identify with, this is something I want to do," but their grades aren't good, so they're not going to be able to go to college, which is often the first step—or even complete high school, which is even a more premature first step, to get into these fields. What are you going to do about that? And so, that's when we added the second component, working with everyone, which is called "Level Up."

Level Up is an after-school component, which is for 7th, 8th, and 9th graders—the same 7th, 8th, and 9th graders that participated in the two-week cycle Summer Medical Institutes. They will now have the opportunity to participate in an after-school day program that occurs Monday, Tuesday, Wednesday, and Thursday, and where they will boost their math and science, as well as history, because we want to make sure they can pass their state tests, and in Mississippi you have to pass the history exam as well.

They'll boost their math and science and history knowledge base using actual proven programs in proven after-school curricula, such as First in Math, which is a curriculum that a lot of people use in other states. I think New Jersey just had a huge blast of it in their state. Just to improve their math scores, their science scores, and their English scores, as well—but mainly math, science, and history.

And on the weekends—you might say, "Well, what is their motivation to do that? They've already done the Summer Medical Institute; they've already gotten the exposure; they're not going to want to come every day after school where there isn't an attendance policy that's built into the program." As long as they attend so many sessions, they can participate in what we call "Saturday Clinical Webshop Sessions." That's where we have different people from different health care fields, and expose the students to different activities—such as we will have OBGYN coming in and exposing them to suturing. We will have paramedics exposing them to basic life support; we will have doctors exposing them to heart auscultations, and exposing to ophthalmoscopes to look in someone's eyes; lung auscultations, things of that nature.

### Overcoming 'Persistent Poverty,' To Identify with Healthcare Professionals

The goal is to really, number one, to demystify this idea that you cannot become a healthcare professional. We want to demystify that, and allow them to say—"No, I can become, and I identify with it," because the majority of the Mississippi Delta is also a minority, which is African-American, and so the majority of our people that we have coming in to help are also a minority. We want the students to identify with the people, the physicians, with the surgeons, with the occupational therapists, with the physical therapists, with the nurse practitioners—we want them to see themselves in that.

So, that's one of the goals, to make sure that they feel they can do this, and that they have the tools to keep moving forward in this field. The second goal is to help them improve their grades, because without good grades, they can't get into the first door, which is just finishing high school, getting into college, and then doing what's next.

So that's "medical extension." I hope I wasn't too long-winded.