**An Interview with Dr. Willie Underwood III MD, MPH, Executive Director, Buffalo Center for Health Equity and Founding Member of the African American Health Equity Task Force**

*The following is the full transcript from a video interview with Dr. Willi Underwood III conducted by Healthcare Equity Forum President-Elect Michael Omoniyi Ayanbadejo,*

*MBBS, MPH on May 28, 2021. For the video interview, please go to* [*http://hef.ache.org/interview-with-dr-willie-underwood/*](http://hef.ache.org/interview-with-dr-willie-underwood/)*.*

M: Good afternoon Dr. Underwood, thank you for taking the time to talk with us today. My name is Michael Ayanbadejo. I am the Chair of the Diversity and Inclusion [Committee] of the American College of Healthcare Executives’ Healthcare Executive Forum, Buffalo Chapter. I am also the President-Elect for the Chapter. Today I have Dr. Underwood. He will be talking with us about his experience, and he will be answering some of our questions in regard to diversity and inclusion. Dr. Underwood is a member of the American Medical Association Board of Trustees. He is also a member of the Board of Directors of HealthNow New York, also a co-founder of KAPS Biotechnology, and CEO of Will U enterprises. Dr. Underwood, thank you for coming today. Dr. Underwood, can you please introduce to us yourself, your education background, and places you have lived outside Western New York?

A: Yes, well I was raised in Gary, Indiana…that’s a start. I went to college at Morehouse College in Atlanta, Georgia. From there I went to SUNY Upstate Medical School in Syracuse where I got an MD degree and also a Master’s in Anatomy and Cellular Biology. Then I went on to do my Residency in Urology at the University of Connecticut, in Hartford mostly. Then I went to a Fellowship at the Robert Wood Johnson Clinical Scholars program where I got a Fellowship in Health Services Research, and I also got a Master’s in Public Health from the University of Michigan. I was at the University of Michigan for my Fellowship, and then I stayed on staff there for five years. I was Chair of the Urologic Service at the Ann Arbor VA, and on staff at the University of Michigan. Then I went to Karmanos Cancer Institute [in Detroit] for three years on staff there as Assistant Professor. Then I came to Buffalo to be Assistant Professor at UB, and at Roswell Park Comprehensive Cancer Center. I left Roswell at the end of April in 2019. Since then, I have been doing the things I love. I love being a clinician. I consider myself a clinician, scientist, entrepreneur, and a social change agent. Over the years, I have published extensively in the areas of what we now call Health Equity or Health Inequity, but in my day, we called it Health Disparities. I published extensively there around Prostate Cancer and other cancers, and other diseases. I currently also serve as the Executive Director for the Buffalo Center for Health Equity, and am one of the founding members for the African-American Health Equity Task Force.

M: Thank you so much for the introduction and a brief summary of how you went from your medical training up to what you are doing now. That’s why we called you. When we saw your résumé, we just wanted to tap from Dr. Willie’s wealth of experience. Dr. Underwood, what is your experience working in healthcare as a minority?

W: Man-o-man oh man-o-man…have you got an hour, two hours? It’s so interesting. Healthcare, on one hand, it’s the greatest experience that you can ever have, because you are able to interact with people, to help them. You know, I wrote on my personal statement for medical school that I wanted to be a doctor to help people, so that’s been amazing. At the same time, America has a sickness, and that sickness is Racism. The healthcare system is sick as well, from every aspect of it. From the fact that you can look in hospitals and you can see that the majority of black people that work there are in low-paying, low-end jobs, and disrespected. They can find physicians from all over the world, but they can’t seem to find black doctors. If you look at every academic center, that’s the same scenario that plays itself out. Buffalo is no different than that. It’s not about lack of skills, lack of experience, lack of ability. None of that is the case. I tell people this and I want to be clear with this. As a medical student, the first and second years when you’re in the classroom—and the way medical school is set up the first year at SUNY Upstate [Medical University], the first year has a lecture hall and really no one else is up there using the restrooms near the lecture hall, and so forth with the professors up there giving lectures, and your classmates, and then in the second year you are in a whole other section of the building where you have the same sort of set up—can you imagine this: Walking in the restrooms and this is what your classmates are seeing and/or have written on the walls, “Is it too late to send these N-I-\*-\*-\*-R-s back to Africa, or should we just kill them all?” No one says anything about it!? We had a note service, where you pay to record the class notes, and your classmates rotate through typing the notes out. They would put this at the end of the note service: The report that the judges ruled on the Dred Scott decision said that, “There are no rights that a black man has that a white man has to respect.” These individuals are physicians today, right? So, when we say it has a disease, let’s just be for real, it has a disease! That’s why when you look at the outcomes that we see, through conscious and unconscious bias, it exists, and the literature supports that, and I can discuss that.

