

Announcer:

In this episode of Tim Talk, we'll hear from a pioneer in organ transplant medicine among minority populations.

Tim Dentry:

Thank you for joining us for Tim Talk. I'm Tim Dentry, president and CEO of Northern Light Health. I welcome you to join me as we tackle issues of racial, social and medical justice. Our goal through meaningful conversation is to create a collective understanding of the issues that exist.

Tim Dentry:

Each week we welcome a new guest to the table that can provide us some valuable insight. Today, we have a very special individual for you to meet. Our guest, and it is my honor to introduce him, is Dr. Clive Callender, a renowned transplant surgeon and professor at Howard University in Washington, D.C.

Tim Dentry:

He is a pioneer in increasing awareness of transplant medicine among minority segments of the population with a career expanding 50 plus years in medicine. In 1974, he founded the Howard University Hospital Transplant Center. In 1991, to increase the frequency of organ donation among African Americans, he founded the National Minority Organ Tissue Transplant Education Program and today it has over 50 locations in the United States and Trinidad and Tobago. Dr. Callender, it is my honor, my pleasure to have you as a guest.

Dr. Clive Callender:

Thank you for allowing me to join you. I welcome the opportunity.

Tim Dentry:

I was so thrilled and excited and inquisitive on the kinds of thoughts that you could share with folks, I came up with not one question, but three that I put back to back. So we can go back over those if we have to. But let me just share this with you and that is, I love to embrace my imperfections, my own imperfections. And I love to catch myself thinking about something that is initially very clear in my mind and I think very unbiased. But upon further reflection, maybe I can see a bit of bias in there.

Tim Dentry:

Not having read of your incredible experience and background in life's work until I was doing my homework for this podcast, I thought the topic for us to discuss was more on why minorities do shy away from transplants.

Tim Dentry:

But in doing so, I would've missed an opportunity to learn of the incredible impact that great leadership and education can have on making a difference in minority donors. So that's what I would like to explore is your leadership and how education really makes a difference.

Tim Dentry:

Because I read that you once said, "To be a doctor, you don't have to be brilliant. You have to care, be kind and you have to have common sense." You also said, "If you take a problem to the black community and give them an opportunity to become sensitive and give them knowledge to open the door, they will rally behind the issue." Just love that.

Tim Dentry:

And so here we go with my stream of questions. Can you share with our listeners what it was like to be a leader in our nation on such a big and complex issue? And how did you learn to make such a huge difference in so many lives?

Tim Dentry:

And what are the lessons you learned that would be applicable to this COVID time we live in both with equity of access to health services and the vaccine in particular? So let's start with you and what it was like to be a leader on such big issues nationwide, worldwide.

Dr. Clive Callender:

It was very interesting in the sense that it was clear to everybody, including me, it was an impossible task. But you see my life history such that I've always dealt with impossible tasks and impossible tasks, because of my faith in God, there's no mountain that you can't climb and there is no impossible dream.

Dr. Clive Callender:

And so I took on this task as I took on any other task, recognizing that there was no likelihood of me succeeding. But, and with my background, it was something that I had to pursue. With that in mind, I began the task of trying to analyze what the situation was and I had a lot of people help me share information.

Dr. Clive Callender:

You know, the first time they came to me with the issue, they came to me with the issue that 70% of the people on dialysis in the United States of America were black. Really only 3% of the donors were black. And so they asked me to help with solutions of their problem. But as is the case when you're a minority, they ran out of money and they couldn't go with any funds to help me.

Dr. Clive Callender:

And so with that in mind, myself and Dr. James Bayton went to the president of Howard University. We were given \$500 to try and unravel this mystery. And so the first thing we did was go to the black community. Dr. Bayton was a psychologist and he had an array of students and went to the black community of District of Columbia and asked them to get the answer.

Dr. Clive Callender:

Why is it African Americans are reluctant to become donors? And point of fact, the work that we did between 1978 and 1982 gave us the answers. We found out two great, important things. First, the reasons that blacks were reluctant to become donors, and second, we come up with a solution to how to overcome the mysteries that are associated with why.

Dr. Clive Callender:

But then we identified five reasons. First, the information that we gathered was not made known to the black community. They were unaware of the fact that they were in such great need of transplants. That because of their predilection to hypertension and diabetes, they needed organs more than any other ethnic group in the United States, having more hypertension and having more diabetes, for example, as much as other ethnic groups. So we had to identify that as an issue.

