

Hadassah Presents: Women of Vision

Season 1, Episode 4: Rear Admiral Susan J. Blumenthal: Advancing the Cause of Women's Health

Zev Brenner:

Thank you for tuning in to TalkLine with Zev Brenner, the TalkLine Network in conjunction with Hadassah, The Women's Zionist Organization of America, is pleased to bring you a new radio series, Hadassah Presents: Women of Vision, a series of interviews conducted by Hadassah's CEO, Janice Weinman, which highlights women whose visionary leadership and innovative approaches to the challenges in their respective fields have resulted in newsworthy successes to their organizations. And now your host, Janice Weinman.

Dr. Janice Weinman:

Rear Admiral Susan Blumenthal served for more than two decades as a top federal health official focusing on a broad range of national and international public health issues, including women's health, mental illness, chronic disease and violence prevention. She was a pioneer in the use of information technology to improve health and has been involved in the national public health responses to terrorism, emergency pandemic preparedness and emergency disease threats, including AIDS and COVID-19. From 1993 to 1997, when I first met her and have been blessed to call her my friend ever since, Susan served as the country's first Deputy Assistant Secretary for Women's Health in the US Department of Health and Human Services where she focused public and scientific attention on sex differences in disease and established numerous innovative cross-agency initiatives. She served as an advisor to the White House on women's health, and worked with governmental organizations and consumer and health care groups to advance women's health in America, and around the world.

Dr. Janice Weinman:

She is currently a clinical professor at the Tufts and Georgetown University Schools of Medicine, a visiting professor at the MIT Media Lab, the senior medical advisor at amfAR, the Foundation for AIDS Research, and director of the Health Innovations Lab at New America, the highly respected think tank and civic innovation platform. She founded and directs beatthevirus.org, a one-stop shop for online information and resources on COVID-19. In recognition of her pioneering work, Admiral Blumenthal has received numerous awards, medals and honorary degrees, including from Hebrew Union College and Ben-Gurion University. Susan Blumenthal's accomplishments are so numerous and varied, it is impossible for me to do them justice here. Sufficient to say, she is one of the foremost health care leaders in the country, and no doubt the world, and someone whose contributions to the advancement of women's health is unequalled. She is also a longtime friend of Hadassah, and, as I already mentioned, to me. Welcome Susan and thank you so much for being here.

Dr. Susan J. Blumenthal:

Thank you so much, Janice. What a privilege and honor it is to be here working with Hadassah, such an extraordinary leadership organization for women, and with you, a magnificent woman who has led so many organizations, particularly bringing Hadassah into the 21st century. We are so grateful to you, Janice, and what an opportunity to talk together today.

Dr. Janice Weinman:

Thank you. It's really our pleasure. I have a few questions for you that I really think will be an opportunity for people to get to know you even better. My first is, you are the country's first Deputy Assistant Secretary for Women's Health. What was behind the decision to create a position focused exclusively on women's health? And what were your top goals when you took office?

Dr. Susan J. Blumenthal:

Thank you for that question. While more than 50 percent of the US population are women, as recently as just three decades ago, women's health was neglected in the halls of public policy and in clinical settings. Women were excluded from research studies and data was not analyzed for sex and gender differences. In the past, national education campaigns to prevent tobacco use or to encourage healthy diets or reduce cholesterol, did not target women. Additionally, women often paid more for the same insurance plans than did men. Medical education did not include a focus on such differences. There were no offices of women's health and there were no conferences, fellowships, or reports or initiatives like Hadassah has in women's health equity. Additionally, there was a dearth of senior women scientists and health leaders in our nation's medical institutions. These public oversights had put women's health at risk with rising rates of undetected heart disease, lung cancer, auto immune disorders, mental and addictive disorders and the epidemic of HIV/AIDS.

Dr. Susan J. Blumenthal:

I'm very proud to have played a leadership role in exposing these major inequities in women's health research and care. Then to serve as the country's first-ever Deputy Assistant Secretary for Women's Health and Director of the Office of Women's Health and the Department of US Health and Human Services. The Clinton administration, at that time, wanted to move these issues to the front burner of our nation's health care agenda, and to also see that the career development of women in science and medicine was at the forefront of our health agenda, where they belong. Importantly, we defined women's health as promoting good health over the life cycle, as well as addressing conditions that are specific to women, are more common to women, are more serious in women, have distinct causes and manifestations in women, and may have different treatment outcomes or preventive interventions.