M: I can definitely understand what you are saying, and some of us have had similar personal experience about some of those things you have mentioned. As a practitioner—and you mentioned even in medical school you have seen issues with diversity—how important do you think diversity is to you, how important is it to the health care system we have here, and how important is it to us as a community generally?

W: Let’s just look at bias in the healthcare system and equitable treatment. We know that black people can present to hospitals with the exact same symptoms as whites and get treated extremely differently. The outcomes have led to this: A study done by [Thomas LaVeist](https://sph.tulane.edu/hpm/thomas-laveist-phd) and others looking at data from 2003 to 2006 shows that [the cost of inequitable health care](https://pubmed.ncbi.nlm.nih.gov/21563622/) was $1.3 trillion. One point three trillion dollars! That’s a lot of money that we are paying for that. We pay for that. Society pays for that. The excess deaths around that, looking at [Dr. David Satcher’s work](https://www.nbcnews.com/id/wbna6739530), is that 86,000 black people die a year—not including what happened in COVID, that’s pre-COVID—just because they are not treated the same as whites. This is where racism comes in. When they had a report that to err is human, that shows that errors in the healthcare system led to 89,000 deaths a year, Congress came out and said this must be fixed. They put resources and money, billions of dollars, behind it, with demands behind it, and the system worked to reduce that to the best of their ability. Eighty-six thousand black people die a year, that’s 860,000 in ten years, and there is NOTHING said about it at all! It’s business as usual. When you look at that, to me, I thought they pretty much had said, hey you know what, it’s not enough for us to care. Because their lives truly don’t matter. That’s the cost of it—additional lives, unnecessary money. All these things add to not just impeding the life-expectancy of blacks, but also deteriorates not just the moral fabric of our country, but it deteriorates our productivity as well.

M: Thank you so much. In your answer to my last question, you actually even summarized by saying there are a lot of structural and systemic barriers needed to be overcome. Can you just please give one or two examples or ways in which we can overcome one or two of the systemic and structural barriers?

W: We can overcome them, but overcoming them first takes an understanding of them. That understanding is beyond us. What I mean by that is that is that oftentimes we try to have conversations. People say, “Well I didn’t do that. I'm not a racist. I’m this and this, I’m not that.” I am like, “No one said you are,” but we're saying that here are the things that are in place, here are the things that created this problem, so let's use our brains and our ability and wisdom to solve them, to make them go away. I was giving a talk at a hospital, and they were saying, “We’re organizing a group to address this, and we're going to address this.” Then I said, “When?” They said, “We're working on it.” I said, “When?” They said, “We’re working on it.” I said, “See, here’s the deal, when you want to solve a problem, you solve it today. You put your team together today. You say here’s our team, get going on it.” Great companies, or if I’m an organization, great organizations say here’s my team, here's the problem, three months—solve it, or one month—solve it, one week—solve it, six months—solve it. They don’t play around with it, because they understand it is undermining the very fabric of their ability to be productive. When we look at Look at [people who say], “This is how I'm going to hire the diversity person,” but they don't really have any real power and, by the way, if they come up with really substantial plans or say that we got some problems and what we're going to do is fire them, and find somebody else to put there until they tell us that everything is fine, that's all window dressing. That's all window dressing! If Buffalo decided that…I'll give you an example. There are three times the number of black physicians in Denver, Colorado than there is in Buffalo. Buffalo is 33% black, and Denver Co is 10% black. When you look at the two populations of blacks by numbers, you say well Denver has a metropolitan area 1.2 million people so therefore there are more black people there, the answer that is no. There are more black doctors per capita. How come we don't have that? We’ve got a cancer center, we’ve got Great Lakes, right, we’ve got Catholic, we’ve got everybody. So, if that's what our number should be, if we said that’s what we want, then we will recruit them and bring top black talent here, because that critical mass will raise the entire black community across the board. That’s just a simple thing that can be done, and that can be within two years. We can have that number.