Dr. Clive Callender:

The second was religious myths and misperception, concerned that in the great [inaudible 00:06:42] pearly gates, you don't have your eyes to be able to see grandma. You don't have your heart, you only have your soul.

Dr. Clive Callender:

But we introduced them to the scriptures that indicated that Christ came to give us life. And so then in giving you receive. It's in pardoning that you're pardoned. It's in dying that you're born to eternal life. So that unraveling that mystery, identifying that it is the right and proper thing for Christians to give organs in life and after death.

Dr. Clive Callender:

The third was, here it is. If I sign a donor card, man, and I go to the hospital, you might be more interested in getting my organs and tissue than in saving my life. And so we had to overcome that. And then what had to do with the vacant fear that about being used as a guinea pig because of the issues that, I guess, in the past the Tuskegee incident and Henrietta Lacks situation and Manhattan Project and other issues. There was a distrust of the healthcare community, so we had to overcome that.

Dr. Clive Callender:

And, finally, the issue of racism recognizing that in this country and many others, of course, around the globe racism is an issue and the belief that blacks are a different race than others. It's important, in fact, that everybody is one race. So that those were the five obstacles that we identified.

Dr. Clive Callender:

But in our study, we interviewed about 40 patients and those 40 patients, when we first interviewed them, only two of the 40 were willing to sign donor cards. But at the end of our sessions, all 40 were willing to sign a donor card.

Dr. Clive Callender:

So we concluded that not only had we identified the problem, but we also identified the solution. And so with that in mind, we started the D.C. Organ Donor Program in the District of Columbia and the metropolitan area.

Dr. Clive Callender:

After that, we decided to use this between 1982 and 1986 and were marveled at the fact that the number of African Americans and we went into the community to educate and empower using the grassroots efforts that I would identify from the civil rights movement with the John Lewis's SCLC group, that it made a difference in the number of black donors.

Dr. Clive Callender:

This was the first black donor effort and it was successful. And because it was successful, The Dow Chemical Company decided that they wanted to sponsor me to go across the country, 25 cities across the United States, to address the shortage of donors and the need for black donors. This we did between 1986 and 1990.

Dr. Clive Callender:

And, here again, the results were astounding in the sense that the number of African Americans who now were way up high, the successful nature of transplantation tripled. The number of people who signed donor cards tripled.

Dr. Clive Callender:

So as a consequence of both of these efforts in the black community, we decided that, hey, we're going to take this to all ethnic people. And in 1991, we conceptualized, so that's 1991. That's 30 years ago. We conceptualized National Education Transplantation Program.

Dr. Clive Callender:

And this program was to take what we learned in the black community to all ethnic minority groups so they could be educated and empowered to address the number one problem in transplantation yesterday, today, and probably tomorrow with shortage of donors.

Dr. Clive Callender:

With this in mind, we went to Congressman Stokes, allowed us to work with John [Rushem 00:10:37] and Louis Sullivan authorized it. He was the Secretary of Health then. And, as a consequence, we were then funded from 1993 to 2010. This fund allowed us to take MOTTEP, the National Organization Tissue Transplant Education Program to 20 sites across the United States and all of the ethnic groups, except the Caucasian population, all the minority education minority groups. And these were successful.

Dr. Clive Callender:

The bottom line I'll share with you. The bottom line is that when we started the African American donation rate, there were 3% of the donors were African American. When we started MOTTEP, only 15% of the donors were minorities. Today, as we look at it, African Americans now are the number one ethnic group for donation rates with more than 38 per million in contrast with the Caucasian population, which has 38 organ donors per million. So that we've gone from the bottom to the top. With minorities, we've gone from 15% to over 30%.

Dr. Clive Callender:

So that from, we can say that what we encountered, which was an impossible dream, was made possible because of going to the community, educating and empowering the community to make a difference. A difference that had to be made because we were in such dire need. And all we did was go into the community, educate and empower the community, so they could make that difference.

Tim Dentry:

That is so powerful, Doctor Callender. I really appreciate that. And a couple of things really rung true with me. First of all, you mentioned unraveling this mystery. You started that beautiful description of all that hard work that went into it and thought process and analytics.

