

Thank you, Chairman Sanders, and thank you to my colleagues for their eloquent discussion on improving the diversity of the nation's healthcare workforce. Our HBCU medical schools are the backbone of training Black doctors in this country, where Black doctors make up only 5% to 7% of American physicians. The value of our HBCU medical schools' work is more important now than ever before.

Howard University has a 156-year history of training minority physicians in this country. More than 50% of these graduates return to work in underserved communities nationwide. Howard also has the distinction of having a College of Dentistry, a School of Pharmacy, a School of Nursing and Allied Health, and a School of Social Work. Together these schools provide a diverse solution to many of the healthcare challenges faced in the nation.

As the problem of Black physician shortages rises within the general context of the physician workforce shortage, many communities of need will continue to be underserved in the future. Our medical school and our HBCU colleagues have witnessed a surge in the number of applicants to medical school with a limited capacity to accept more. Barriers to growing programs often reside in the high cost of medical school education. The issues faced after medical school graduation are just as significant because there are fewer funded residency positions than there are graduates. Highly trained physicians who can provide critical medical help to the most underserved communities struggle to find residency programs. The GME dollars are only available for some who graduate.

Clinical research is yet another area where HBCUs have been underfunded and therefore restricted in their ability to expand the movement of solutions to communities of color, where trusted voices would lead to better participation in clinical trials.

Howard also has a robust undergraduate pipeline via its STEM scholars programs which continues to send more Black graduates to medical school each year than any other school in the nation.

While addressing physician shortages is one path to solving healthcare disparities in the nation, we at Howard also believe that leveraging a team-based approach of training and deploying physicians, nurses and advanced practice nurses, and pharmacists in working units can do much to extend care within communities cost-effectively and efficiently. Without continued support for these programs, it is unlikely that any of us will be able to meet the country's physician shortage challenges and needs for inclusive healthcare. In closing, I would like to echo the sentiments of my colleagues and:

- 1) Urge Congress to prioritize and designate graduate medical education (GME) positions for teaching hospitals affiliated with HBCU medical schools through Medicare and the Teaching Health Centers program. Legislation introduced in the House of Representatives, the Resident Physician Shortage Reduction Act, H.R. 2389, is a good model for this effort. It designates GME positions for Health Professions Shortage Areas (HPSAs) and prioritizes slots at teaching hospitals affiliated with HBCU medical schools.

- 2) Increase and accelerate funding for HRSA Title VII health workforce diversity programs – with a particular focus on Centers of Excellence and the Health Careers Opportunity Program. Both programs are currently funded at less than they were in fiscal year 2005. Right-sizing these programs would allow more schools to build meaningful diversity training programs and establish and maintain workforce pipeline programs at health professions schools.
- 3) Accelerate investments in the programs of the National Institute on Minority Health and Health Disparities (NIMHD) that improve the research capacity and infrastructure at minority-serving health professions schools. Both the NIMHD Research Centers at Minority Institutions (RCMI) and the Research Endowment Program are short-funded. The budget for the RCMI and the Research Endowment programs should reflect a national commitment to level the research infrastructure playing field at minority health schools compared to other health schools nationwide.

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