M: Thank you doctor Underwood. You mentioned about the number of black physicians present in Denver compared to Buffalo, and we know that sometimes physicians that look like you and I want to go into the community to practice medicine and care for people that look like them, so what do you think your advice would be to medical schools around here to help them increase the number of number of African American students going to medical school, or what can you say about solutions to this problem?

W: Just do it! That’s the same thing I told the health systems. I’ll give you an example. One of my mentees grew up here in Buffalo, went to City Honors where my daughter goes, then went to Spelman College. She came back and that's when I met her. She worked with me to get her master’s at UB’s Roswell program. She went on to medical school at Loyola. I don't think the University of Buffalo even accepted her. She went to Loyola, but she got accepted to some higher ranked medical schools than the University of Buffalo. She went there, then came here and did her residency at the University of Buffalo. I met with some people there and said that she wants to be a medical oncologist. We need to build a path for her. She wants to be here. Her family is here. She's connected to this community and she’d be a major asset in this community. They did NOTHING to make that happen. Now she's at Chapel Hill. You’d better believe that what they're doing for her at Chapel Hill is…there saying hey, this is superstar and we are trying to figure out how to create an opportunity for her. So, these are things that can be done, but that are not done. It’s one thing to ‘say it,’ -- “We’re diverse, we got this, we got that” – but, it is another thing to create opportunities for people to grow and flourish. Because guess what, just like when everyone lived on the east coast of United States and they wanted people on the west coast and central United States, what did they do? They created opportunities and people moved there. That's the same thing.

M: Thank you. To me, I can actually link that to what is called ‘brain drain.’ If we have a kid in Buffalo, an African American who grew up here and went to junior high school here, and at the end of the day became a physician, and then another city created an environment where she grows to flourish, we are losing them. That is a form of brain drain. Thank you for using the lady as an example and preferring solutions to those kind of problems. There's something you did mention, you said some of your ‘mentees,’ and I just want to know when you were growing, who were your mentors? You’re in high school, then you decide to go to medical school. We would like to hear, we want to know, because children are like monkey see, monkey do. We would like to know those people that really mentored you into where you are and what you have become today.