Tim Dentry:

But at the heart and soul, it was how do we make sure that we have more people participating in this and aware. As you said, the gaps are, first of all, unawareness and not made known. So you started with that and you had to dispel myths and misperceptions. You had to earn the trust along the way.

Dr. Clive Callender:

One of the things that we came up with was that you have to go from awareness, to action, to accountability. We call that our triple A effect. It's not, we've got to make them aware. We must make them take the action that's necessary and then must hold them accountable. And so those are the triple A effect that we employ.

Dr. Clive Callender:

Of course, the other one was to love yourself, take care of yourself. Because we wanted the communities to adopt healthy lifestyles so they would no longer need organs so much. Because we had to try to reduce the number of minority communities that suffer from hypertension and diabetes.

Tim Dentry:

Very good. And that's what I was going to really note is I wasn't aware of the triple A, the way you put it. I love that. I'm going to use that if you don't mind. I'm going to borrow that. I think I probably was living that anyway but now I have something. I can market that. Now people understand it. I love that.

Tim Dentry:

I was going to emphasize the action that you had in your career. And when you and I met last week, I had mentioned that one of my childhood heroes was Johnny Unitas, quarterback for the Baltimore Colts. And he was not about big talk with no action. It was all about action. Let your actions speak for themselves.

Tim Dentry:

I love your added component of accountability. That is absolutely perfect. And I think if all of us stay focused on the triple A, we could all make big differences in a lot of lives, that's for sure. And no matter what our aspiration is or the things that we're passionate about, that's really just fabulous.

Tim Dentry:

What do you think are the lessons learned now we're in, it seems like you can't have a conversation with anybody without it having some tainted with something about COVID? Whether it's now it's more vaccine oriented, et cetera, but we're not out of the medical crisis yet.

Tim Dentry:

We, by the way, at Northern Light are really trying to dig in because we have more clinical data now, especially electronic. We can do more analysis of what are the medical injustices or medical disparity of

service, of access, et cetera, that is creating the fact that a lot of minorities have a much higher infection rate, including right here in the State of Maine. And what are we doing about that?

Tim Dentry:

And what are we doing as a leader? We're one of the largest healthcare organizations in the State of Maine. We want to partner with state government, et cetera, which we've done, I think, in a very positive way. But as it relates to getting the vaccine out into the community, out into the masses, what are we going to do to make sure we do that with action and with accountability, so we aren't just saying first in line, come on and we don't engage?

Tim Dentry:

We know we need to engage. So we're trying to do that in a clinically driven way. So as I heard your amazing experience I'm thinking, oh, we got to do a better job with that, dispelling the myths and misperceptions.

Tim Dentry:

We've got to make sure that we are doing everything we can to really build-in accountability with all of our caregivers. So there's so many things that I was thinking listening to you that are COVID-related, what do you think of?

Dr. Clive Callender:

Well, the first thing is that the similarities are just glaring because what we need is the same thing we did for donation and transplantation. We need to go to the community. Now, it's interesting for me to say it's kind of a [inaudible 00:16:30] because with COVID the one thing you probably don't or are fearful of doing is going to the community. But that's what you must do by whatever means necessary.

Dr. Clive Callender:

You must go to the community, you must educate the community and empower them to make the difference. Give them the knowledge, help them to understand that 3,000 to 4,000 people are dying from COVID every single day. And in order for us not to be part of that group, we need to take the vaccine.

Dr. Clive Callender:

So the distrust is the same distrust that they had about donation and transplantation and it was justified. Let's face it, the experiences of the Tuskegee people, the experience of Henrietta Lacks, the Manhattan Project and the [inaudible 00:17:23] injection, and then many other reasons for the distrust are legitimate.

Dr. Clive Callender:

But it is important, therefore, for us to take the ball and run with it and educate them and empower them to understand that, in spite of all those things, you still must do the best thing for you. The thing that was most effective in my communication with community was helping them understand it is for you, okay? I'm not here to do anything for me. I'm doing it for you.

Dr. Clive Callender:

And so the love yourself, take care of yourself component was to emphasize the importance that it is all about the community. And the most effective changing that I've encountered in my life is the community. But you must take the initiative and go to the community, and then you must educate and empower them to do the thing that is most beneficial to them.

