

New National Medical Association president talks about her vision for America

Written by Danyel Jones, Special to the NNPA from the Afro American Newspapers
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WASHINGTON (NNPA) - Dr. Willarda Edwards of Baltimore was recently elected as the 110th president of the National Medical Association, one of the country's largest professional organizations of Black doctors. She is the 10th woman to hold this honor and has sat on the Board of Trustees of the organization for more than 17 years, serving in various capacities.

A Baltimore physician with more than 20 years of experience in the medical field, Edwards also holds an MBA, received her medical degree from the University of Maryland School of Medicine and has served on numerous governmental task forces and commissions related to Medicare coverage, group insurance, and other health care policies. Edwards was recently appointed by Maryland Governor Martin O'Malley to serve on the Statewide Steering Committee on Services for Adults with Sickle Cell Disease. In an AFRO interview, she tells why she chose medicine as a career and discusses her vision for America's health and health care.

AFRO: Where are you from originally?

Edwards: Baltimore, [I was] born in Fort Meade, Md. My father was in the Army.

AFRO: Why did you choose to study medicine?

Edwards: I really liked the sciences and people. I thought that was a good combination of the two. And it was actually when I was in high school because even though I was born in Baltimore, my father was in the military so we moved to El Paso when I was in the sixth grade. But it was when I graduated from high school 40 years ago this year that I decided, when a doctor came to the school and showed us all the possibilities of health careers. And I went to the back of the book that was handed out that listed all of the careers and saw what doctors made and decided "hmm, I think I'll do that!"

AFRO: What is your specialty?

Edwards: Internal medicine, I'm an adult physician...since 1980, that's when I finished my residency at GBMC [Greater Baltimore Medical Center].

AFRO: What is your vision for the National Medical Association during your tenure?

Edwards: Well, this is a great time to be president of a national organization that has always had [solving] health disparity and wellness as part of its goal. And with us being in the center of the health care reform initiative by President Obama, it is so apropos that the National Medical Association should be speaking in the front and center with respect to addressing health disparity, because we know that our community is so badly impacted by health disparity in all areas of health care, whether you're talking about stoke, cancer, cardiovascular disease, hypertension, kidney failure, HIV/AIDS, or infant mortality, we're adversely affected.

AFRO: You mention the president's health care plan; do you think that the current health care system is broken?

Edwards: Oh, absolutely! There's not a doctor around that will tell you the health care system is

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fine, whether they're black or white, or whatever, we all know that the system does not work efficiently and effectively and that there are a lot of holes that need to be fixed.

AFRO: What areas do you think need the most improvement?

Edwards: Well, as we look at it from the perspective of a minority community, we are not getting the kind of quality care; first of all, we don't have the access because in many cases we are uninsured. We are also a large part of the community that is underinsured. You may have a medical assistance card; a lot of doctors, because we're not getting the kind of reimbursement that we should, we're getting in some cases ten cents on the dollar, we can't afford to see that many patients that have medical assistance so some doctors have even stopped seeing those who have it, so that's what I consider underinsured.

AFRO: Do you think the guidelines the president has outlined can be implemented successfully?

Edwards: I think it can but it's going to require more than just the physician population that we have right now, because we don't have enough minority physicians to provide quality, culturally sensitive and linguistically appropriate care for the minority community that's being adversely affected by the current health care system. So that means we have to also be cognizant and working with our colleagues in other health care professions such as nurse practitioners, physician assistant, and even the therapists and social workers that can help us to reach out to the community.

I think what's great about Obama's plan is the emphasis that they're putting on people being able to get coverage without any restrictions from [their] pre-existing conditions. The other thing is the emphasis on health and wellness, focusing on that as opposed to sick care, which is what our system is built for right now to provide episodic care as opposed to paying for people to get the type of preventative services like immunization, routine checks on their sugars or mammograms, colonoscopies or prostate exams.

AFRO: Do you think reforms like those will address the problems with the nation's health care system?

Edwards: I think it's not something that's going to be solved easily because it didn't happen overnight. So it's going to take time for those things to get better.

AFRO: Do you think the public option is problematic for insurance companies?

Edwards: The majority people of people recognize that the system is not working and I think that when it comes to a true vote, they recognize that something needs to change. So I think that we definitely want to provide better services for everyone. As far as for the insurance companies, of course you know that they're on board...at least that is what's being said. I think that they see the long-term benefit but they also recognize that they can't keep doing what they've been doing. So that's why they're on board, but they don't want to get left out of the process of the new potential plan. They don't want to lose out to the government that may create this new public option which I think is necessary to level the playing field. I am totally on

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board with what President Obama is saying. We need this public option in order to get the insurance companies to look at what they're doing and how they're operating and to recognize that they have to bring their prices down.

AFRO: What do you see as the biggest health issues for African-Americans and what are your suggestions or ideas for improving these areas?

Edwards: I would like people to realize the importance of having a medical home. And I'm not talking about everyone [going] to a nursing home, but I mean a medical home where they have a health care provider that is helping to coordinate their services and to help them navigate the health care system.