Dr. Susan J. Blumenthal:

I think some of the milestones that we reached during my tenure, was developing a coordinated mental strategy, building infrastructure for women's health in the United States. We moved a focus on women's health into the agencies of the federal government, such as CDC, NIH and FDA. We worked with other agencies like the Veterans Affairs Administration and the Department of Defense to make sure that the women were a focus of their programs, and we worked with other countries to do the same. Then there was the Missiles to Mammograms initiative. If we can see the surface of Mars with the Hubble Telescope and detect missiles in outer space, why can't we detect breast cancer in women right here on earth? So we reached out to the head of the CIA, and worked with them to transfer their imaging technology and space recognition purposes to improve breast cancer detection. What better peace dividend could there be from our national investment in defense and to save the lives of American women?

Dr. Janice Weinman:

It really is inspiring to hear what you have done and to consider the changes that have been made as a result of what you've described. So let me just piggyback on that a little bit and say that you've also done pioneering work in the whole field of women's health equity, which as you know, is a very high priority of Hadassah. You spoke about it at our Women's Health Summit a few years ago. Would you explain what women's health equity means and why it's so important?

Dr. Susan J. Blumenthal:

Women's health equity is really making sure that every person, woman or man, has access to health care, and that we make sure that we include a focus on women's health and research in prevention and in our service delivery programs. We'll achieve health equity when every person has the opportunity, which brings his or her full health potential, and no one is disadvantaged from achieving this position, or their socially determined circumstances. We can't have equity for one population group without extending the same opportunities for all. Health inequities are reflected in different rates of life expectancy, quality of life, degree of disability and death.

Dr. Susan J. Blumenthal:

Let me give you an example of this: Before the COVID-19 pandemic, Black women had the lowest life expectancy of all women, whereas white and Hispanic women have significantly longer lifespans. Prior to the pandemic in the US, life expectancy by race and ethnicity was as follows: white men, 76 years, and women, 81, and Black men, 71 years, and women 78 years. During the COVID pandemic, it's been widely reported that men died at a higher rate than women, and that would be true if you looked at women as homogenous categories, however, when your data is disaggregated, and this is a key point, we find that Black women are dying at the highest rate in some areas of the country. Sadly, because this is a health equity issue, data is not being disaggregated or collected, as it could be.

Dr. Susan J. Blumenthal:

The GenderSci Lab at Harvard has found, for example, that in Georgia and Michigan African American women have over three times the COVID-19 death rate of both white and Asian men. I think this is why it's so important in terms of an equity issue and in terms of allocating resources, that we have the data that our intervention is science-based and data-driven, and they underscore the importance of analyzing at the intersection of gender and race. The challenge of the long-term view that detects differences from COVID-19 would be just attributed to biological differences between the sexes, instead of looking at this broader array of socio-economic factors that influence our health outcomes.

Dr. Janice Weinman:

That's so interesting because I think there is a very deep misconception about the highest rates of COVID deaths, and I think disaggregating the data is really critical for the public to know.

Dr. Susan J. Blumenthal:

We also need to make sure that women, again, are included as research subjects. There was a big push in the 1980s for this, because then, the rats in most laboratory experiments were mostly male. We thought about women in terms of her reproductive health, in terms of bikini medicine, but we didn't think about the whole body and mind and this has changed, but we still have to do much better. Lastly, we have to make sure that women are included as leaders in science and in medicine, because they aren't currently. While women are coming in as 50 percent of medical students at the top, only 28 percent of full professors are women, and fewer than 18 percent of the deans of medical schools are women in our country today.

Dr. Janice Weinman:

Correct. And do you all remember when you spoke at our summit, that the point that we were trying to make is to get from NIH and FDA, and so forth, women included in all those research studies? So, we're really right behind your efforts and really very much supporters of that particular issue. So let me pivot a little bit to something else, and that is breast cancer has been a particular priority for you. What makes that particular disease so important to you?

