



National Academy of Medicine
Action Collaborative on
Clinician Well-Being and Resilience

National Plan for Health Workforce Well-Being Public Event:
Unperfected Transcript

KEYNOTE

VIVEK MURTHY MD, MBA, 21st Surgeon General, U.S. Department of Health and Human Services
(Collaborative Co-Chair)

THANK YOU SO MUCH, COREY, FOR THAT VERY KIND INTRODUCTION. I MAY ADD THAT TO MY BUSINESS CARD NOW. ANOTHER GUY FROM THE 305. I LIKE THE RING OF IT. I'M GOING TO OWN THAT. IT'S SO GOOD TO BE WITH EVERYONE TODAY. IT WAS ACTUALLY IF YOU USE AGO THAT I REMEMBER BEING ON THE STAGE WITH VICTOR AND OTHERS. I HAD FORGOTTEN HOW WARM AND WONDERFUL IT FELT TO BE IN PERSON UNTIL I WALKED IN HERE. THANK YOU TO VICTOR AND THE WHOLE TEAM FOR BRINGING US TOGETHER IN PERSON. I ALSO JUST WANT TO THANK MY FELLOW COCHAIRS. DARRELL KIRCH AND THOMAS NASCA. AND THE TEAM. KIMBER, CHARLIE, AND SO MANY OTHER MEMBERS OF THE STAFF WHO HAVE HELPED HELD THIS COLLABORATIVE ON WELL-BEING FOR SEVERAL YEARS. WE ARE HERE TO CELEBRATE A STEP FORWARD IN BUILDING THIS NATIONAL ACTION PLAN. THIS DID NOT HAPPEN OVERNIGHT AND CERTAINLY WOULD NOT HAPPEN WITHOUT SO MANY INDIVIDUALS THAT I NAMED. CORY, I ESPECIALLY WANT TO THANK YOU AS WELL. EVERYTHING THAT YOU AND YOUR FAMILY HAVE BEEN DOING IN THE WAKE OF THE TRAGEDY, YOU HAVE SUSTAINED AND ENDURED DURING THE EARLY DAYS OF THE PANDEMIC. ONE OF THE MOST INSPIRING THINGS FOR ME AS SURGEON GENERAL IS TO SEE PEOPLE IN OUR COUNTRY THAT TURN THEIR PAIN INTO A PASSION FOR HELPING OTHERS. AND FOR SOLVING DEEP PROBLEMS. THAT'S EXACTLY WHAT YOU AND YOUR FAMILY HAVE DONE. SO THANK YOU SO MUCH FOR YOUR ADVOCACY AND YOUR LEADERSHIP. WE ARE HERE TO CELEBRATE PROGRESS ON CLINICIAN WELL-BEING AND BURNOUT. I THINK ABOUT MY OWN INSPIRATION TO GO INTO MEDICINE. IT CAME FROM MY PARENTS. MY PARENTS RAN A MEDICAL PRACTICE IN MIAMI WHEN I WAS GROWING UP. AS A SHY KID WHO SPENT A LOT OF EVENINGS IN THE OFFICE WITH THEM READING PATIENCE, FILING PAPERWORK, CLEANING THE OFFICE, DOING WHAT YOU DO WHEN YOU RUN A FAMILY ENTERPRISE. IT WAS IN THOSE MOMENTS, EVEN THOUGH I DID NOT UNDERSTAND THE SCIENCE, I CAME TO SEE WHAT WAS REALLY BEAUTIFUL ABOUT MEDICINE. YOU HAD THE CHANCE TO CARE FOR PEOPLE DURING A PROFOUNDLY IMPORTANT MOMENT IN THEIR LIFE. IF YOU'RE LUCKY YOU HAVE AN OPPORTUNITY TO BE A PART OF REDUCING PAIN AND SUFFERING. IF YOU ARE REALLY LUCKY YOU HAVE A CHANCE TO BUILD A RELATIONSHIP. IT WAS THOSE RELATIONSHIPS THAT I FOUND SUSTAINED MY PARENTS. AS A SMALL BOY I COULD SEE THE JOY THAT THEY GOT IN THOSE RELATIONSHIPS. THEY WORK LONG HOURS, DON'T GET ME WRONG. IT WAS NOT EASY WORK THEY DID. IT WAS JOYFUL WORK. IT WAS FULFILLING WORK. IT BROUGHT THEM DAY AND DAY AGAIN TO THAT CLINIC BECAUSE IT WAS SO DEEPLY MEANINGFUL. THAT'S WHAT INSPIRED ME TO GO INTO MEDICINE. BUT I WAS REALLY STRUCK WHEN I ENTERED MEDICAL SCHOOL. I WAS SEEING SO MANY PEOPLE LIKE ME WHO CAME INSPIRED BY THOSE IDEALS BURNING OUT. IN THE CHART ROOMS, AS WE WORKED TOGETHER TO FILL IN THE PATIENT MEDICAL RECORD AND DO CHART BIOPSIES AND THE REST, I COULD SEE MY COLLEAGUES GETTING MORE AND MORE EXHAUSTED. LOSING MORE AND MORE OF THEIR STEAM. FEELING LIKE THEY HAVE LESS FUEL IN THEIR TANK. THAT BURNOUT IS INCREDIBLY COMMON. WE KNEW IT WAS COMMON BEFORE THE PANDEMIC. 50% OF CLINICIANS SAID THEY WERE EXPERIENCING BURNOUT. BUT WE KNOW THAT THE PANDEMIC HAS MADE THIS WORSE FOR SO MANY AS WELL. DURING THIS LAST