Tim Dentry:

That's really fabulous. And we have something called a brand promise at Northern Light Health, and it's making healthcare work for you. And you know what? We've had that. And we've used that and we try to live it every day and reinforce it.

Tim Dentry:

But I like you're helping me make that link to our brand promise, making healthcare work for you, of saying to the community this is for you, this isn't for us. This doesn't make us look good and go to the community. I love what... So many things that you said, Doctor. I'm so honored to have this talk with you. It is what we, as healthcare people, must do.

Dr. Clive Callender:

Absolutely. As I talk to people, they're afraid to go to the community because they're afraid they're going to get infected. Well, we've dealt with infections from time immemorial. We've dealt with yellow fever. We've dealt with AIDS. We've dealt with everything. We've learned how to protect ourselves.

Dr. Clive Callender:

So we have to protect ourselves and educate and empower the community in spite of the obstacles. They have always obstacles. What makes greatness is when you, in spite of the obstacles, overcome adversity. And this is another opportunity for us to reverse that in the same way we've tackled donation and transplantation.

Tim Dentry:

Yeah, absolutely. And, again, up here in Maine, we have established a pretty good reputation for reaching out into the community. So we've been doing that quite a bit, because we're more of a community oriented health system and not a tertiary-quaternary kind of thing. We have a tertiary hospital but we cover, we provide care in the homes. And we provide care in the doctor's offices and every place beyond that through tertiary care and the like.

Tim Dentry:

But, you know what? You know as well as I do because you've been in healthcare for a while, that our industry has a bit of a mindset of, well, when people are sick they'll come to us, instead of we go to them. And so that is what we're trying to do, so this talk is helping us reinforce to our healthcare team of over 12,000 people, we got to go to where it counts.

Tim Dentry:

That's one of our, I started to write up a list of as if COVID is in the rear view mirror. And so what are our lessons learned? And that is a big number. What does that mean in the future? To me it means we've got to do some of the things that you've been doing all of your career, but we've got to go to them and

earn their trust. We've got to go to the community because that's what we must do. We can't sit back and wait for more complex illnesses to come to us.

Dr. Clive Callender:

And it's all about love. That's what it's all about. It's love for our fellow man. That's been preached from time immemorial. It's more about doing, not promising, but actually doing.

Tim Dentry:

That is absolutely it. So just a couple of wrap-up thoughts here and I'll turn it back to you for any wrap-up thoughts that you have but, again, struck so many cords with me. I just got to say this, as you said, racism and, in fact, everyone is one race.

Tim Dentry:

What you did is you took what you learned in the African American community is what I heard you say, and you took it to all other minority ethnic groups. That is so powerful. So I want to make sure our listeners hear me underlining that and underscoring that because that is fabulous.

Tim Dentry:

To state it the way you did and link it to love and link it to your faith, in giving you receive and isn't that the truth. And if that is sort of, if that sums up our lives and our careers, then I think we've done pretty well.

Dr. Clive Callender:

You know, I'm a singer, also, mediocre singer. But there's a song, Eternal Life. That's one of my favorite songs because in giving that you receive, in pardoning makes a pardon, and in dying that you're born to eternal life and it's all about love. That's it. I've gone about my whole life.

Tim Dentry:

Here, here. Thank you. Dr. Callender, thank you for joining me for this very heartfelt and engaging conversation. I've enjoyed it so so much.

Dr. Clive Callender:

You're welcome. And I welcome the opportunity to give and share my wealth of experience in a time that is very important because it's the same issues that are unmasking themselves again. And it's another opportunity for us to show that we care for one another by going to community, educating and empowering. Because that's what it's all about.

Tim Dentry:

Thank you. That will wrap up this episode of Tim Talk. Thank you to you, our podcast listeners, as well. Until next time, I'm Tim Dentry encouraging you to listen and act to promote our culture of caring, diversity, inclusion and, to quote Dr. Callender, love. Thank you.

Announcer:

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Thank you for listening to this episode of Tim Talk. If you enjoyed this podcast and would like to hear more, please go to [northernlighthealth.org/podcast](http://northernlighthealth.org/podcast). We welcome you to join us on February 18th when Tim will speak with Dr. Kimberly Whitehead co-chair of University of Maine's Diversity, Equity and Inclusion Council.