Dr. Raymond Greenburg

London: Dr. Raymond Greenburg is President of the Medical University of South Carolina. He is nationally recognized for his work in cancer research. In SC, though, he is known for his emphasis in collaboration including a partnership with Clemson University in the bioengineering alliance as well as integrating the two pharmacy schools in the state, the University of SC and the Medical University of SC. But most significant is his work with health sciences in SC, which is an unprecedented collaboration with research, economic development, as well as improving health within the State of SC. So, we are going to talk with Dr. Greenburg today about the health of the state and also about where he hopes we are headed. Welcome Dr. Greenburg.

Greenburg: Thank you. It's a pleasure to be here.

London: Tell us first about the state of health in SC and the provision of health here to the state’s residents.

Greenburg: Well without going into a lot of specifics. I think it’s fair to say that SC if you look at national rankings, has a lot of room for improvement and this is, we could talk about cancer, diabetes, heart disease or high blood pressure. Any of those would be barometers of the health of the public. But what underlies many of those issues are the disparities that exist within our populations. Sort of the haves and have nots. Whether we define it on the basis of race and ethnicity or on the basis of economics or on the basis of geography, the urban/rural differences, there are considerable disparities in health status within our population. To me that’s the underlying theme that one sees recurring whether one talks about any of the specific health issues in our state.

London: That being said now, what is your vision for health care and health over the next decade in the state of SC?

Greenburg: Personally, I would like to see us work very hard in closing the gap between those who have better health status and those who don’t. Ideally, I suppose the vision would be that we eliminate those gaps. Furthermore, even our majority population still has room for improvement and so the whole index, the whole high tide raises all boats and that’s what we should be looking at is to improve everybody’s health status in the state of SC.

London: Do you have ideas on what we should be doing in the interim to begin to address these issues?

Greenburg: Let me start off with something that I think could be dealt with, hopefully, very efficiently. There has been a lot of talk about the cigarette tax in
the state of SC and the fact that SC now has the lowest cigarette tax in the nation. It’s only $.06 a pack. There are some states where it’s several dollars a pack. We are some $.30 per pack below the southeastern average, which means that neighboring states like North Carolina, also a tobacco producer, have raised their taxes much higher than ours. My argument for raising cigarette taxes is really two-fold. So much of the discussion has been on what would be done with the money that was raised from the cigarette tax. My argument starts even before that. If you want to control cigarette smoking, one of the things that has been clearly demonstrated to have an impact on smokers is the cost of cigarettes and particularly if you are concerned about young people smoking, teenagers and people in young adult years. There is lots of compelling evidence even in NC where they raised taxes only about a year ago. They have already seen a decline in smoking in young people. One should be an advocate for this, regardless of the money that was generated, just to lower the rates of smoking in young people. I believe the money that’s generated should be dedicated to health care and addressing some of these disparity issues that we were just talking about. I believe it should be spent not on the health treatment, although I run a very large hospital, a very expensive, complicated hospital. If you really want to have an impact on the health of the population you have to start much earlier in the process. You have to start with health education. You have to get people to lead healthy lifestyles so that they don’t develop any of these chronic conditions that plague us so much. So, I think programs—we have a wonderful diabetes initiative in the state of SC. We have a wonderful hypertension initiative. These are all very good programs, but they are terribly underfunded at the present and this would be, I think, an opportunity to put the kind of resources into these programs that they really could make a tremendous impact in improving the health of our population.

London: In terms of other issues that we need to be addressing immediately such as the tobacco tax, are there other items that come to mind along those lines?

Greenburg: Well, I’d like to see us devote a fair amount of time, energy and resources to improving health education in our schools. An example, I think, of a very forward thinking piece of legislation, Speaker Harrell, introduced along with colleagues, to re-introduce required physical education in our elementary schools. I think we should expand that beyond the elementary years. But, I think that’s an example of the kind of programs that ought to be brought into the schools. We ought to teach children about good nutrition. One of our students here, not a medical student, actually created a volunteer program where we go into the schools and our students educate young people about making healthy food choices. Obviously, getting people to exercise more is critically important and educational programs around that. These often are not expensive programs, but they do take resources to have the trainees go out and educate the public. We have worked very effectively with the AME Church in health education programs and I think there are many examples of those kinds of health education
prevention oriented programs that would have wonderful impact in the long term
but they won’t have quick results in improving the health of the population in the
next year or the next five years. But, we really need to take a long-term view of
improving the public’s health.

London: Looking at health education, it appears that there are some
strong programs, particular in the urbanized areas. How do we get that
education out to the more rural areas of SC?