Dr. Susan J. Blumenthal:

Well, since childhood, women's health has mattered to me, Janice. When I was 10 years old, my mother developed thyroid cancer, and I'll never forget visiting her in the hospital and feeling helpless against this disease. And then I decided to become a doctor, but in my first year of college, she was diagnosed with breast cancer. In my last year of medical school, the disease metastasized to her spine, and this beautiful woman could no longer walk. She fought the disease with great strength and dignity, and she lived long enough to see her daughter become a doctor.

Dr. Susan J. Blumenthal:

I vowed, then and there, that no other woman should have to suffer the way she did. So you see, it's not just been a job, but really a mission, and an honor to have been able to fight breast cancer and to help other women. I was able to co-chair a presidential initiative on breast cancer that President Clinton established. It was a private-public sector partnership, and during this time, government and private sector funding increased to find the causes, to enhance early detection and to improve treatment and prevention strategies. It also established a federal coordinating committee on breast cancer because all the different agencies, whether it's the Environmental Protection Agency, that looks at environmental causes, or Veterans Affairs, everybody had a piece of the puzzle that we can use to fight this enemy of women.

Dr. Susan J. Blumenthal:

Over the past two decades, there's been some very good news. Our national investment is yielding lifesaving dividends that the death rates from breast cancer have declined, and we have new treatment of purpose based on genomics and personalized medicine. While the ultimate goal is to prevent breast cancer from ever occurring, and to discover a cure, early detection today is critical to finding the disease early when there's the best chance of effective treatment. So that's why the Missiles to Mammograms program was important to start digital mammography and to find other methods for early detection, because ultimately we want to be able to find it before there are ever clinical symptoms of the disease.

Dr. Susan J. Blumenthal:

A lot of progress is being made on many fronts, and let me commend Hadassah, for your leadership in breast cancer. You've been there, doing very innovative work, and I really want to commend you for those efforts.

Dr. Janice Weinman:

Thank you. We continue to do that work because we're so committed to it. So, another thing we're committed to, that I know we share, is advocacy as a key part of Hadassah's mission, including advocating for women's health care on both the national and local level. How important is it, do you feel that women stand up for themselves when it comes to their health?

Dr. Susan J. Blumenthal:

Knowledge is power when it comes to your health, and I think it's critical. Our vocals are very important, and when Congress is developing initiatives and priorities, it's a stimulus response organization. If women express their voices, and again, Hadassah has played a key role in advocating for its legislative priorities including women's health, and has been very effective in this arena. Your voice counts.

Dr. Susan J. Blumenthal:

One thing that I've often done, because with my public health efforts, advocacy has played a key role in mobilizing groups to stand up for their health issues. I also established a one-stop shop for women's health. It was actually the first website in the government for health. NIH and CDC did not have their information online. We built a resource hub for all women's health information across the agency; the NIH, CDC, FDA and a 1-800 number, so that women could get the critical information they'll need to make informed health decisions.

Dr. Janice Weinman:

Yes, and we're seeing progress in that, and we thank you for the contribution that you made to make that happen. What factors, in addition to women's biology, contribute to her health outcomes?

Dr. Susan J. Blumenthal:

Well, sex differences are very important at the biological level. It starts with women having two X chromosomes and men having an X and a Y, but there are many other significant differences that we need to pay attention to. These include the social and environmental factors that influence women's health. In America, 56 percent of the 46 million people living in poverty are women and girls. Women still earn 77 cents on the dollar that men earn, and these women with lower income and education levels, have a higher prevalence and death rate from diseases like AIDS, diabetes and cancer in America, and globally.

Dr. Susan J. Blumenthal:

Lifestyle changes, including lack of physical activity, obesity, smoking and increased distress faced by women, are issues that have negatively impacted women's health over the past 25 years. Therefore, attention to these factors, these socio-cultural, environmental and racial and ethnic factors, is critical to advancing women's health in this decade and beyond.

Dr. Susan J. Blumenthal:

You can treat a woman in a hospital, but if she returns home without healthy food to eat, a secure place to live, lack of childcare and a living wage, she's going to get sick again. That's why we need what I call health and all-policy solutions, addressing the intersectionality of health, housing, food security, education, occupation, transportation, childcare among many other factors that determine health.

Dr. Janice Weinman:

You have identified some of the social and economic issues that are the context for women's

health. What are the key health care challenges that women face today, other than these environmental issues?

