

These remarks were first delivered upon accepting the 2018 Martha May Eliot Award from the Maternal and Child Health (MCH) Section of the American Public Health Association (APHA), in San Diego CA, on Monday November 13, 2018. They have been edited for clarity and broader distribution.

Commentary:

On Leadership, in the Urgency of Now

Magda G Peck, ScD

Hearty thanks to the MCH Section, APHA's leadership, and many, many more, for bringing us together at this special occasion – a powerful *Shehecheyanu*¹ moment. It is good to be back 'home' with family and friends.

The poet William Stafford said it best in "***The Way It Is***":

*There's a thread you follow. It goes among things that change.
But it doesn't change.
People wonder about what you are pursuing.
You have to explain about the thread. But it is hard for others to see.
While you hold on to it you can't get lost.
Tragedies happen; people get hurt or die; and you suffer and get old.
Nothing you can do can stop time's unfolding.
You don't ever let go of the thread.*

At my first Martha May Eliot Luncheon in 1985, I was an under-30 doctoral student sitting along the back wall in the freebie chairs, with others of stretched means. The annual American Public Health Association (APHA) event was held in a windowless section of an interior convention center ballroom. We heard you could listen to the best of the best, even if you couldn't afford the ticket. The Martha May Eliot awardee that year, Marian Wright Edelman, founder and CEO of the Children's Defense Fund, was jaw-dropping brilliant, and the list of past award winners in the printed program could have been straight from the index of an *Intro to MCH* textbook. A few years later, I waddled up to this podium, very pregnant with our second son, to accept the MCH Section's Young Professional Award. Dr. Lorraine Klerman, one of my early mentors and a wickedly smart scholar and thought-leader in social policy, saw in me a spark for making good trouble. I had launched an irreverent initiative called *CityMatCH*, challenging the traditional Federal-State MCH partnership cemented in Title V legislation. *CityMatCH* was anchored in local public health departments and dedicated to *urban* maternal and child health practice.

¹ The *Shehecheyanu* prayer is said by Jews at moments of special occasion or celebration, and at the beginning of holidays. Translation: *Blessed are you our God, Creator of time and space, who has supported us, protected us, and brought us to this moment.*

Looking back, this I know: In the twenty-eight years from ‘Young Professional’ to today’s ‘Lifetime Achievement,’ I tried hard to make more good trouble, and I have **never let go of the thread.**

I stand before you at this age and stage, as an applied scientist and recovering academic, seasoned strategist and master facilitator; kick-ass leadership educator and wise-elder coach; storyteller and activist; colleague and friend.

I stand before you today: granddaughter of fierce Ida (Steinberg) Peck and the ever-resourceful Jennie (Schwartz Klein) Greenberg. Third-born daughter of irreverent, entrepreneurial Morton and stronghearted, sage Thelma. Baby sister to loving Laura, the wiser, and to sassy, strong Ellen, who left us too soon. Loving life partner for over three decades to the ever-supportive and super-smart Jim Anderson; fierce mom of two fine men— Samuel and David; and newly a grandmother to the lovely baby Eleanor, Sam and Liz’s first.

And I stand before you at this exquisite moment, with abundant gratitude and simmering angst, in truly troubling times, as a leader for the public’s health, and persevering warrior for equity and justice. Staunch advocate for women’s health, LGBTQ ally, and unabashed defender of reproductive justice; serial social entrepreneur and midwife to change, I stand before you today to ask:

What is the purposeful, persevering leadership we must practice, together, in the scary urgency of NOW: amidst unconscionably high rates of black infant deaths, unchanging in Milwaukee and other stuck cities. *And* maternal mortality again on the rise, disproportionately robbing Black mothers’ lives. *And* Brown babies torn from their mothers’ arms, glazed empty eyes peeking out from under Mylar of toddlers in contracted cages, in crowded tent cities. *And* water unfit for children to drink, still, in so-called modern American cities. *And... And... And...*

What is the strategic, adaptive leadership required to navigate the thrilling urgency of NOW: amidst a growing wave of new leaders speaking truth to power - women, of Color, LGBTQ, next generations – who are changing the guard in Congress and Statehouses, City Halls and Governorships. *And* a wave of breakthrough technologies and better data to fuel social innovation. *And* robust place-based innovation and unlikely cross-sector collaborations to reshape upstream social change. *And* greater appetite to take on racial equity and economic justice. *And...*

After a few decades of doing the long, hard work for healthier women, children and families in safer, more just communities, I offer three reflections on public health leadership, with some stories to light the way.

