

Senator and Chairman Sanders, Senators of the HELP Committee, my fellow esteemed panelists, and guests,

Thank you so much for having me here today to speak on one of the most critical issues in the U.S. Healthcare system as it currently stands.

I am Dr. Samuel David Cook, a PGY-3 Internal Medicine Resident Physician at The Morehouse School of Medicine. I was born and raised in the Bronx, NY, by my two loving parents, Ronald Cook and Ambassador Suzan Johnson Cook, who instilled in me a deep love of God, and the impetus to serve those among us who are most in need.

We come here today for an awesomely important purpose: to recognize the shortage of Black doctors currently in the American workforce, to understand why it is an issue, and to identify actionable steps that you may take as Congress to rectify this gap.

Though all of us in this room today are red-blooded Americans, my journey to this platform has been anything but traditional. I grew up in a neighborhood that was inherently sick, underserved from the most critical healthcare needs. The doctors I saw as a child never looked like me, so I made it my life's mission to be the change I sought in medicine. During my undergraduate studies at Johns Hopkins University, I was told by my medical school admissions counselor that my above-average GPA at one of our nation's top ten universities was not strong enough to make medicine a reality. Nevertheless, I persisted and entered a post-baccalaureate pipeline program for under-represented minorities at Drexel University College of Medicine. In this Drexel Pathway to Medical School Program (DPMS), I thrived in the specialized and supportive environment, and quickly excelled. I then graduated to become a medical student at Drexel, where I earned top academic awards above my peers of all races, and published my medical research, even authoring a paper with decorated physicians at Harvard Medical School. As the sayings go, "You can't judge a book by its cover," and "it takes a village to raise a child."

While I do not have as many years of experience as my colleagues testifying today, I do possess the benefit of recency in pursuing a medical career.

What is the true measure of a physician? Is it how well they score on a standardized exam, or is it the care and poise with which they utilize such knowledge? I submit to you today that high-quality medical care necessitates qualified, yet compassionate and culturally-competent physicians.

Historically Black Colleges and Universities (HBCUs) have been instrumental in creating pipelines to medical schools. Between 2009 and 2019, HBCUs sent the most Black graduates to medical schools. According to the Association of American Medical Colleges (AAMC), "Howard and Morehouse graduated more than 400 each over this time period, while no predominantly white institution graduated as many as 300." Of the three undergraduate institutions supplying medical colleges with the most Black entrants in 2023, "two were HBCUs—Howard (first) and Xavier (third)." Additionally, HBCU Medical Schools produced 10% of our nation's Black doctors last year while only accounting for 2% of all medical colleges.

Assuming we beat an educational system that is stacked against us, Black medical students have one of the most difficult and potentially-injurious decisions facing them: Should I assume hundreds of thousands of dollars in student-loan debt without any guarantee I will actually become a practicing physician? For me, the current sum of medical student loan debt and accrued interest stands just shy of \$400,000. Though the costs are the same no matter the student's race, the financial impact it will have on their family is not. Racially-based and systemic wealth inequity is an undeniable truth in our nation, and one that has barred too many students of color from becoming the doctors they were qualified to be.

Acceptance into medical school and matriculation through residency are crucial pain points when looking at the employment gap, but retention and support are, nevertheless, equally as important. We are often bound by our debts to work in hospitals in which we may not be equally supported, or worse, face reprimand at unjustly higher rates than our peers. One 2020 study published in JAMA Surgery found that over 70% of Black surgical residents who were surveyed faced discrimination during their residency. Another showed that "Black trainees accounted for only 5% of all residents in 2016 but 20% of those who were dismissed from a residency program." Thus, we call on you to increase funding for HBCUs to reduce the cost of producing high-quality physicians of color. This is with the understanding that these institutions have a proven track record of incubating some of our nation's brightest minds, those nearly snuffed out by the waves of racial bias and injustice.

So, how does a black doctor better serve Black patients, or save them from undo harm? I will give an especially poignant example. I was informed of the particularly harrowing story of a Black patient at one of our area's hospitals. She was seen furiously hitting her head, to the degree that her medical staff were alarmed, insisting that the patient be placed under a psychiatric hold as they judged she was a direct harm to herself. When the Black female Psychiatrist went to the bedside to see this patient, she immediately indicated to the rest of the medical team that the patient was, in fact, not harming herself, but simply patting her head because that is how you scratch an itchy scalp without messing up your hair. Had a Black physician not intervened in this instance, that patient was on a pathway to being chemically or physically restrained, and that hospital and staff would have justifiably faced a malpractice lawsuit. So, this is not just an issue for Black Americans, it is an issue for all Americans.

Senators, cultural competence directly saves our patients' lives and well-being. It protects them from the perils of physicians who have sheltered in their own cultural bubbles without true understanding of the diverse communities they serve.

What's more, a 2016 study published in the Proceedings of the National Academy of Sciences (PNAS) found that "Half of white medical trainees [surveyed] believe such myths as Black people have thicker skin or less sensitive nerve endings than white people." They continue, "participants who endorsed these beliefs rated the black (vs. white) patient's pain as lower and made less accurate treatment recommendations." In this population of white medical students, we see evidence that negative racial biases are currently, and have long been, harming America's Black patients.

To support our efforts further, I ardently advocate for the re-introduction of legislation which would specifically fund and protect the growth of HBCU medical schools, similar to that proposed by Chairman Sanders in 2023.

Senators, though I have faced my own substantial tribulations on the path to becoming a physician, I humbly come before you today as nothing more than a voice for our collective troubles. We serve, tirelessly, senators. We resident physicians and medical students of color sacrifice our physical, mental, spiritual, and financial well-being to be the change in the medical field we so desperately seek. We physicians, residents, and medical students of color humbly ask that you increase spending on medical education at HBCU medical colleges, because the financial manacles of medical schooling are the greatest impediments in recruiting Black and brown doctors to our workforce. Americans need us in these roles to provide the high-quality, culturally competent care they require. So let's work together to fund the new wave of Black and brown physicians our country, including you all, will need in the future. The time to act is never tomorrow, senators; it has been, and always will be, today.

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