Dr. Susan J. Blumenthal:

Well, the tectonic plates of health care are shifting. Advances like Nomex, understanding the molecular basis of disease, artificial intelligence, machine learning, blockchain, robotics, precision medicine, telemedicine and more are already transforming health care in America, and around the world. With a greater focus also on consumer-centric care, people are able to actually access their information through MyCharts. With all these changes, prevention is still the cornerstone to a healthier future, yet did you know that America spends only 3 percent of its \$3.8 trillion health care budget on prevention?

Dr. Susan J. Blumenthal:

Despite major events we've made in the 1990s to advance women's health, the focus has shifted to other things in recent years. That's not good, because these lifestyle and environmental factors have changed dramatically over 25 years for women with rising obesity and smoking rates, lack of physical activity, problems accessing health care and increased stress in women's lives. Additionally, maternal mortality rates have increased with America experiencing the highest maternal mortality rate of all high income countries. In terms of life expectancy, 25 years ago, American women were in the middle, as compared to other peer countries. But now we've fallen to the bottom and when analyzed in more detail, there's a geographic component with 42 percent of US counties having higher death rates since the 1980s. White women, with lower education, experience significantly lower life expectancy than better-educated white women, and women from some minority groups have higher death rates from diseases like heart disease, diabetes, AIDS and stroke.

Dr. Susan J. Blumenthal:

Bottom line today, the health of women in the United States is significantly worse than the health of other women in many other high income countries. So, we have much more work to do and I am so grateful to Hadassah for their work on women's health equity.

Dr. Susan J. Blumenthal:

I want to say that while both heart disease and lung cancer can be a man's illness, actually the highest death rates for women are from heart disease, lung cancer and chronic lung disease. I know that Hadassah has made these illnesses a priority because again, we don't think of them as women's diseases. Women think of breast cancer as a disease that affects them, but not necessarily heart disease or lung cancer. I think also mental health is a key issue for women. One in five Americans will experience a mental illness every year, and some of these illnesses disproportionately affect women, such as depression and anxiety disorders. Also substance abuse is on the rise. We've seen since pandemic, 40 percent of Americans have experienced a

mental health problem. We have a lot more work to do in terms of improving the mental health of women in America.

Dr. Janice Weinman:

Yes. At your recommendation, we are focusing on heart and lung and we're very grateful to you for that. I'm going to jump to something in terms of what you're doing now. You've just launched a new website, beatthevirus.org. Can you tell us about why you built it and what resources it has to offer?

Dr. Susan J. Blumenthal:

We developed that org as a one-stop shop for information on COVID-19 data resources, where you can go to get vaccinated, how the vaccines work, etc. A year ago, when the coronavirus emerged, people wanted to know what to do and where they could get trusted information.

Dr. Susan J. Blumenthal:

We built a social media campaign. This was New America working with the MIT Media Lab to get this information out. We enlisted celebrities and athletes to help us, and the beatthevirus.org social media campaign has had over 600 million media impressions as a result, but people need to have a place to go where they can get trusted information. Right now there's an info-demic of misinformation out there about COVID and about the vaccines. We need to get information that people can use into their hands, and that's what beatthevirus.org is all about. I hope people will check it out.

Dr. Janice Weinman:

This is certainly information that is needed throughout the world, not just here in America, and global health is one of the many areas of your expertise. What are the greatest health threats the world is facing right now? Is one of them more frequent than pandemics?

Dr. Susan J. Blumenthal:

Well, I think we had both the double jeopardy around the world of infectious diseases and chronic diseases before this pandemic. We live in an interdependent, interconnected world, so we can't just think about our own country. We have to think about every country because after all, global health is American health, and American health is global health. We've seen this with the COVID pandemic, that the spread of a disease is just a jet plane away.