- 1. Passionate, persevering leaders for the public’s health know our Elders: those who lead well and strong long before us. Informed and inspired by them, we carry their best examples forward in our work.**

A few weeks ago, I was walking the halls of the Harvard School of Public Health for the first time in many years. Flashbacks of all-night study groups, calculating P values, and that elevator where I dared to ask a certain Assistant Professor of Biostatistics out for lunch. A large black and white photograph hanging in a passageway gallery of Harvard elders caught my eye: an austere older woman wearing wire-rimmed glasses of her era. I must have passed by that portrait of Martha May Eliot more than a thousand times during five years as a graduate student, and paid her no mind. But nominated (again) for this APHA award established in her honor by a long-time MCH colleague, Dr. Hani Atrash - a champion for innovation in MCH epidemiology at CDC and recent Healthy Start leader, and previous awardee - I wondered: *What can I learn from her leadership story?*

Did you know that that while a student at Radcliff in 1913, Martha Elliot was determined to study medicine? She sought the advice of a Harvard Professor, Dr. William T. Sedgwick, who also was working to create a school of 'public health' at Harvard and MIT. As the story goes,² "...he suggested that she should aim to become a laboratory technician. Martha asked Professor Sedgwick what advice he would give her if she were a man. 'Study medicine,' he said." And so, she did, at Johns Hopkins - not Harvard, which would not yet accept women.

Did you know that she was the first resident pediatrician in the newly established Department of Pediatrics at Yale University, who researched the prevention of rickets and contributed to its eventual disappearance through successful public health strategies? It is said that "*she created the model for social pediatrics as she went along.*" Later, as part-time staff and eventually as Director of the Children's Bureau, she drafted key sections of the Social Security Act of 1935, which endures today as a backbone of federal funding for maternal and child health: Title V. She also shaped the first federal programs to provide universal maternity and infant care for all wives and babies of men in the armed forces, during World War II.

Did you know that she assured training opportunities for women were built into Title V programs, and she fiercely defended wrongly accused staff in the McCarthy era. She was the only woman to sign the constitution of the World Health Organization, the first woman President of the American Public Health Association 70 years ago, and the first woman ever awarded APHA's Sedgewick Memorial Medal, in 1958. (Yes, that Sedgwick.) And toward the end of a long and distinguished career, Dr. Eliot finally went to Harvard, to the School of Public Health, where she served as Chair of the Department of Maternal and Child Health from 1957-1960. Hence, in the gallery of Greats.

Dr. William Foege, former CDC Director and public health leader extraordinaire, taught me the concept of "*Social DNA*" – how the wisdom of our justice elders lives on across generations. *Strategic leaders* understand that the '*social DNA*' of those who came before is available 'on tap' - to reassure us, teach us, inspire us still, if only we remember to 'ask.' No doubt: Martha May Eliot's social DNA lives on in me. She's my kind of leader: Undaunted by precedent, often being among the firsts. *Creating the model as she went along*, she followed the rules only if they made

² Source: Address given at Harvard's Memorial Hall, and Yale archives

sense, and figured out how to make and change policy. She assumed gender equality and was willing to fight for it. She persevered against the odds, in times as tough or tougher than now. And I wonder: *whose social DNA lives on in you? What are the hard - earned lessons learned of your MCH elders? How shall you tap their wisdom?*

2. Strategic, transformative leaders understand and believe in the powers of stories. Champions for health and equity need to know – and know how to tell - powerful stories, starting with their own.

Stories can nurture humanity in painfully polarized times; accelerate fresh learning and make it stick; and enable us to pass on wisdom from generation to generation. Stories help dissolve old stuck narratives that safeguard against change. Through stories we can shape new narratives about what drives ‘health’ and make change happen. Authentic leaders for social change know and own their own stories, the ones that remind us, with humor and humility, who we have always been since second grade. Here is a part of mine, dedicated to the MCH Fellows and other young professionals in the room, about discovering the threads of my passion and purpose for public health:

In 1979, I was a newly minted Physician’s Assistant - among the first in the nation - practicing with the National Health Service Corps in migrant and community health centers in the San Joaquin Valley of California, and next on the US-Mexico border in Brownville, Texas. I did not yet understand ‘equity’ or have language for ‘social and environmental determinants of health.’ But I knew that no matter how well or how hard or how long we worked to care for the families who thanked us with *tablas* of grapes and disappeared until next harvest, our primary care services were necessary but insufficient to fully promote and protect their health and safety.

As the first Pediatric PA Hospitalist trainee with a Yale-affiliated program in Hartford, Connecticut, I held tiny premies in the palm of my hand, and unplugged a blue-eyed blond-haired toddler from life support, after she had wandered into a neighbor’s backyard pool. I kept asking how the life-threatening conditions with which children presented to our intensive care units – prematurity, asthma, injury – could have been prevented in the first place, or not be so severe as to require hospitalization. The response I heard over and over again was, *that’s not our job – that’s public health.*” Despite an awkward academic record which clearly did not meet eligibility criteria, I applied to the one graduate school of public health I thought would give me the most legitimacy and leverage to make significant social change – Harvard. I was rejected. And then I received a call from the Chair of the Maternal and Child Health and Aging Department, inviting me to meet her in Boston. She had found my unconventional application ‘interesting.’