How I became a doctor is that I was eight years and my mother, grandmother, and two aunts are there [in a room]. My cousin and I were the same age. He went in the room first. I went in the room second and my aunt Joyce Johnson asked, “What do you want to be when you grow up?” I gave an 8-year-old answer. She looks behind her at my grandmother, mother, and other aunt and said, “Well, we have decided that we need a doctor and a lawyer in our family, and your cousin has already decided to be an attorney, so guess what that makes you?” Of course, my family was the kind of family that this is what we tell you to do and it is what you do. Not only that, it’s perfect though, because his skill set fit that he became an attorney, went to DePaul Law School and I, like I said, went to Syracuse to medical school. That laid down the framework. Now here's the interesting thing. What did the school system do? I was in a private school kindergarten for first and second. Then went to a public school, a predominantly white public school, in the third grade. There they took all the black boys like myself, the majority of us, and put us in a remedial class. I was with that class for three years. In six grade I took a test—and I hated it at that school—I took a test to get back in a Catholic school system. I had a 3rd grade reading level and a 7th and a half grade math level. I was literally three years behind my peers. I was told that I dumb. I behaved like I was dumb up until starting with the 8th grade when I realized what happened to me was criminal, but what I was doing to myself was even more criminal. I had a great family structure, and the reason why I was on a 7th and a half grade math level was because one of my aunts was a teacher. She had math books, and math you can teach yourself. So, I used to teach myself math and work math problems at home on my own. That's why I was ahead in math, but reading takes some assistance. I didn't have that. Of course I'm going to a school that is a good school, but they're giving a bad education to all the black children, especially the males. When I got to high school, my teachers when I raised my hand…like my social studies teacher when I would raise my hand, she would never call on me. I asked my mother and she said, “Why don’t you ask her why she didn’t call on you.” So, I asked her and she said, “I don't have to answer your questions because you're gonna be in jail by the time you're 19.” These are the kinds of…I will tell you a story and this story is interesting. There was a group of teachers, and there was a guy Harold Whiting, who is a very very light-skinned black guy, and—Underwood ‘U and W,’ so we sat next to each other because they put us into seating based upon alphabetical order. One day Harold’s father came into the classroom and I said, “Harold, your father’s here.” He said, “Yeah, I don’t know what’s going on.” Well, it turned out that the teachers had called a meeting with his father because they wanted to move Harold away from me, because I was ‘a bad influence’ on Harold. Harold’s father, who could pass for white, you know he could really pass for white—when I say very fair I mean very very very fair—Harold’s father asked them what made me such a bad influence? This is what they said, and what Harold told me that they said: “He wears a shirt and tie every day. He raises his hand every time he wants to ask a question. He’s overly polite and nice. HE MUST BE UP TO SOMETHING.” Harold’s father refused to move Harold. These are the kinds of things that our children are facing in this so-called educational system that no one really talks about--the assault! Now here I am, I'm aspiring to be a doctor. I’m saying I am going to be a doctor. I'm studying like a want to be a doctor. My advisor is telling me…my advisor would sit me down and say, “What do you want to be when you grow up?” I say, “A doctor.” The advisor says, “Heh, not gonna happen. Tell you we are going to do. Why don’t you not take advanced chemistry, and instead why don’t you take shop and make your mother a table.” I mean these are the kind of things…so when I had taken all the math classes and English classes that I needed to graduate, which as a sophomore I finished all them, and now I want to start taking the advanced classes to prepare me for college, the advisor tried to convince me that I should take a half a day and go to the tech school so that I could learn how to work on motors and stuff like that, and know how to build stuff in shop class. This is an adult. If you are advising people that way—and of course if I didn’t have someone at home saying, “What are you talking about, this is what they are telling you? No way!” and I didn’t already have in my mind that I was going to be a physician and what it took to be a physician, that you must excel in math and science—if that wasn’t there I would have easily found myself in college unprepared, compared to being in college prepared. My ambitions, my desires and all that would have been thwarted by those who are paid to help me get there. I am going to end with this piece, which is really important, because it needs to be dealt with. My daughter, who is now 12, started school at kindergarten on the 2nd grade level because we put her there, and then her teachers, when she was in elementary school, basically did all they could to make sure she was behind, instead of advancing her the way she should have been advanced.

M: Wow, I'm so sorry you had those kinds of experiences. I didn't even know that was what the answer was going to be. I thought maybe when you have teachers in school they’re supposed to, apart from teaching you, mentor and guide you to be what you really want to be. What they did was to try to talk you out of your dream. You might have gone through a lot. I mean I know you have so much to say about the system, but you just gave us a kind of concise summary of what happened [to you personally]. Thank God for your family structure and people that stood solidly behind you to make sure that the right things happened. Also, you really believed in yourself and that is why you are here today. I really thank you for giving us that that a little of what happened in the past in terms of mentoring. Were you going to add something?

W: Yes, I do want to add that I had very positive experiences too. Mr. Moss, Mrs. Ford in my high school, they were great. Mr. Moss taught biology and he encouraged me. When we started doing dissections he encouraged me. I was eventually doing it expertly like a future surgeon. Mr. Hamilton taught AP Biology. He came to me and said I want you to take AP biology and told me I should take the test and move on. Mrs. Ford, also a math teacher, realized they had put me in remedial algebra, and then demanded that they advance me appropriately. They were great in High School. Moorehouse was amazing! Mr. Blocker and the team that was put around me to help nurture me and all that was great. Then when I got to medical school, Dr. Gregory Threatte was my mentor. I call him my big brother. Even today I call him up and ask for advice and involve him in a lot of activities I am doing. So, I have had great mentors. The reason I talked about the younger, formative years is because if you don’t get people past that, then it is hard to put them in the real academic environments where they can flourish, if they have already been assassinated, so to speak, before they get there.

