Principled Professionalism: The American Face of Public Health, Dr. Mohammad Akhter

MOHAMMAD AKHTER, MD, MPH, has been leading the movement for the health empowerment of the American public. As executive director of the American Public Health Association (APHA), he has been instrumental in informing the nation about the need for cohesion and cooperation between public and private agencies, medical and public health communities, professional institutions and the public they exist to serve. Akhter’s journey appears to be the epitome of the American dream. Beneath the surface lies a strength of character, a passionate commitment to public service, and a genuine love for the people he serves, which has pushed him not only to reach individual heights, but to carry countless others with him.

Akhter was born into a family of farmers in India shortly before the partition that established India and Pakistan as 2 separate nations. “I come from a poor background,” says Akhter. “Life expectancy was 40 years. Through the process of partition we became refugees.” When he was 3 years old, Akhter and his 6-month-old sister were separated from the family by the political upheaval. “The family learned that the possessions we have are all very vulnerable, but education is something that always pays dividends. My mother had an eighth-grade education, so she was able to find a job. She said, ‘Let’s send the children to school.’”

“My grandfather couldn’t write his name, but my mother’s 6 children all have master’s degrees and the cycle of poverty is broken. Health and education are twin lights leading you away from poverty. When my parents died they were upper-middle-class people in Pakistan. Not only is my success important, but family success, all of our success is important. It’s very different from here, where we all separate.” Akhter carries that lesson with him in all of his work: as a medical missionary, an educator, a physician, a health commissioner, and a public health leader.

Akhter's missionary zeal is as evident in the work he does as is his deeply loving spiritual base. He returned to Pakistan in 1987 as a medical missionary and stayed on for 2 more years as dean of the Center for Public Health in Lahore. “The Lord has a way of preparing people for doing things,” says Akhter. “When I was in Pakistan we had no idea what the future of our work would be. We did our thing. Then the Persian Gulf War broke out and they asked us to leave. After I arrived back in the United States, I became the...
health commissioner in Washington, DC. This was the Lord’s way—to take me there and work with the locals, with a community that is not particularly trusting of outsiders. I learned to work with people. I had an opportunity to bring back to Washington, DC, an idea of how to work not only with the political or public health community, but also with the faith community."

"America is the most diverse nation on the face of this earth. There is no other place where someone like me, Mohammad Akhter, can go…and say I’m an American."—Dr. Mohammad Akhter before the DHHS Secretary’s Council on National Health Promotion and Disease Prevention Objectives for 2010 (September 12, 2000)

Akhter used his position as health commissioner of the District of Columbia to cultivate strong ties to interfaith communities. “Working with the faith community is part of public health,” he says. “If people have respect in an institution, then we need to build on that.” Those ties paid off during a push to raise the immunization rate for DC-area children. Akhter personally spoke at most of the 127 churches in the District and connected with faith community leaders to help spread the word and make the campaign successful.

“The faith community brings in commitment,” says Akhter. “If you want volunteers, go to the faith community. If you need transportation, go to the faith community. They have a true connection to the people that you can’t reach any other way. If a minister stands up and says something, then people listen.”

Akhter also increased awareness and pioneered programs in the touchy area of HIV/AIDS. “The original response was negative, but when we asked the question, ‘How many of you have buried someone who died of this disease?’ everyone raised their hands. People were moved to work with me.”

Currently there is an HIV/AIDS program in every school in Washington, DC. Akhter uses his candor and understanding demeanor to push past people’s fears and prejudices about the issue. “We have the mayor; the city council, the faith community, the PTA, all behind us. We need to save our children. Once they’re alive, then we can give them morals, health, and education, but if they’re dead, then the game is over.”

As the country continues its demographic shift to include a more multicultural population living at greater extremes of wealth and poverty, Akhter believes that, more than economic capital or technological or military strength, it takes healthy people to keep society strong and thriving. He takes a holistic view on the issue of racial, ethnic, and economic disparities in health that includes education, nutrition, occupation, environment, and lifestyle issues such as smoking. He sees the far-reaching implications of disparities in health status, life expectancy, quality of life, and occupational ability on the functioning of society at large.