National Academy of Medicine

Action Collaborative on Clinician Well-Being and Resilience

YEAR AND A HALF I HAVE HAD THE PRIVILEGE OF GOING AROUND AND TALKING TO COMMUNITIES ACROSS OUR COUNTRY. HAVING ROUNDTABLES WITH HEALTHCARE WORKERS AND PUBLIC HEALTH WORKERS. ASKING THEM HOW THEY ARE DOING. AND THE STORIES THAT WERE ONCE INSPIRING AND HEARTBREAKING. YOU CAN SEE IN THE STAMINA, ENDURANCE, AND COMMITMENT OF THESE INDIVIDUALS THAT THEY ARE DEDICATED TO BE THERE FOR THE PEOPLE AND THE PROFESSIONALS THEY SERVE. YOU CAN ALSO HEAR THEIR STORIES, THE EXPRESSION AND THE TONE OF THEIR VOICE, WHAT A TOLL IT HAS TAKEN ON THEM. I CAN TELL IT IS HEAVY. THAT'S WHY SO MANY PEOPLE ARE NOW CONSIDERING LEAVING THE PROFESSION. THAT'S WHY 20% OF DOCTORS LEAVE A CLINICAL PRACTICE. 52% OF NURSES SAY THEY ARE ALSO PLANNING TO LEAVE THEIR CLINICAL PRACTICE. ONE OF MY DEEP WORRIES IS THAT THE PUBLIC MAY NOT FULLY UNDERSTAND THE IMPLICATIONS OF BURNOUT. FOR THEM AND FOR THE ENTIRE NATION. WHEN YOU GET SICK, WHEN YOU BREAK A BONE, YOU ASSUME THERE IS GOING TO BE SOMEBODY AT A LOCAL HOSPITAL TO SET THAT BONE FOR YOU. YOU ASSUME THAT YOU'RE GOING TO HAVE A PRIMARY CARE DOCTOR AVAILABLE TO GIVE YOU THE CARE THAT YOU NEED TO PROVIDE IMMUNIZATIONS TO YOUR CHILD. AS MORE PEOPLE BURNOUT THOSE BASIC SERVICES THAT WE RELY ON ARE INCREASINGLY AT RISK. HEALTH WORKER BURNOUT POSES A RISK TO HEALTH SECURITY, AND BY EXTENSION THE ECONOMIC SECURITY OF OUR COUNTRY. FOR THAT REASON IT HAS TO BE A NATIONAL PRIORITY. THAT'S ONE OF THE REASONS WHY I ISSUED A SURGEON GENERAL'S ADVISORY ON HEALTHCARE WORKERS AND THE BURNOUT CRISIS TO CALL ATTENTION AND ACTION TO THIS CRISIS. THAT'S WHY THIS COLLABORATION WITH THE NATIONAL ACADEMIES HAS BEEN SO IMPORTANT. BECAUSE THE NATIONAL ACTION PLAN, THIS IS THE ONE, TO PUNCH THAT WE NEED. WE CAN CALL ACTION TO CRITICAL HEALTH ISSUES BUT WITHOUT THE LEADERSHIP OF ORGANIZATIONS LIKE THE NATIONAL ACADEMIES OF MEDICINE WE HAVE EVEN LESS OF A CHANCE TO ENSURING THAT HAS