

Gun Violence Prevention

An Interview with Michael J. Dowling,
President and Chief Executive Officer, Northwell Health

EDITORS' NOTE Prior to assuming his current post in 2002, Michael Dowling was the health system's Executive Vice President and Chief Operating Officer. Before joining Northwell Health in 1995, he was a Senior Vice President at Empire Blue Cross/Blue Shield. Dowling also served in New York State government for 12 years, including seven years as State Director of Health, Education, and Human Services and Deputy Secretary to the governor and the final two years as Commissioner of the New York State Department of Social Services. Earlier, Dowling was a Professor of Social Policy and Assistant Dean at the Fordham University Graduate School of Social Services and Director of the Fordham campus in Westchester County. He has been honored with many awards and recognitions over the years, including being selected as the 2017 Grand Marshal of the New York City St. Patrick's Day Parade, the 2012 B'nai B'rith National Healthcare Award, the Ellis Island Medal of Honor, the 2011 Gail L. Warden Leadership Excellence Award from the National Center for Healthcare Leadership, the 2011 CEO Information Technology Award from Modern Healthcare magazine and the Healthcare Information and Management Systems Society, the National Human Relations Award from the American Jewish Committee, the Distinguished Public Service Award from the State University of New York's Nelson A. Rockefeller College of Public Affairs and Policy, an Outstanding Public Service Award from the Mental Health Association of New York State, an Outstanding Public Service Award from the Mental Health Association of Nassau County, the Alfred E. Smith Award from the American Society for Public Administration, and the Gold Medal from the American Irish Historical Society. For 12 consecutive years, Modern Healthcare has ranked Dowling on its annual list of the "100 Most Powerful People in Healthcare." He was also ranked #44 among large company CEOs in the US and was the nation's top-ranking healthcare/hospital CEO on Glassdoor's "Top CEOs in 2019" list. Dowling is past Chair of the Healthcare Institute and the current chair of the Institute for Healthcare Improvement (IHI). He is a member of the Institute of Medicine of the National Academies of Sciences and the North American



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Board of the Smurfit School of Business at University College, Dublin, Ireland. He also serves as a board member of the Long Island Association. He is past chair and a current board member of the National Center for Healthcare Leadership (NCHL), the Greater New York Hospital Association (GNYHA), the Healthcare Association of New York State (HANYS) and the League of Voluntary Hospitals of New York. Dowling was an instructor at the Center for Continuing Professional Education at the Harvard School

of Public Health. He earned his undergraduate degree from University College Cork (UCC), Ireland, and his master's degree from Fordham University. He also has honorary doctorates from Queen's University Belfast, University College Dublin, Hofstra University, Dowling College and Fordham University.

INSTITUTION BRIEF Northwell Health (northwell.edu) delivers world-class clinical care throughout the New York metropolitan area, pioneering research at the Feinstein Institutes for Medical Research, and a visionary approach to medical education, highlighted by the Zucker School of Medicine at Hofstra/Northwell and Hofstra Northwell School of Graduate Nursing and Physician Assistant Studies. Northwell Health is the largest integrated healthcare system in New York State with a total workforce of more than 72,000 employees – the state's largest private employer. With 23 hospitals, nearly 800 outpatient facilities, including 220 primary care practices, 52 urgent care centers, home care, rehabilitation and end-of-life care services, Northwell is one of the nation's largest health systems with \$13.5 billion in annual revenue.

Northwell Health is a purpose-driven institution focused on more than just the bottom line. What makes this so important and do you see being purpose-driven as a responsibility for leading institutions today?

I absolutely do. Healthcare organizations are typically the largest players in the community, so they have a responsibility and an obligation to serve as an asset and resource for local residents. Healthcare providers need to use their leverage and position to support the greater good.

This involves many different things, and it's especially important when you're a not-for-profit institution, although I do argue that it is equally the function of pure for-profit proprietary organizations. The question is, are there areas you can influence? How can you drive change?

When you look at the broader community, you can do things yourself, or you can be the catalyst by which others do them. You can be the influencer and the inspiration to get others to do things they might not otherwise want to do or may not have the inspiration to do. I think that's the function of a large organization. You're not sitting there in isolation from the community; you're part of it. That's how I look at it from everywhere in our organization. Since we're a bigger player in New York and we're a big influencer nationally, we have an opportunity and an obligation to use that influence.

Do the areas Northwell Health supports need to be health-related?

The reality is that almost everything you look at is related to health, including providing jobs. Having someone in a family with a good job promotes health. Having adequate housing promotes health. Clean water supports health. Education supports health and on and on. It's hard to think about what is not connected to health.