Having worked both in the trenches and at the highest levels of administration, education, and service, Akhter brings a global perspective to public health. His work with the World Health Organization, various international governments, and health agencies from Pakistan to China to South Africa has helped him hone his focus on both the local and the international level. “I had the good fortune to be at a meeting with South African President Mbeke,” Akhter says. “The World Health Organization president was also there, and most of the people at the meeting were the heads of drug companies, pushing Mbeke for a stand on AIDS until he blew up at them, saying, ‘All you want to do is push pills. What for? Do my people have reason to live? You don’t want to invest in the country, invest in jobs, invest in the people’s lives.’”

“It was quite a view for a public health person to listen to. We normally have blinders. We rarely stop to think of the person who has the disease, or the community that has problems and needs more than a drug. I came back and started working with businesses to plan, on a small scale, how to work to change the community outlook.” His work led to a historic change in the APHA mission to include new language outlining its concern about global health issues. “For 127 years we were worried solely about Americans, and in our 128th year we began to worry about the rest of the world.”

Akhter was continuing his work against health disparities and for a global perspective on health issues when the events of September 11, and the bioterrorism scare that followed, presented a very public test of the nation’s resources, preparedness, and public health infrastructure. The attacks focused the public eye on the important role of public health professionals in keeping the country safe and prepared.

Akhter used the crisis as an opportunity to strengthen ties between agencies and disciplines, and he worked to point out the
starting disparities in treatment approaches between groups affected. “We saw people treat those who work in the Senate one way and those who work in the post office another,” he says. “We can’t do that.” Akhter worked to introduce and implement health department performance standards across the country to guide in assessment and treatment.

“We didn’t have any code of ethical principles for ourselves. There was no standard for who do you give medicine to when we have outbreaks, and who do you quarantine. There needs to be a moral compass,” he says. “If we’re going to do it, then we need equity.” He has worked to bring accountability to public health through uniform standards; he has worked to institute the Code of Ethics for Public Health Professionals; and he is working on a nationwide credentialing system for public health professionals. He has also worked to bring together government, medical, and law enforcement agencies to work with public health organizations in both prevention and preparation.

The recent influx of federal funding to organizations such as APHA occurred in response to those efforts. But according to Akhter, the real effort is only beginning to take shape. “Many public health departments got their information from CNN, not the CDC,” he says.

Akhter thinks preventive measures should include an early monitoring system connecting doctors, hospitals, emergency response teams, and public health offices in a seamless line of communication. He also believes there is a need for a federal and international commitment to destroying the contaminants that are currently being stored in hundreds of laboratories around the world. He points out the connection between the public’s health and dangerous foreign policy decisions. “When we commit violence,” says Akhter, “it invites violence to be committed against us. An eye for an eye and the world goes blind.”

“How do you refocus a nation looking for terrorists?” asks Akhter. “Our nation has become too militarized. We put too much emphasis on homeland security, on the war on terrorism, and forget the people we’re here to serve. If we put all of our money in homeland defense at the expense of heart disease, diabetes, health insurance, what we’ve done is shut our eyes. The money we spent bombing Afghanistan and rearranging the rebels could have been spent insuring Americans and providing medicine for the sick here.”

In the fall of 2001 Akhter used the media to raise awareness and outline concrete steps toward positive change. “Public health cannot happen without the media. The media...has an incredible impact on our lives,” says Akhter, “but the timing is such that it only takes a sound bite, it doesn’t communicate the second sentence or the third.”

As important as it is for medical and public health officials to gain media savvy, Akhter insists that it is vital for the media to present a clear and complete picture of the issue at hand. “I give interviews here 3 to 5 times a week,” he says. “They sit down for a half hour to 45 minutes and then do a 5-minute segment that talks about action items, but not the message of love, of resolving conflict by peaceful means—it’s a hard sell.”

Akhter’s commitment to creating a health care community equipped to serve the needs of the public in a changed climate is focused on coalition building. His tenure with APHA is marked by the establishment of new and nontraditional partnerships to address shifting public health challenges. Medicine and public health have long been separate disciplines, working in isolation; Akhter has taken important steps to bridge that gap and strengthen both communities in the process. During his tenure, APHA has created strategic partnerships with the Department of Health and Human Services (DHHS), the American Medical Association, and the National Association of EMS Physicians, among others.