Dr. Susan J. Blumenthal:

You know, there are over 3.5 billion women worldwide, and in most regions of the world, women outnumber men. So, 70 percent of deaths are related to infectious diseases, so AIDS, TB, malaria, and then we have chronic diseases. Did you know that 80 percent of the chronic

disease burden is in low-income and middle-income countries? So epidemics like tobacco use and obesity, the safety of the food and water supplies, violence against women, human trafficking, these do not recognize state or national borders. In the world, a woman dies in childbirth every minute on a number of factors including poverty, discrimination, violence, which undermines women's health worldwide. These issues are also linked to women's empowerment and fundamental freedoms. Women's rights are essential to national development, economic growth, global progress, and for the stability of families and communities, and prosperity and opportunity for all. That's why worldwide education, occupational opportunities and access to health care are critical components for a healthier future for women. These problems cross borders, but so do solutions. We're the first generation that has the science, the technology, and now let's set in motion the commitment and political will to eradicate preventable disease, and to promote a culture of health and community in our country, and around the world.

Dr. Janice Weinman:

We're coming close to the end of our time together and I'd like to focus on something personal about you. That is you've been honored so many times for your leadership, in the fields of women's health and public health to name just two areas which you focused on over the course of your career. Would you talk us through the way your career evolved and why you've made the choices you've made. What skills enabled you to become not only a health care expert, but a leader in your field?

Dr. Susan J. Blumenthal:

Well, I think of it as the three Ps. It's passion, it's a sense of purpose and persistence. I mentioned that I was motivated to become a doctor because of my mother's cancer. I then spent summers, when I was in high school and college, doing research. I grew up in Palo Alto, Calif., at Stanford doing research in labs, and then I worked one summer in the news bureau, where I learned about the importance of communicating science to the public. It was the year that the first heart transplant was done in America, so that was a very important lesson to learn. I chose my college curriculum with medicine in mind, and then, as I said, my mother's cancer really focused my interest on women's health.

Dr. Susan J. Blumenthal:

After my residency, I became a research scientist and branch chief at the National Institutes of Health. I worked with other advocates and researchers where we saw that women weren't included in these clinical trials. We brought this to public and scientific attention, and it was a rocky road there, but we were able to really see systemic change occur, and then I mentioned being appointed as the first Deputy Assistant Secretary for Women's Health to focus on this.

Dr. Susan J. Blumenthal:

I think that persistence is very important. Madame Curie, one of my iconic figures, and by the

way, it's the hundredth anniversary of her visit to America where American women raised her, what would be the equivalent of \$2 million today, to buy an ounce of radium so that she could continue her work on radiation oncology. She really pioneered that field, but did you know, she was never admitted into the all-male French Academy of Sciences, even after she won an unprecedented second Nobel Prize? Well, she once said, "I never see what has been done, I only see what remains to be done." So yes, much progress has been made in women's health from the time that I served in government, but much work remains to be done.

Dr. Susan J. Blumenthal:

We need to include research on sex and gender differences in health, and on the conditions that affect women across the lifespan. We need to disaggregate data and focus in on sex differences. We must work together to make the shift from a treatment-oriented society to emphasize prevention, to increase the level of preparedness, to meet and see to women's health and safety, like the COVID pandemic, to close the gap when it comes to health care disparities for women, women of color and to more effectively translate what we know from science and public health to improve the delivery of services to women, then address their unique needs.

Dr. Susan J. Blumenthal:

There's a 15-year science and service gap from the time of a new discovery to its wide dissemination in the community. In the information age, why shouldn't that be in a nanosecond? And then together, we must work with making investments in global health and, the good news is that over the past years we are mobilizing. We have a lot more work to do, and again, I'm so proud to work with Hadassah, because if we're vigilant, the results of our efforts for women's health equity should brighten the health futures of women and men in the 21st century.

Dr. Janice Weinman:

Thank you so much Dr. Blumenthal. You said that there's work that still needs to be done, well we're counting on you to do that work as the leader that you are. You said three things, passion, purpose and persistence. Our motto from our national president is passion, purpose and pride and we're really proud that you would be on this call with us today because your work has really been an example for every woman who seeks to improve the world. Thank you so very much for everything you do, and for being a friend of Hadassah.

Dr. Susan J. Blumenthal:

I'm so proud to be a friend of Hadassah, and to work with you over the years to advance women's health care.

Dr. Janice Weinman:

Thank you. Thank you. Have a very good day everybody.

Zev Brenner:

You've been listening to a new series airing on TalkLine with Zev Brenner, Hadassah Presents: Women of Vision, with Hadassah CEO Janice Weinman. The program is a production of TalkLine network and Hadassah, The Women's Zionist Organization of America. Thanks for listening.