She was a formal, petite and impeccably dressed woman in color-coordinated glasses, knit suit, watch band, and shoes. Dr. Isabelle Valadian sat with quiet authority behind her tidy, enormous desk, surrounded by a wall of meticulously arranged books and binders, and framed diplomas. An hour of interrogation ensued. In the end, she announced she was willing to accept me as a two-year special master’s student. I will never forget how she looked directly at me and said: *‘I shall be taking a great personal risk in allowing you to study in this department, Magda. I do not want you to fail me.’* I shrugged my shoulders slightly, and saying, *‘With all due respect, Dr. Valadian, it’s not much of a risk.’* Fearless and irreverent. She could not know about my sister or my father or all the rest. Unexpectedly independent since a year out of high school, failure was not an option. Indeed, I thrived, and soon entered the doctoral program in MCH to study preventable pediatric hospitalizations. My amazing advisor was Dr. Deborah Klein Walker – mentor, colleague and friend; past recipient of this award; and past president of APHA. Indeed, the plan worked: No one asks about my unorthodox academic background before Harvard, and many doors have opened since.

This early career story is about being fearless, challenging boundaries, always questioning - and if need be – remaking the rules, and opting for the strategic, uncharted path. And about how a few great women in public health saw promise and potential, and invested in diamond in the rough. It fuels my commitment to do the same and more for colleagues earlier on in their quest. So, I wonder: ***what is YOUR (public health) story?*** Carry it close at heart, especially in times of uncertainty and duress. It holds the answer to WHY you keep on doing this work for the public’s health and social justice. Remember: ***While you hold on to it you can’t get lost.***

3. I believe that anyone can lead, and everyone must. Everyone here is a leader for the public’s health. You don’t get to opt out. The real question is: *How shall we lead strong and long, for the greater good, together?*

It starts by figuring out your ‘sweet spot’: what you do better than most, what you truly love to do with enduring passion, and what sustainably fuels the hard work over time. My sweet spot? For over thirty years, it’s been about *growing great leadership and greater organizations for the greatest good* - visioning and starting up durable public health institutions that develop effective leadership and practice. CityMatCH, Nebraska’s first MPH Program and two new schools of public health in Nebraska and Wisconsin are still going strong. It has been about co-creating innovative initiatives - Data Use Institute, Great Plains Public Health Leadership Institute, and CityMatCH Conferences - to grow and sustain courageous, competent leaders for the public’s health, folks who will do the hard work for health, equity and justice. It has been about co-creating practical tools like Perinatal Periods of Risk (PPOR), for translating research and data into action for measurable results.

The CityMatCH work always has relied upon strong, long-term investments and creative partnerships. Acknowledgments are in order, starting with gratitude to Dr. Ed Ehlinger and other innovative founding CityMatCH Board members who shaped its purpose and fueled its promise; Dr. Bill Sappenfield and other world class science partners who assured the work was rock solid and cutting edge; early funders and believers at CDC and HRSA – Drs. Jim Marks, Hani Atrash, Jose Cordero, David Heppel, and Woodie Kessel – who gave fuel and legitimacy to the groundbreaking work of urban maternal and child health.

The secret sauce always has been brilliant in-house colleagues on the CityMatCH home team. CityMatCH would not be as courageous and robust today if not for the leadership of Patrick Simpson, now a senior leader at the WK Kellogg Foundation, and Dr. Chad Abresch, effective Executive Directors in its second 15 years. Both were there almost from the start. And both went on to lead CityMatCH with deeply talented, terrific professional staff.

And, as a serial social entrepreneur, I know that every new enterprise requires early consumers and investors willing to take the risk - before it is fully built. Two wonderful early adopters are with us today. Dr. Brandon Grimm, among the first graduate students to enroll in Nebraska’s nascent master of public health program, became a partner and co-creator of the Great Plains Public Health Leadership Institute, and key staff with Nebraska’s MPH Program. Now Dr. Grimm is an Associate Professor at the University of Nebraska Medical Center, College of Public Health,

where he serves as Associate Dean for Practice and Director of the MPH Program. And hats off to a younger MCH colleague, Lilliann Paine, a fiery champion for racial equity who was among the first MPH graduates of the University of Wisconsin – Milwaukee’s new Zilber School of Public Health, where I served as Founding Dean.

That’s just what I do: grow great leadership and greater organizations for the greatest good. And I wonder: *what you are doing to grow your best leadership – especially now - and to support leadership development opportunities and recognition for those we need to lead well going forward?*

I am grateful for this lifetime achievement award in Maternal and Child Health. And truth be told, I’m not done yet. There is so much work to do together, with persistent, fierce, (unwarranted) optimism. I’ve decided to embrace the role of ‘Modern Elder,’ redefining how to lead creatively and strategically, serving as seasoned consultant and wise coach to extraordinary younger colleagues stepping up in positions of authority. Like the iconic Lady Gaga, I’m shape shifting - again, in this third half of ‘Car Talk,’ because what got me to sixty will not get me to 90. I pledge to live long and work strong for women, children and families for at least another 20 years - when I’ll almost be as old as Supreme Court Justice Ruth Bader Ginsberg.

Remember? *There’s a thread you follow. Nothing I can do can stop time’s unfolding. **I won’t ever let go of the thread.***

Updated: MGP.Spring.2019