M: Thank you and I really appreciate talking about the negative ones before the positive ones, but everything works together for good, they will see. We really appreciate those other ones that came into your life and brought positive attitude, energy, and vibes. I would like to ask another question. What can you say to younger folks, minorities, on how to go about it when they have a dream, especially in an area like this where we have very few African American physicians? Where do they go, where do they look for mentoring?

W: The formula for success is simple, especially when you are young: Reading, writing, arithmetic…reading, writing, arithmetic! If you master reading, writing and arithmetic, you can master everything else. That means every child should be reading every day, never without a book. They should be doing math problems every single day. They should be writing something every day. Just never mind if you're in the 2nd grade, you can do 7th grade math problems. Don't get caught up in, ‘I'm doing my schoolwork.’ No, this is beyond your schoolwork. This is developing extra stuff. Like I said, I sat around and did math problems, I taught myself math, and that was helpful because once I knew how to learn, I knew how to learn. That's all caught up in the reading aspect of that too. Remember, I was 3 years behind my peers. Secondly, mentorship; we have to seek out people because everyone is looking for a good person to support. I've mentored over 100 students and many of them sought me out. One of my current mentees who worked with me on one of my big research projects, I was walking down the street and he started talking to me and telling me his situation. It turned out he needed a job and it turned out I needed a lab person, and boom, he worked with me. Then he ended up moving on, and he did go to the University of Buffalo. Now he's doing his residency at SUNY Upstate Medical University, Syracuse, in pathology. So these things happen. One of my other mentees I met—and I never do this but I was going to McDonald’s as I was moving at the time and had gone in there to actually grab an egg biscuit as I figured I wouldn’t be able to eat all day—and she was in there nice, and smiley, and polite. I started talking to her and I said, “What do you want to be…?” She said, “A doctor.” I said, “Call me.” I have mentored her for years and she was still an undergrad then. So yes, that is how it sort of happens, we have to be engaging, we have to meet people. If you are a parent and you have a child that you want…you don’t have to want to be a doctor to call me, just say ‘I'm trying to figure out how to get my son or daughter through this so that they can have the skill sets they need on the other side’…I'll be glad to help him or her, and many others.

M: Thank you so much for that. I mean sometimes it's not just for the mentor to look for people to you know to guide, sometimes you want to tell the mentee to lookout. As for me, I have actually done that, and I am still doing that because, sometimes around here, I look I say I need a mentor. Everyone needs a mentor. Like you said, there’s a doctor that was your mentor and now you still reach out to him, now he is your big brother. That is one of those things that I do to reach out to people that I feel I can learn from, you know everybody needs mentoring, especially for African American males. We need we need people like that to be in our lives to say these are the steps you take to become successful, because there are some people who came before us who walked the walk. There's a wealth of knowledge by just listening and watching people that walked the walk. I really appreciate that. Another question is what are your core values like as a person, what are your core values?

W: I am going to answer that question in 2 ways. First, I always ask myself, “Who are you?” Who am I? I consider myself a clinician, scientist, entrepreneur, and social change agent. I say that but…Clinician--even if I don’t practice the way other people practice, as I used to do locum tenens; Scientist--even though I don’t have a laboratory anymore, and I don’t do basic science research at all and health services research, (but I am still doing research, which I want to do for that for the rest of my life); Entrepreneur--my business enterprises and things building that way, but being innovative and finding how do we move things forward, how do we tie these things together?; and Social Change Agent—how do we make America a better place for all?, (I do it through healthcare, but the goal is to make America better). So those are really my core values. At the bottom of all that is personal development, personal development, personal development. I am constantly growing, constantly reading, to the point…I am going to tell this story. I read now I think I am up to about 70 books a year. I do some through Audible, I run every day and I’m listening to a book, I have a book that's in my bedroom, I have a book that’s on the table downstairs, and I am reading tons of books that I have stacked up here that I am constantly reviewing, and some are moving forward. I’m going to tell you a story. My daughter was 8, and she had gotten that vampire trilogy story, the ones in the Portland area and they made the movies out of them. It is a seven-volume series, a seven-book series. She had gotten the books on Friday evening, and by Monday she had read all seven books. That’s my 8-year-old. I had the books and I stacked them up and measured it. They were 14 inches across when you stack the books across each other. At that time, I was reading about a book every month and a half, or two months, and I uh-uh, no. If she could do that, and if I am going to be her father, then I need to step up my game. That’s it! If I am going to sit with her and say I need you to excel, I need you to do this, then she needs to see me as a man that is constantly growing and evolving and learning and thinking and doing things. So, she texted me today and said—because I've learned Spanish years ago and I don't didn't really learn anything, and she's been pushing me to get to get back into Spanish—so she texted me this thing today and said you need to sign up for this, and it was a Spanish language program. I’ve got two choices: Either I step my game up to be her father or that’s it, I need to right raise my game. So that’s my core value. The Willie you talk to today will not be the Willie you talk to 6 months from now. My plan is to be better.