SUSTAINED IMPACT. THAT'S WHY THIS COLLABORATION HAS BEEN SO VITAL AND SO IMPORTANT. AS VICTOR LAID OUT, THERE ARE A NUMBER OF AREAS THAT THE NATIONAL PLAN FOCUSES ON. AREAS WHERE WE NEED TO CREATE CHANGE. COREY AND OTHERS KNOW THAT THERE IS NO SINGLE MEASURE OR ACTION WE ARE GOING TO TAKE THAT WILL SOLVE THIS WHOLE CRISIS. WE HAVE TO PROTECT OUR HEALTH WORKERS MORE EFFECTIVELY. PROTECT THEM AGAINST THE VIOLENCE. MANY OF THEM HAVE EXPERIENCED THE VERBAL AND PHYSICAL VIOLENCE THAT 80% OF HEALTH WORKERS SAY THEY HAVE EXPERIENCED DURING THIS PANDEMIC. THINK ABOUT THAT FOR A MOMENT. IF YOU ARE AT ANY JOB WHERE 80% OF THE WORKERS EXPERIENCED VIOLENCE THAT WOULD BE A CRISIS. BUT IN AND OF ITSELF, PUTTING BURNOUT ASIDE, THAT WOULD BE SEEN AS A CRISIS. THIS IS WHAT OUR HEALTHCARE WORKERS DEAL WITH EACH AND EVERY DAY. WE HAVE TO DO A BETTER JOB OF PROTECTING OUR HEALTH WORKERS. THAT DOESN'T MEAN JUST PROTECTING AGAINST VIOLENCE. IT MEANS PROTECTING THEIR ABILITY TO TAKE CARE OF THE PEOPLE IN THEIR LIVES WITH FLEXIBILITY AND SCHEDULES WITH SUPPORT. IF THEY HAVE A SICK FAMILY MEMBER THEY ARE WORRIED ABOUT A RELATIVE. YOU DON'T HAVE TO CHOOSE BETWEEN CARING FOR THEIR PATIENTS OR THEIR LOVED ONES. THEY SHOULD BE ABLE TO DO BOTH. WE CAN ALSO DO MORE TO RELIEVE SOME OF THE BURDENS ON OUR HEALTH WORKERS. A RECENT STUDY FROM A COUPLE OF YEARS AGO SHOWED US THAT FOR EVERY TWO HOURS THAT OUTPATIENT DOCTORS ARE SPENDING WITH PATIENTS, THEY ARE SPENDING TWO HOURS WITH THE E HR. AND DESK ORIENTED TASKS. TIME THAT PATIENTS ARE NOT GETTING WITH THEIR CLINICIANS AND CLINICIANS ARE NOT GETTING WITH THEIR PATIENTS. A PATIENT I WAS ROUNDING ON ONCE IN THE HOSPITAL WITH MY MEDICAL STUDENTS, AT THE BIDDING OF OUR CONVERSATION, THE TEAM WAS EXITING THE DOOR. SHE SIGNALLED TO ME. SHE SAID, I HAVE A QUESTION FOR YOU. WHERE DO GUYS GO ALL DAY? WHO COME HERE IN THE MORNING AND THEN YOU DISAPPEAR. ARE YOU GOLFING? WHAT ARE YOU GUYS DOING? I EXPLAINED TO HER. MY HEART BROKE IN THE MIDDLE OF