A lot of healthcare providers today are basically places that provide care to people when they're sick. That's a core function, of course, and we have to be very good at it. That's what we essentially get paid for, but it's only a small component of overall health. The challenge is to decide what other areas relevant to health that you want to focus on. We are involved in many different areas.

We focus more on some that I think are of greater importance than others. You can't take on everything, because then you end up accomplishing very little. You have to prioritize. As an organization, we take on some initiatives in a big way and others in a smaller way.

I never just walk away from anything that comes our way. I try to get involved in as much as I possibly can without overstressing the organization so that our core business gets deflated or hurt by it.

You have placed a major focus on gun violence prevention. Will you discuss why you feel that this is an issue where Northwell Health should be so engaged?

We have hundreds of thousands of people injured every month all over the country as a result of interaction with guns. I can't understand why so few healthcare organizations are standing up and saying that gun violence is a health issue. To me, it's certainly a public health issue.

To put this in context, we get very concerned about infectious diseases like the coronavirus. Rightfully so, and the entire healthcare community took immediate action to make sure that we're prepared to deal with it.

The recent vaping issue is another example of a public health crisis that healthcare organizations and government agencies all over the country have tried to address.

I agree with the steps that were taken on all of those issues, but context is important. If 500 people become ill or die from an infectious disease or other public health issue, everybody says, "Oh my God, we've got a crisis." If you look at the mass shootings over the past couple of years, hundreds of people have been injured and killed, many of them children.

If you then look at gun violence in general, nearly 40,000 people are killed by firearms every year, more than half of them suicides, and many of them tied to domestic violence. We have hundreds of thousands of people injured every month all over the country as a result of interaction with guns.

I can't understand why so few healthcare organizations are standing up and saying that gun violence is a health issue. To me, it's certainly a public health issue. When people get shot or injured, they show up in our emergency rooms and in our trauma centers and, yet, there has been nearly complete silence from healthcare organizations, with a few exceptions.

I decided that this is a major issue to which we should raise our voices. I took an ad in the national edition of *The New York Times*. It was basically a call to action saying that it's time for healthcare leaders to stand up and declare gun violence to be a public health issue. Part of my argument was that if you look upon it as a public health issue, you may get more traction in trying to prevent it without dealing with the issue of the Second Amendment.

Some people are afraid to get involved because of concerns that gun violence prevention infringes on Second Amendment rights, so I have made it very clear that I support the Second Amendment. I argue that we should be advocating for more gun safety and universal background checks, but focus on it from a health perspective.

We held a conference in the city where we invited about 100 healthcare organizations and medical societies to participate. We talked about all aspects of the gun violence issue from a health

point of view. It was a call out to other organizations to stand up and talk about this, and not to be afraid of the Second Amendment issues. After all, eighty percent of gun owners in the country believe that there should be a focus on gun safety.

Does it also need to be looked at as a workplace safety issue?

It's definitely a workplace safety issue. We spend a lot of time working with law enforcement on this issue.

We also spend a lot of time with the schools on gun violence education and active-shooter training. We do a lot of education around how to get people to understand that if you do have a gun, you have an obligation to promote safety and protect your families. This is gaining an amazing amount of traction.

We have gotten overwhelming support from our employees who have sent me countless e-mails basically saying, "Thank you. I'm glad somebody's talking about this." As I said before, this cuts across all people regardless of whether you're a gun owner and whether you believe in the Second Amendment.

We can't let a narrowly focused constituency like the NRA define our agenda on gun violence. It's a disaster and it's a massive crisis. If healthcare organizations shouldn't be talking about this, then who should?

How important is it to focus on mental health?

Is there a mental health component to this? Yes, but we have to be very careful not to jump to conclusions as some people have, that gun violence can be attributed solely to mental illness. Only about five or six percent of people who have committed mass shootings have been diagnosed with a mental illness. That doesn't mean that they don't have personality problems or anger issues, but there's a big difference between being angry about something and being mentally ill. We certainly need to put more resources into mental health and provide better access to services, but we can't make the mistake of believing that all gun violence stems from mental illness. That is not the case at all.

Is there a greater opportunity to drive real change around gun violence prevention if it is the healthcare organizations that are leading the discussion since they are on the front lines in dealing with the consequences of gun violence?

I think that there is, and the evidence has been proving this since we got involved. We

have overwhelming support from people who say that the fact that we are talking about this as a public health issue is getting more people interested and engaged. It broadens the agenda. It broadens the constituency that might want to get involved since it stays away from political controversies around the Second Amendment. People are dying and getting injured, kids are being murdered. There can be no denial that this is a public health issue.