After DHHS Secretary Tommy Thompson supported a request for $300 million in funding for public health infrastructure, Akhter’s answer was to reach out to other communities that depend on the public health establishment for support. “If you want to be successful in a

“If you want to be successful in a democracy, then you must have a coalition.”

Bioterrorism is...a national problem, and therefore the federal government must take the lead, and they must appropriate the money, they must put some standards in place, and they must assure that those standards are...adhered to so that we can have uniformity and the people could be protected all over our land.”

—from an interview with Bryant Gumbel on CBS’ “Early Show,” October 31, 2001
democracy,” he says, “then you must have a coalition. If we can’t do it nationally, then how can we expect people to do it on the state or local level?”

The result was the Partnership for Community Safety, which brought together 51 groups including the US Army, police and firefighters, associations, medical societies, and hospital associations. “We had a powerful force behind us saying, ‘We can’t do our work unless the public health infrastructure is strong.’” The result was a resounding success: the initial request of $300 million became an agreement for more than $4 billion in federal funding. The Partnership for Community Safety is now incorporated and is seeking ways to strengthen ties even further.

“I’m thinking in terms of the long-term impact,” Akhter says. Among the most visible of his accomplishments is APHA’s new Washington, DC, headquarters. “There are many things that we collectively, as an organization, have been able to do. For 125 years we were renters. We finally have our own home,” says Akhter, beaming with pride. “We built this building in 1998 and already the property has seen a 25% appreciation in value. It is not going to benefit the current generation of APHA leaders and members, but future generations will have equity to do something truly great.”

Another clearly visible change Akhter has overseen is the encouragement of diversity within the leadership of APHA, which he calls “an event whose time had come.” During his tenure the association has had a Native American president, women presidents from a variety of backgrounds, and the first woman editor of a major public health journal. “We all talk about diversity, just like human rights, but there is always a ceiling,” he says. “To break through that ceiling is quite a change on a social level, and I happened to be a part of it.”

Still, one issue that continues to challenge Akhter is that of universal health coverage, which he sees as instrumental to the success of any public health goals. For Akhter, the issues of universal health coverage and racial, ethnic, and economic health disparities are inextricably linked. “You can’t build a strong country on the backs of sick people,” he says. “It’s really critical to have health insurance in order to have access to care.” Rather than get discouraged, he continues to look for opportunities to change the situation and speaks on the subject every chance he gets.

Although many, both within and outside the US public health community, are already mourning the loss of his leadership, for Akhter his departure from the APHA Executive Director’s office is just the beginning. He and his wife, Jeannette, a successful obstetrician-gynecologist, have spent the last 11 years caring for elderly relatives and now find themselves looking to a future they are free to define as they wish. Akhter plans to return to his missionary roots and tackle an even bigger challenge—the AIDS crisis in Africa.

His plan is to build housing in AIDS-affected areas with the support of local businesses, which will supply materials and allow the residents to work to repay the cost. “It’s part community development, part HIV/AIDS work,” says Akhter. He has already secured some funding and sparked interest among a number of international companies and government officials, including US Secretary of State Colin Powell. “When houses are built, someone builds a grocery store, then we build a school, which leads to more jobs. Each step not only provides a service, but also job opportunities.”

The Akhters plan to give themselves several years to live on site in the chosen communities and guide work on the project themselves. Akhter sees his work in Africa as continuing the effort at home. “This epidemic isn’t going away,” he says. “HIV/AIDS kills selectively. It kills people in the prime of their lives, from 25 to 45, and what is left are the orphans and grandparents. In rural areas... no one is left to rebuild society. Then all of the other diseases and problems can attack.”

“This disease requires a different approach,” he continues. “All the world needs to focus on it. It’s already in Africa, India, Asia, areas of the former Soviet republic. The virus can change direction and become more virulent and attack the United States. There is nothing more important now.”

He hopes to set up a working infrastructure and then, eventually, return to the United States to teach and write. “There comes a time in life when it’s time to work hard,” says Akhter. “Then there’s a time when you’re unable to.” He plans to work as long and as hard as he can to change the world’s health outlook. Fortunately for us, as he says, “The Lord isn’t done with me yet.”