National Academy of Medicine

Action Collaborative on Clinician Well-Being and Resilience

THIS. I KNEW WHAT MY TEAM WAS DOING. THEY WERE MAKING CALLS TO GET PAPER MEDICAL RECORDS FROM HOSPITALS THAT DIDN'T SHARE THE SAME MEDICAL RECORD SYSTEM. THEY WERE FIGHTING WITH INSURANCE COMPANIES TO GET CLEARANCE FOR REHABILITATION AND COVERAGE FOR MEDICINES THAT WE NEEDED TO SEND THE PATIENT OUT ON. THEY WERE DOING SO MUCH OF THE ADMINISTRATIVE WORK THAT IS PART OF OUR SYSTEM NOW. BUT IT TRACKS OFTEN THE SYSTEM THAT IS SO VITAL TO CREATE A HEALING EXPERIENCE. IN ADDITION TO THOSE WE HAVE TO DIRECTLY SUPPORT THE MENTAL HEALTH OF CLINICIANS. IN GOOD DAYS BEING A HEALTH WORKER IS PHYSICALLY AND EMOTIONALLY DEMANDING WORK. AND THAT'S DIFFICULT TO DO. WE NEEDED TO PROVIDE THAT MENTAL HEALTH CARE. IT'S NOT JUST ABOUT HAVING INSURANCE COVERAGE, WHICH BY THE WAY MANY HEALTHCARE WORKERS LACK. IT'S ALSO ABOUT MAKING SURE THEIR PROVIDERS CARE FOR PEOPLE. EVEN IF THEY HAVE COVERAGE. TOO MANY PEOPLE HAVE INSURANCE PLANS WITH NARROW NETWORKS OR GHOST NETWORKS THAT DO NOT HAVE PROVIDERS FOR THEM. AS I HAVE HEARD FROM NURSES AROUND THE COUNTRY IT IS ALSO ONE STEP BEYOND THAT. IT'S ABOUT MAKING SURE WE BRING CARE TO WHERE PEOPLE ARE, USING THE BENEFITS OF TECHNOLOGY TO ENSURE THAT IF YOU ARE WORKING A NIGHT SHIFT THAT YOU CAN STILL GET CARE. IF YOU'RE WORKING 16 HOURS IN A DAY BECAUSE THINGS ARE TERRIBLY BUSY IN YOUR HOSPITAL YOU CAN STILL TAKE A 45 MINUTE BREAK, GO TO ANOTHER ROOM IN THE HOSPITAL, USE THE BENEFITS OF TELEMEDICINE, AND GET A RESPONSE FROM URGENT CARE. WE HAVE TO MAKE IT EASIER TO GET CARE. WE ALSO KNOW THE GOVERNMENT HAS AN IMPORTANT ROLE TO PLAY HERE. ONE OF THE REASONS I ISSUED THIS ADVISORY IS NOT ONLY TO CALL THE PRIVATE SECTOR TO ACTION, IT'S ALSO TO CALL GOVERNMENT ACTION AS WELL. WE KNOW THAT INVESTING AND EXPANDING THE WORKFORCE, DOING GOVERNMENT'S PART TO REDUCE ADMINISTRATIVE BURDENS, AND MAKING SURE WE ARE INVESTING IN THE PUBLIC HEALTH