Greenburg: Right, it’s an excellent question. As I said earlier, the disparities
that we see, they are urban-rural, they are economic which of course parallels
the urban-rural gap, and also there is race and ethnicity, which again has some
parallels along these lines. We’ve spent a lot of time working with SC State
University on out-reach efforts. Congressman Clyburn is very interested in the
issue of health disparities. Of course, his district includes some of the poorest
and most disenfranchised populations within this state. I think we need to work
with the provider communities in those areas. One of the things that we need to
deal with is the fact that in many of the rural communities we have a tremendous
underrepresentation of health care professionals. We have some of the most
medically underserved counties in the United States here in SC. By medically
underserved, I mean the ratio of doctors to the size of the population is very, very
low. It is hard for the people to have the kind of health care that they need if they
don’t have access to a local health care provider.

London: I just heard as I walked in today that there was some new
information out there that we’re looking at a nationwide need for a 17%
increase in medical professionals.

Greenburg: I think what you are citing is the Association of American Medical
Colleges has said that from their statistics, there has now been a 17% increase
in the number of medical students in the United States. They’re responding to
the medical schools nationally, including ours, are responding to a perceived
shortage of doctors today but anticipated to get worse as a couple of things
happen. One is the aging of the population. As more people get into their
golden years, their need for healthcare increases and so there will need to be
more physicians and other healthcare providers to take care of them. On top of
the fact that many physicians today are making mid-career choices to get out of
clinical practice or retiring early. The longevity of practitioners today is not what it
was 10 or 15 or 20 years ago. So, the combination of those factors has created
a perception and probably a reality that we are going to see a growing shortage
of physicians. Of course, we already have a shortage of nurses, pharmacists
and other technologists so this is a national problem. SC, I think is just a
reflection of what is going on nationally in that issue and of course, regions like
the coast of SC, which is such a popular retirement area, are going to particularly
face this issue as we attract so many older persons who are going to need health
care services.
London: In your mind what are the responsibilities for SC leaders with regards to future generations of South Carolinians?

Greenburg: I think it’s true of health, it’s true of economic development, and it’s true of education. It’s the same common theme which is I think all of us should be working on trying to help every citizen of the state reach their full potential. A person really can’t be gainfully employed or productive in society if they are not healthy. That’s probably the most essential thing when anybody is asked what is most important to them, good health is probably the first thing that they think of. Unfortunately, because we have these gaps in our population, it falls upon the leadership to, I think, be creative and be resourceful in coming up with programs that allow people to be healthy and really reach their full potential.

London: Before I let you go, I wanted to ask you about the role of research in the future of the state’s residents.

Greenburg: Of course, I am biased. I am the president of one of the three research universities in the state. I was pleased that in your introduction, you talked about the collaboration between the University of South Carolina, Clemson and the Medical University. I think this is one of the really exciting things that has happened in the last five or so years in SC. It has been a great personal partnership for me with President Barker at Clemson and President Sorenson at the University of South Carolina. I think we are only beginning to scratch the surface of the potential that we can get from bringing these great institutions together. As we look at competing with the best research universities in the country, what we realize is that SC has relatively modest-sized institutions and what gives us sort of the leverage, the competitive advantage, is by bringing our resources together to compete with the very best places in the country. I am convinced based on recent experience is that we can basically compete toe to toe with anybody if we work together in a collaborative way. Ultimately, I believe that the answers to many of the things we have talked about is going to come through research, understanding how we can use our resources to provide more effective and beneficial healthcare to the population of South Carolina.

London: Before I let you go, we also have a platform here for you to elaborate on any issues that you would like to focus on.

Greenburg: Well, I’ve already elaborated on the cigarette taxes.

London: That’s a great one, but if there’s anything else you would like to mention, we would like to get it out there.

Greenburg: You’ve also talked about economic development and the research universities have played a very important role in trying to promote the expansion of the knowledge-based economy in South Carolina. There are many things like the Endowed Chairs Program, the Life Sciences Act, which is helping us to build
facilities. As you walk around this campus, you see a lot of construction going on. The state has been helpful in getting that started. As I look at where we need to go, it’s hard to focus all the time on money, but the truth of the matter is, it takes money to attract the best talent from around the country and to provide the kind of facilities that allow them to be maximally productive. When I finish this interview, I am going to be talking with the chairman of our radiology department who is in the midst of recruiting two outstanding individuals. One, who is presently in the state of Florida, at a very good institution, who he is trying to get to come here and bring his research with him. The other individual that he is trying to recruit is presently with GE and is involved in their development of new technology, who can come and bring his whole research team potentially to the Medical University. I don’t know that we will land either of these individuals, but the fact that we are in the hunt, I think is a tremendous tribute to how much progress has been made in the State of South Carolina. I hope that you will wish me well and the chairman of radiology, Dr. Costello, because I think this kind of thing is what ultimately is going to make us a leader and not a follower in healthcare.

London: Definitely, I wish you well and it’s wonderful to see all that is going on around this campus.

Greenburg: Well, thank you!

London: I’ve been talking with Dr. Raymond Greenburg, President of the Medical University of South Carolina. For the Jim Self Center on the Future, I’m Donna London.