

EDITOR'S PAGE



The Journey of an American Black Cardiologist



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For someone who grew up in Prince George's County, Maryland, and spent over 30 years in Durham, North Carolina, I felt that I was sensitive to inclusion and equality. Upon arrival to my new position in the Washington, D.C., area in 2015, I spent time learning about the journey of physician faculty. I often begin with "where did you go to high school and what was the mascot"? When I met with Dr. Cleveland Francis, the story was quite different, and I realized that this gentleman had traversed a course like no other.

Fast forward to late spring 2020; the death of George Floyd made me realize what a disappointment our progress had been with respect to race, the Black community, and equality. I reached out to Dr. Francis and Dr. Wayne Batchelor, and asked them to lead a task force to address these issues. I asked that they make meaningful recommendations for change in all aspects of the practice, focusing on awareness and education, recruitment, retention and promotion, and understanding cardiovascular health disparities in this community. As a first step, we asked our colleagues to listen to this unbelievable journey of Dr. Francis, the first Black cardiologist in our 5-hospital health system, who started his own private practice, Mount Vernon Cardiology Associates.

Cleve grew up in Jennings, Louisiana. At Jefferson Davis High School, his mascot was the Hawk. After his journey through school and completion of undergraduate work, he applied to medical school. Dr. Francis was promptly turned down by 12 schools. Therefore, instead of medical school, he applied to and completed his master of arts in biology at the College of William and Mary. He went from Southern University, which had 10,000 Black students, to the

College of William and Mary in Williamsburg, Virginia, where he was 1 of 5 Black students on campus. Now that was an adjustment.

After graduating, he was finally accepted to the Medical College of Virginia as 1 of 2 Black students in the class of 1973. Over the summer, Dr. Francis had communicated with his roommate, who had no idea that he was Black. When he arrived at the dorm room, the roommate and his family were in the room. They were shocked. Knowing what was about to happen and to avoid a scene, Dr. Francis gave them an easy out when he said that he was going down to his car to get his things. When Dr. Francis returned, the family had completely cleared the room and slipped out via the back stairs. Dr. Francis pulled the 2 beds together and happily settled into his new "private" quarters.

Later that year, he was elected vice-president of his class and graduated in 1973. From there, he moved to the George Washington University Hospital in Washington, D.C., as the only Black resident in internal medicine. He felt relatively no racial tension in the hospital.

Upon completion of his residency, Dr. Francis started his cardiology fellowship at GWU.

After having worked with many cardiology practices affiliated with the hospital, Dr. Francis assumed that he would join one of the groups in the city. He did the usual interviews and got mostly the same responses—"we're not hiring this year," "we promised a spot to another fellow," etc. In the meantime, all his cardiology colleagues had gotten jobs, and one had even been invited to be on the faculty of the hospital. After all his hard work, the miles traveled, and the universities attended, he felt as if he was never going to get hired into a medical practice of White doctors.

He wanted a chance to practice in the environment that he had been in for the past 5 years. He had not discounted trying to find a job in the Black community, but he didn't want this to be his only recourse.

His world by now was very different. He was far from the overt segregation of Louisiana and had spent the last 9 years in an integrated environment. He was caring for patients of all races and religions. In a moment of total despair, he sat on the steps of the hospital and cried for a brief moment. It mattered not how educated or competent he was; in his mind, he would always be Black and rejected.

After that year, he set out to establish his own practice. He was tired of asking for permission. He settled in an area of Northern Virginia called Mount Vernon, the home of our first President.

Dr. Francis purchased a Smith Corona typewriter, fax machine, echocardiogram, electrocardiogram, and treadmill. He had a shower built in the office and worked singlehandedly around the clock for 2 years. Eventually, doctors came around and began to send him consults. Initially, they would call him mainly at night to admit and take care of patients. Then, they began to send him consults during the day. Eventually, many satisfied patients referred their friends to the practice.

He was known as a great dresser. This did not happen by chance. His very first consult at the hospital was around 2:00 AM, and the attending who called him said the patient, who was relatively young, was crashing. Dr. Francis jumped out of bed, grabbed a shirt and pants, and threw his stethoscope around his neck. Upon arrival at the hospital, he stopped by radiology to look at the chest x-ray film before heading to the sixth-floor unit. A security guard saw him enter the X-ray Department and called the Fairfax County Police.

Dr. Francis emerged from radiology and astutely figured out that he might be in trouble. He walked over to the security guards and police officers to introduce himself as the new cardiologist at the hospital. From that point on, he was fully dressed whenever he entered the hospital, regardless of the time of day.

He decided long before he came to the hospital that he would establish a multicultural practice. This would be the only way that he would succeed. Once his workforce foundation was laid, it was time to add diversity to the group.

Dr. Francis served as the President of Mount Vernon Cardiology Associates from 1979 to 2015, which became the second-largest cardiology practice in Northern Virginia. This was far beyond the original 1-man, 750-square-foot office space. He was the only president until the practice became part of a larger health system network in 2015.

Together, his diverse practice grew even more because of its multicultural reach into various communities. He developed what is now known as the eastern region of the health system territory.

After treating one of his patients for a heart attack, a family member of the patient learned of his country musical interest and introduced him to the Nashville country music industry. He was offered a recording contract. He realized that he needed a break from the rigors of his practice and took a 3-year sabbatical to go on the road as a performing artist, Cleve Francis, for Capitol Records. In 1992, he toured the United States, Canada, England, Scotland, and the Virgin Islands as a country music artist. He returned to the practice in 1995.

His contribution to the history of country music was recognized as substantial, and was included in the fourth-floor music section of the African American Museum of History and Culture in Washington, DC.

When he left Louisiana in 1963, he carried his bible, science book, and small Sears and Roebuck guitar. His life has been guided by his religion, science, and music. In 2018, he was awarded the Pioneer Award by the Inova Heart and Vascular Institute for lifetime achievement in cardiology and service to the Northern Virginia community.

It is not enough for us to listen, symbolically kneel, and move on. Although we may agree that we have not been racist in our activities, behaviors, and communications, most of us have not done enough to be antiracist in every aspect of the work that we do. In doing so, we will improve the lives of heart failure patients and others, which is the mission that we have accepted.

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