Another issue is a dearth of research. For 24 years, there was a prohibition against using federal money for gun violence-related research as a result of a Congressional amendment called the Dickey Amendment. I put a challenge out that said I would pledge \$1 million to help mobilize healthcare providers to combat this public health crisis. I also challenged other large health systems in the New York area and beyond to match our investment toward gun violence research, education and awareness efforts. It takes a little bit of time for these things to happen since these are not short-term projects. Thankfully, it seems as if change is coming. A congressional spending bill approved in December with bipartisan support features a \$25 million allotment for gun violence-related research, to be split between the CDC (US Centers for Disease Control and Prevention) and the National Institutes of Health. While the money is far from sufficient given the magnitude of the crisis, ending the 24-year drought of federal funding is a welcome first step in the right direction. It proves that reasoned debate can lead to a real change of heart, and that some issues may yet transcend the purview of petty politics.

How important is it to develop a strong public/private partnership in addressing this issue?

It's very important. The government is quite open, especially in New York. New York has been at the forefront of some of the activities around this. Of course, government support varies depending on what part of the country you're in. Government is an important component here, but it also requires schools, teachers, nurses, local police, other general influencers and the general public.

What can be done to build a greater awareness around this effort?

After I put the ad in *The New York Times*, CNN called and asked to interview me in studio about this issue. My message was that this is not

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overly complicated. If we can figure out how to go to the moon, we can figure out how to have safe gun ownership. Dick's Sporting Goods, Walmart and other companies have stood up and changed the firearms and ammunition they sell and how they sell them.

We need to continue to advocate for commonsense gun legislation. We shouldn't expect that we're going to make a dramatic improvement in a few months or even in a year. After all, we started the debate on mandating car seatbelts and then airbags for more than a decade before it became law. Today, you wouldn't buy a car without them.

We went through a similar process with smoking. It took decades to get people to realize that smoking was a detriment to their health, but we have made a lot of progress. Strengthening gun safety will also be a long journey that will take time.

What are your priorities to move this cause forward?

It requires a combination of things. We need increased communication about gun violence as a health problem. Furthermore, we need to educate people to be prepared for dealing with active-shooter situations should they occur, and how to best work with law enforcement. Preparing schools and teachers should be a top priority. Prevention and screening need to be elevated, especially universal background checks. We need to learn more about anticipating risks and the signs that somebody might be a risk to themselves or others. When people retrospectively look at some of the big mass shootings, they often see obvious signs that nobody noticed.

There is also a high need for political advocacy and for research. It's a combination of all of these things, and we have a new Center for Gun Violence Prevention within Northwell that will help shape the role that we and other health systems can play in advancing safety, education, prevention and research focusing on these areas. Within the communities we serve, we have people driving progress on this issue, including our corporate security officers who routinely conduct educational programs that have been unbelievably well-attended.

How will you measure the success of this effort?

You can start by looking at the extent to which the schools use the types of educational programs that we provide and the resulting

receptivity. We are inundated with people wanting our team to provide these education programs.

The extent to which people are talking about this as a health issue is another metric that is moving in the right direction. I've been contacted by people all over the country representing small, medium and large organizations that have been out there working on this issue in a kind of quasi-silence. Now that they see

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that it is becoming more public, they're opening up and want us to create a national group that can help build collaboration. A network is now being created for all of these disparate groups that have been working in isolation. That is also a metric of progress.

How special is it for you to lead an organization that has a culture based on making a difference?

That is the kind of organization that we are. When we bring people in, we want to bring those kinds of people who are able to have a broader perspective. It's heartwarming and a pleasure to be in an organization that looks upon the world with a broad lens. I always tell staff that we have to look at everything that goes on, but we can look at it from the seats, or we can look at it from the balcony. If you stand up and look at the world from the balcony, you'll see a lot of different things that you don't see if you're too close up. It's like looking at a photograph. If you stick it close to your eyes, you only see what's right in front of you. Stand back and you can get a much better perspective on what's going on.

We're an organization that tries to stand back, takes a look at what's going on in the community, and sees that all of it is in one way or another related to health. We are then able to evaluate where we can have an impact or positive influence, and what kind of a catalyst we can be in making the different pieces move. To me, that is what innovation and creativity is all about. It's a type of entrepreneurship relating to how we take care of patients in the hospital and ambulatory sites every day.

What is your call to action for other leaders in healthcare to become engaged in this effort?

If they are concerned about the health and wellness of their communities, they have to acknowledge that gun violence is having a major detrimental effect. They need to stand up, speak out and play a role in being advocates for change in the broader community. In the end, they will help prevent senseless bloodshed in their communities and their organizations will see fewer gun-related victims. They will become greater assets for their communities by doing the right thing. Working collaboratively, the 18 million men and women who are part of the nation's healthcare workforce can be an incredibly powerful voice that can make a difference on seemingly intractable issues. ●