M: Thank you, thank you so much for that. That's actually what I said, children are like monkey see, monkey do. They look up to you, and I do the same too, maybe only read a book once in 2 or 3 months, but now I think I'm going probably start reading 2 books a month now to start from there. My last question for you today is are you working on any projects? I know you are into so many things, but are you working on any kind of special projects or contracts on diversity or your tech company? What are you doing at the moment that you have been keeping yourself with?

W: Wow, so from the equity piece, the Buffalo Center for Health Equity, the goal is to improve the East Side’s 5 zip codes’ mortality rates, where there is 300% higher disease, [working together with] the city, the county and the state. We're constantly evolving that. We’re going to grow our center. We are going to have a greater impact over time. That’s one. Secondly, the AMA staff recently released a report on health equity and made a strategic plan moving forward. As a Board Member, I go help move the American Medical Association in a direction to help the American health system heal, and become a more equitable place at all levels. I sit on the Board of the Joint Commission. We are looking at those sorts of things as well. We are just in the infancy of that, but I hope over the next several years as I sit on the Board of the Joint Commission, that we sort of move that forward. As an entrepreneur, KAPS Biotechnology, we are now doing a big study validating our bio-marker for our early detection of prostate cancer. Also the End-to-End Health Solutions, we do COVID risk mitigation, and we are basically moving that business forward. The goal is to help other companies work with our global supply chain partners so that we can provide resources and meet the needs of organizations in the United States, and organizations in other countries outside the United States so that they have the supplies they need to provide top-notch health care to their citizens. That’s it.

M: You are a very very busy man.

W: And I exercise every day.

M: What time of the day do you exercise? Do you do it first thing in the morning, or in the evening?

W: In the morning, I get up and I do my internal inside exercises, and then I run outside every day. Today is the first day in over a year that I haven't finished my run in the morning, because I needed to get up at 5:00am and I didn't get it done, but after this interview I have one more and then I'm going to run and get my get my 3 miles in today.

M: Thank you so much. A lot of people will want to get in touch with you, some will want you to consult. How can people get in touch with you if they need your help or consultation, can you share an email?

W: Yes, I will share an email. That’s easy. It is [wunder\_wil@yahoo.com](mailto:wunder_wil@yahoo.com). Also, in the past, before COVID, I have done over the years a lot of programs with young people to try to teach them the tools for success, and I have given talks at organizations around how do we move things forward and solve problems. Some of this is around equity and inclusion. So, if you need someone and you want to invite me, I would be glad to give presentations and help organizations move forward. That’s what Will U Enterprises does.

M: Thank you so much. I really really want to say thank you Doctor Underwood for coming today. I know you can spend hours just teaching us and we can learn from your wealth of experience, but we want to say thank you for your time to talk to us, we can’t thank you enough for giving us an opportunity to talk to a doyen like you in the field of medicine that has done both the clinical and non-clinical, I will say it's a privilege and we can't thank you enough.

W: It was my pleasure, thank you.

# # #

**The full video interview can be found at** [***http://hef.ache.org/interview-with-dr-willie-underwood/***](http://hef.ache.org/interview-with-dr-willie-underwood/)**.**