INFRASTRUCTURE OF OUR COUNTRY IS EXCEEDINGLY IMPORTANT. ONE LAST THING THAT HAS TO CHANGE. THIS IS SOMETHING YOU CAN'T LEGISLATE. WE HAVE TO CHANGE THE CULTURE WITHIN OUR HEALTHCARE PROFESSIONS ITSELF. CULTURES WHICH TOO MUCH DEFINED STRENGTH WITH AS MANY HOURS AS YOU CAN STAY UP, HOW MANY PAPERS YOU CAN CITE ON MORNING ROUNDS, HOW MANY PAPERS YOU CAN PUBLISH. BUT WE KNOW. AND I SENSED AS A SEVEN-YEAR-OLD BOY IN MY PARENT'S MEDICAL CLINIC YEARS AGO. STRENGTH IS ABOUT SOMETHING BIGGER THAN THAT. IT'S ABOUT SOMETHING EVEN MORE HUMAN THAN THAT. IT'S ABOUT THE EMPATHY YOU ARE ABLE TO PROVIDE AT THE BEDSIDE. IT'S ABOUT BEING ABLE TO LISTEN TO SOMEBODY WHO MAY BE SUFFERING AND STAY IN THE ROOM. IT'S ABOUT SHOWING UP WHEN SOMEONE IS IN NEED. THAT IS THE MOST POWERFUL RESOURCE THAT WE BRING. WE HAVE TO CREATE A CULTURE WHERE IT'S OKAY TO ASK FOR HELP WHEN WE FEEL THAT OUR EMOTIONAL TANK IS LOW. WHERE IT IS NOT SEEN AS A SIGN OF WEAKNESS. WE ASK TO TAKE TIME TO GET CARE. THAT'S SOMETHING EACH OF US HAS TO LOOK AT WITHIN OUR OWN SYSTEMS AND SEE WHAT WE CAN DO, WHAT WE CAN SAY, WHAT WE CAN SUPPORT THAT WILL ULTIMATELY HELP CHANGE THE CULTURE WITHIN THE HEALTH PROFESSIONS. IN CLOSING, I KNOW THIS IS PERSONAL FOR ALL OF US. AS I SAID AT THE VERY BEGINNING, WE CAME INTO THIS WORLD TO HELP AND SUPPORT PATIENTS. WE CAME INTO THIS WORK TO HELP REDUCE SUFFERING AND HEAL. IT SHOULDN'T BE THIS DIFFICULT TO DO THAT. IT'S NOT TOO MUCH TO ASK. TO HAVE A SYSTEM THAT ACTUALLY SUPPORTS HEALTH WORKERS AND THE WORK THEY ARE TRYING TO DO. I WILL SHARE WITH YOU IN CLOSING. I HAVE GOTTEN MANY MESSAGES OVER THE LAST YEAR OR SO FROM HEALTH WORKERS AROUND THE COUNTRY TALKING ABOUT THEIR STRUGGLES. THERE WAS ONE THAT WAS SENT OUT TO ME. THE MESSAGE THAT I RECEIVED FROM A NURSE IN NEW YORK. SHE ENTERED THE NURSING PROFESSION DECADES AGO. SHE TOLD ME JUST HOW DEEPLY FULFILLING IT HAS BEEN FOR HER. SHE SAID THAT DURING THE HIV CRISIS IN NEW YORK SHE WENT TO WORK AT A COMMUNITY



