

NEW GOSPEL OF WEALTH / THE FUTURE OF PHILANTHROPY

The business of justice featuring Kenneth Frazier and Charles Blow

Kenneth Frazier, chairman and CEO of Merck & Co., and one of three African American CEOs in the Fortune 500, talks with Charles Blow of the New York Times about how we can all champion the cause of justice.

This video is part of a collection of conversations with leaders, thinkers, and activists from philanthropy, business, the arts, tech, and beyond outlining bold visions for the future of philanthropy.

Transcript begins.

[The business of justice. Kenneth Frazier, chairman and CEO, Merck and Company. An African American man wearing a gray suit with light blue pin-stripes, with a blue tie. Charles Blow, journalist, New York Times. An African American man wearing a gray suit and faded-blue tie.]

ANNOUNCER: Please welcome Kenneth Frazier and Charles Blow.

[applause]

CHARLES BLOW: So, let's start by talking about black maternal mortality, which is something you care about.

KENNETH FRAZIER: Yep.

CHARLES BLOW: Black women—three or four times more likely to die during pregnancy than—or childbirth—than white women or Hispanic women.

KENNETH FRAZIER: In New York City.

CHARLES BLOW: Yes. What are you doing at Merck to address that?

KENNETH FRAZIER: One of the greatest forms of injustice in our society are the health disparities. Now, in a company like ours, we celebrate all the new ways of treating and curing, and hopefully preventing, disease that come through sequencing the human genome. The reality of the world, though, is that your zip code is more determinative of your health outcomes and your life expectancy than your genetic code. So, at Merck, what we've decided to do is, we think it's a scandal that that many women die in childbirth in New York City. Just to put it in a context, the maternal mortality of black women in New York City is worse than women in Mexico, and half the women in Mexico live below the poverty line. And so we have to say, what

is it that we can do as a company that has a lot of brilliant scientists focused on the practice of medicine to start to treat this differently. And there's a number of issues that drive this. There's the physiological stress of the lived experience of being a black woman in America that puts them in a situation. There are issues around diet and nutrition. But also, there are issues around how those women are heard when they go into the medical system, right?

CHARLES BLOW: Right.

KENNETH FRAZIER: The best example of that—and you may have read about this—was Serena Williams. And she has all the money in the world, but she was—she reports that, “I have this history.” Right? “And I’m worried about a pulmonary embolism.” And she—nobody listens to her. So, our job is to see what we can do. We put \$500 million into a fund to see what we could do to prevent women from dying unnecessarily in childbirth. No woman should die giving life. Thank you.

[applause]

CHARLES BLOW: But this idea of being heard, I mean, it's just very complicated. So how do we—how do we dig into that and bring equality to that space? Because a lot of it is operating on a—as a subconscious bias, not as an active, uh, hatred or animus to the black people.

KENNETH FRAZIER: Sure, sure. And that's one of the challenges in our society is that we don't see people who are expressing—well, we see too many of them nowadays—we used to not see people expressing animus, but there is this question of whether people can be heard. So it's really a question of training and sensitivity and awareness. And that's what we're trying to do—is, we're trying to help physicians understand certain things that are endemic to these African American women. So, for example, the rate of high blood pressure is much different in African American women. So whether they show up raising that as a risk factor or not, you ought to understand that, and you really ought to, you know, be much more patient in listening to the story about what's happening to a person. I just have to say, my wife actually had a brain hemorrhage when my first child was born.

CHARLES BLOW: Wow.

KENNETH FRAZIER: Now, if you're gonna have a brain hemorrhage, you should probably have it in the hospital at University of Pennsylvania—one of the better places in the world to do it. But the fact of the matter—she kept saying, “I’m having these pounding headaches.” And they kept saying, “No, you’re having postpartum stress.” If it wasn't for her having a female anesthesiologist, who was troubled, calling her husband—a doctor in another hospital—who immediately diagnosed it as a subarachnoid hemorrhage. So, I saw it in my own life. So, this is a question of get—who gets heard?

CHARLES BLOW: Is, is part of the solution encouraging more young African American students to go into the medical field?

KENNETH FRAZIER: Absolutely. So, for that reason and for other reasons, it's important that we have—in all the professions that are important to our society—law, business, medicine for sure—we treat humanity in all its infinite variety. If we don't have people who actually represent the patients, I don't know how we can actually have a just and effective medical system.

CHARLES BLOW: And is there any concern about, uh, the siloing of, of medicine—meaning, that you are more likely to get a good, uh, outcome if you visit a doctor who is sensitive to you because they look like you, they have the same life experiences as you? Is there—do you worry at all that, that becomes the norm, that I am now—

KENNETH FRAZIER: Yeah, yeah.

CHARLES BLOW: doctor-surfing to find a black doctor because I'm black, or I'm doctor-surfing to find a Hispanic doctor because I'm Hispanic? Or do you think that just by having more people in the space, that it equalizes it and brings everybody up to a level of compassion?

KENNETH FRAZIER: I think it's a question of having more people in their formative years and in the educational system. I don't want to live in a world where I think that I need to have a black doctor—right?

CHARLES BLOW: Right.

KENNETH FRAZIER: I think it's a question of making sure that physicians, no matter what their color, are listening to the conversations that their patients are having. These are issues for women, by the way, irrespective of color. It's the same kind of issue, and we've just got to train physicians to be much more open and much more willing to listen to what's happening in front of them.

[applause]

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End of transcript.