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About the Author:

Samiya A. Bashir is a poet, writer, and editor who has contributed to numerous publications, including Ms. Magazine, The San Francisco Bay Guardian, Black Issues Book Review, American Visions, and Contemporary American Women Poets.

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References:


Mohammad Akhter, 
Builder of Bridges

I had the opportunity to work very closely with Dr Akhter over the last several years, both during the time I was director of the CDC and during the years I served as surgeon general and assistant secretary of health. We worked closely together on several things, from emerging infectious diseases to the elimination of disparities in health, and of course he was at the forefront of the work on bioterrorism. He is a person of great intellect and courage, one of the best spokespersons for public health the nation has ever had. He communicates clearly about very complex issues, and that’s not easy to do. He’s a very warm and supportive person, but he’s also no nonsense when it comes to truth and dealing with difficult issues. I think he’s a tremendous public health resource for this country and the world.

—David Satcher, Henry J. Kaiser Family Foundation (former director of the Centers for Disease Control and Prevention and former US surgeon general)

Mohammad was able to use his abilities and talent to promote APHA and raise the level of visibility in the media. People have a much better understanding of who and what the APHA is, locally, nationally, and internationally. He took to heart APHA’s articulated values—social justice, diversity, and equity—in terms of membership and partners and made a commitment to seeing that the association was consistent with those values. It’s about democracy, it’s about equality, those things that are the articulated values of this country. He’s provided a broader vision of what APHA should be.

—Michael Bird
Executive director, National Native American AIDS Prevention Center

He’s a very strong, independent person, so we could have used a few more years of Mohammad Akhter. I came to leadership shortly after Mohammad was chosen to lead APHA and I very much valued our collaboration. Mohammad is in the very best sense a broad-vision public health leader and activist. In particular, he recognized the importance to public health of universal health care access and supported efforts to mobilize APHA in that direction. He was keenly aware of the underdeveloped state of public health disciplines across the country at all levels, and early on exerted every effort to address these problems. The current anguish about our public health defenses in the face of bioterrorism is the result of years of undersupport for the discipline, and he was a voice for this national danger.

—Quentin Young
Hyde Park Associates in Medicine

He is very collegial, very insightful into the view of the public health community. We consulted with him widely on a number of public health issues, particularly trying to get medicine and public health to have a conversation so there was proper planning and investment in the public health infrastructure. He was a major player. I found him to be a first-rate colleague and a very good leader of the public health community. He knew the business. His departure is a big loss.

—Donna Shalala
President, University of Miami (former secretary of Health and Human Services)

One of the things that characterizes Dr Akhter is his tremendous devotion to the well-being of mankind in general, which is what led him to be a missionary physician overseas. He has brought that same sense of dedication to public health. Probably the single most critical issue to which he was uniquely responsive had to do with the credentialing of public health leadership. That’s not a deal that’s been done, that’s something that is in the works. But at least it is moving along, and when it does happen it will be because Mohammad was such a staunch supporter and visionary in the beginning.

—Alfred Sommers
Dean, Johns Hopkins Bloomberg School of Public Health

I’ve known Mohammad since 1991. We’ve had a long and productive working relationship. He’s always been assertive and aggressively interested in the public’s health. The whole issue of health care equity has been at the forefront of his work. Probably the single most critical issue to which he was uniquely responsive had to do with the credentialing of public health leadership. That’s not a deal that’s been done, that’s something that is in the works. But at least it is moving along, and when it does happen it will be because Mohammad was such a staunch supporter and visionary in the beginning.

—Georges Benjamin
Director, Maryland Department of Health

He is an individual of infinite courtesy, a person who, if you don’t learn to shut up, will never interrupt you—and you’ll fail to learn. He really has a global perspective, certainly in the sense that the whole world is one community, but also he sees issues far beyond the immediate effects and consequences in terms of how they affect the larger community. He has great wisdom and integrity as well as courtesy.

—Michael J. Scotti Jr.
Senior vice president for Professional Matters,
American Medical Association
Mohammad exhibits, consistently, the highest level of integrity as a human being, and he translates that integrity into principled professionalism as a public health leader. That is, in a nutshell, what this guy’s all about. His leadership on the question of diversity and his consistent focus on making this issue the centerpiece of the American health discourse show courage, tenacity, and the highest example of leadership.