National Academy of Medicine

Action Collaborative on Clinician Well-Being and Resilience

CLINIC TO PROVIDE CARE FOR PEOPLE, EVEN BEFORE WE HAD A CLEAR SENSE OF WHAT HIV WAS. DURING THE HEIGHT, OR ONE OF THE HEIGHTS OF THE HOMELESSNESS CRISIS, SHE WENT TO WORK AT A HOMELESS SHELTER TO PROVIDE CARE FOR PEOPLE WHO ARE OTHERWISE SHUT OUT OF THE HEALTHCARE SYSTEM. AFTER 9/11, AFTER HURRICANE KATRINA, AFTER THE WILDFIRES SHE HELPED AND CARED FOR PEOPLE WHO WERE HARD HIT. AND SHE WROTE CONDOLENCE CARDS TO THOSE SHE COULD NOT REACH DIRECTLY. BUT WHEN THE PANDEMIC HIT SHE DID WHAT SHE HAD ALWAYS DONE AND RAN TO THE FRONT LINES TO HELP. BUT SHE SAID SHE NEVER SUSTAINED THE KIND OF ATTACKS AND VITRIOL AS SHE SUSTAINED DURING COVID. THE ATTACKS FROM PEOPLE WHO HAD ABSORBED MISINFORMATION ABOUT VACCINES, TREATMENTS, OR COVID ITSELF. THEY THOUGHT SHE WAS PART OF A BROADER CONSPIRACY TO GET PEOPLE TO WEAR MASKS OR TO THINK COVID WAS SOMETHING BIGGER THAN THE FLU. WHICH IT TURNS OUT IT IS. THESE ATTACKS WORE HER DOWN. THEY SUCKED HER ENERGY AND THEY DIMINISHED THE FUEL SHE HAD IN HER EMOTIONAL TANK. AND FINALLY SHE MADE THE DECISION TO LEAVE NURSING 10 YEARS EARLIER THAN SHE OTHERWISE WOULD HAVE. HER STORY IS A STORY OF GREAT LOSS. WE TOOK SOMEBODY WHO IS SO COMMITTED TO HELPING, WHO DEDICATED HER LIFE TO HEALING, AND SHE WAS DRIVEN OUT OF THE PROFESSION. HERS IS UNFORTUNATELY NOT THE ONLY STORY. THERE ARE SO MANY LIKE HERS. THAT IS WHY THIS MOVEMENT THAT WE ARE BUILDING IN THE COUNTRY IS SO IMPORTANT. THIS MOVEMENT TO ADDRESS BURNOUT AND CREATE A FOUNDATION FOR WELL-BEING FOR CLINICIANS ALL ACROSS OUR COUNTRY. FOR PUBLIC HEALTH WORKERS ALL ACROSS OUR COUNTRY. THIS IS A MOVEMENT THAT CANNOT BE SUSTAINED BY HEALTH WORKERS ALONE. WE NEED TO BRING THE BROADER PUBLIC INTO IT. WE HAVE TO HELP THE COUNTRY UNDERSTAND THAT HEALTH WORKER WELL-BEING IS A NATIONAL PRIORITY. THIS IS NOT A NICHE ISSUE. THIS IS A NATIONAL ISSUE. WE FUNDAMENTALLY HAVE AN OBLIGATION TO DO SOMETHING. NOT ONLY BECAUSE BURNOUT AFFECTS THE HEALTH SECURITY OF THE NATION BUT BECAUSE IT'S THE RIGHT THING TO DO. WE SHOULD HAVE THE BACKS OF THOSE WHO HAVE HAD OUR BACKS FOR YEARS. WE SHOULD CARE FOR THOSE WHO HAVE CARED FOR US THROUGH CRISIS AFTER CRISIS. ALL OF THAT IS TO SAY I'M GRATEFUL TODAY. I'M THANKFUL TO MAKE THIS NATIONAL PLAN POSSIBLE. I'M THANKFUL TO ALL OF YOU FOR BEING THE LEADERS AND FOOT SOLDIERS OF THIS MOVEMENT THAT WE WILL BUILD AND SUSTAIN TOGETHER. AND BY DOING SO YOU WILL DO RIGHT BY THOSE PEOPLE WHO HAVE ENTERED THE PROFESSION WITH HIGH IDEALS. WHO HAVE THE POWER AND POTENTIAL TO HELP SO MANY MORE. AND WHO JUST NEED A LITTLE BIT OF SUPPORT. A LITTLE BIT OF HELP TO DO SO. WE CAN MAKE SURE THAT THE SUPPORTING HELP IS THERE. THANK YOU SO MUCH.