—Reed Tuckson
Senior vice president for Consumer Health and Medical Care Advancement, United Health Group

It’s quite amazing to see the respect that people from across government and public and private agencies have for him. He is a very charismatic person, and he has been pivotal in making the organization visible to the media, to Congress, and to other organizations both nationally and internationally. He has helped the image of the APHA and the image of public health in general. He’s been a superb leader in that respect. It’s significant that during Dr. Akhter’s tenure the APHA changed its mission statement; our vision now is global. It is vitally important to reach across international boundaries to look at the issues related to global health. No matter what we do, no matter how small or how local our work may seem to be, it’s got to be done with that global perspective.

—Carol Easley Allen
Chair, Department of Nursing, Oakwood College
(former president of APHA)

His passion is inspiring. He has helped give a voice and a face to public health and helped start dialogues with nontraditional partners, and with the public, in ways that need to be continued. Mohammad was one of the people who opened the door and helped those of us in emergency medical services (EMS) regarding traffic issues and child safety. He’s a builder of bridges. He helped build relationships between public health and the medical community, the law enforcement community, and the EMS community, and I can’t think of anything more important, given what happened on September 11. He’s a very selfless person. It was never about Mohammad Akhter, it was always about the opportunity to focus on the mission. It’s all part of his missionary work.

—Ricardo Martinez
Emergency medical physician

He’s been an outstanding spokesperson for public health. It’s been very important for us to have that voice during his tenure. He championed our strategic plan. With all of us working as volunteers, coming in and out, in the past the board has been guided more by individual priorities. Mohammad’s leadership gave us the monthly strategic plan that helped to maintain our focus on the priorities. When I was president and would come to him with suggestions or ideas, it was always “Let’s see how we can do it.” He always has that can-do attitude, which has made a real difference.

—Audrey Gotsch
Former president, APHA

Mohammad Akhter is warm, compassionate, honest, and above-board. He’s made a very important contribution to the legacy of APHA and the field of public health. I’d list among his major accomplishments with APHA the establishment and implementation of a strategic plan, the first the organization ever had, with a selection of strategic priorities each year. The priorities are among the leading public health issues of the day. He has really helped put public health on the map, not only as a contributor to the defense against terrorism, but also as an essential human service in the community. He has the highest personal and professional standards, and he really cares about people and their suffering. The world as a whole is fortunate to have his leadership.

—Richard Levinson
Associate executive director of APHA for Programs and Policy

I got to know Mohammad Akhter when we recruited him to serve as health commissioner in the District of Columbia. We found ourselves in the middle of major health challenges, not the least of which were HIV/AIDS and TB. He was masterful in engaging people so the community felt ownership of programs that were being created to deal with the health challenges. He helped put in place programs that are still working in Washington, DC, when programs in other communities are slipping. He played a pivotal role in reducing the infant mortality rate. He does passionately believe in public health. It’s a very personal commitment. This world desperately needs people like Mohammad Akhter.

—Sharon Pratt
President and CEO, Ingenium Associates
(Former mayor of the District of Columbia)

APHA today is a more inclusive organization thanks to Mohammad Akhter. He has encouraged the participation of young people, people from ethnically diverse backgrounds, and people with varying levels of academic and professional achievements. He is also a public health strategist without parallel. That APHA is now a leading entity in international health in an increasingly global society is a reflection of Mohammad’s efforts. Mohammad combines humility with a sense of mission and clarity of goals. His humility enchants friends and new acquaintances while his self-assurance and confidence disarm potential foes. In his career there is really no distinction between the proverbial Mountain and Mohammad, each moving the other depending on the circumstances.

—Chinua Akukwe
Member, International Health Section, APHA

Mohammad Akhter is a visionary, a consensus builder, with warmth and charisma. When he talks, everybody listens. He spoke before the National Association of EMS Physicians 3 or 4 years ago. He galvanized the entire group within about an hour. Based on the relationship that he initiated, NAEMSP and APHA began working together, and in the days, weeks, and months following September 11 they did groundbreaking work that would never have happened had he not given his hour-long talk. The course that we’re working on now, a basic medical response to terrorism, is really a concrete testimony to his influence over people and his ability to effect change. He sees that place where commonality exists and capitalizes on it.

—Richard Hunt
Emergency medical physician