**Harlan Krumholz:** Welcome to *Health & Veritas*. I’m Harlan Krumholz.

**Howard Forman:** And I’m Howie Forman. We’re physicians and professors at Yale University. We’re trying to get closer to the truth about health and healthcare.

This is a very special episode of the podcast. We’re excited to welcome our nation’s Surgeon General today. Dr. Vivek Murthy is the 19th and 21st Surgeon General of the United States, appointed by and serving under Presidents Obama and Biden. In this role, Dr. Murthy has informed the public on myriad health topics from the e-cigarette epidemic among youth to the dangers of health misinformation, forging a name for himself as a champion of prevention and holistic wellbeing.

Most recently, Dr. Murthy and the Office of the Surgeon General released an advisory on the epidemic of loneliness and isolation, followed by an advisory on social media and youth mental health. Dr. Murthy is also the *New York Times* bestselling author of [*Together: The Power of Connection in a Sometimes Lonely World*](https://www.harpercollins.com/products/together-vivek-h-murthy?variant=40611999547426). Dr. Murthy holds a BA from Harvard College from 1997 as well as an MD and MBA from Yale School of Medicine and the Yale School of Management in 2003, which is when Harlan and I first had the privilege of meeting him. He completed his internal medicine residency at the Brigham and Women’s Hospital.

And I want to start off, everybody talks about the Surgeon General. I want to understand what is it that the Surgeon General does and how do you decide what priorities there are to tackle?

**Vivek Murthy:** Well, thanks, Howie and Harlan, and for having me on your podcast. And congratulations also just on the growth of the podcast and just how many people it’s reaching these days. It’s been more than wonderful to see.

The Surgeon General is, I’d say it’s an office that is known and recognized by people across the country, but many people don’t know what the Surgeon General’s job actually is. It turns out that there are two primary responsibilities of the Surgeon General. The first is what is more commonly known in the public, which is to provide the general public with information about critical health issues so people can make good decisions for themselves and for their families. But the other responsibility is to oversee the [United States Public Health Service Commissioned Corps](https://www.usphs.gov/). This is one of the eight uniformed services in the U.S. government. People may be familiar with the Army and the Navy and the Air Force.

The U.S. Public Health Service Commissioned Corps is a service that’s dedicated to health. And it comprises around 6,000 nurses, doctors, physical therapists, pharmacists, public health engineers, and other health and medical and public health professionals, who we deploy during times of emergency. For example, when there’s a hurricane or a tornado or when 9/11 happened, or during the past few years when we had the COVID pandemic and during Ebola a few years ago, during all those instances we deployed hundreds of officers to help communities to stand up medical treatment centers or assist in the public health apparatus. So that is a public health service. And in between emergencies our officers are helping and working in federal agencies to strengthen and address public health issues across the country.

So that’s a job of the Surgeon General. And in terms of how we decide what issues we take on, every Surgeon General is different. And in my case, I’ve had the privilege of serving in two different environments. And I’ll tell you that, for me, there were a few factors that go into deciding our topics. One is, are there critical challenges facing the country right now? When I came in this time there was COVID-19, which we were in the throes of, and that became a very important focus for me and for our office.

But the other thing that I use to guide me is also the conversations I have with people around the country, and I try to listen closely to what they’re talking about, what’s worrying them, what’s on their mind. And that’s often led me to focus on issues that are different than I may have otherwise chosen. For example, when I was serving the first time, I had in my confirmation hearing talked about the issues I would tackle, and they included tobacco-related disease, obesity, and others. But what I did not necessarily talk about as much was the addiction crisis and the opioid crisis, but it was through conversations I had with people across the country that I realized that needs to really move up much higher on our priority list. And we made it a priority, issuing the first Surgeon General’s report on addiction and leading a campaign among prescribers to change prescribing practices.

This time around I will say that in addition to COVID, our big focus has been on mental health and wellbeing. This is a topic that’s been very important to me personally, not just in my own life, having struggled with mental health, but as a doctor, having cared for many patients over the years who were really having mental health struggles. I’m an internist, I’m not a psychiatrist, but even though I was seeing patients primarily for pneumonias or for other infections, or for cardiac complications after a procedure, whatever it might be, it turned out there was often mental illness that was in the background that was affecting their lives. It was affecting their care.

And it was those experiences, along with the many conversations I was having with people across America, especially kids and parents, that led me to see that mental health is not only a crisis, but it was an accelerating crisis in our country. The pandemic poured fuel on that fire. And that’s what ultimately led us to prioritize mental health and wellbeing.

**Harlan Krumholz:** Yeah, you’re a wonderful and eloquent champion for Americans’ health. I mean, I feel so fortunate that you’re in this position, and you came in experienced. I mean, I think that also put you in a position where you could think, “How can I make impact?” and you didn’t have a learning curve, you were ready to go. And you’re focusing on these important areas, no doubt, that the pandemic has added to an already difficult challenge and crisis around mental health in this country.

The thing I wanted to ask you in terms of your outlook, I think about health in this nation, I have this nagging feeling that we’re losing the battle. Life expectancy even before the pandemic, multi-morbidity is up, obesity continues to increase, mental health challenges continue to plague us, addictions. I mean, it becomes almost overwhelming to think, how do we begin to turn the tide? I mean, and it’s important that you’re having the focus on a particular area of great importance, in particular also bringing your expertise on loneliness and social connectivity and so forth.

But when you go to sleep at night, you look at the ceiling, you think, “How am I going to make the biggest impact?” Are there opportunities to truly turn this tide because the nation, in many ways, is going in the wrong direction. Even as we’re spending year in, year out, more and more money on healthcare, the returns in terms of the health of Americans doesn’t seem to be manifesting. How are you thinking about that?

**Vivek Murthy:** No, Harlan, you’re exactly right. And I think that this crisis that we find ourselves in more broadly, the broader healthcare crisis, we could spend this entire conversation talking about what’s driving it. But I think one of the key things that’s become clear is that we have not focused nearly as much on the drivers of the crisis as we have on trying to expand treatment to take care of the consequences of the crisis. And this is familiar to both of you and to I think anyone who’s listening to this podcast who’s worked in healthcare, they know that our predominant focus has always been on treatment. And look, it’s for that reason that we have some of the most cutting-edge treatments in the world. I would love for those to be affordable and accessible to everyone, which they’re not currently. But I do think that we are struggling with a lack of focus on prevention, and we just can’t keep up.

If you think about the various contributors here. We have a population that is experiencing a dramatically high level of stress, for various reasons that we can talk about. We have an increasingly lonely and isolated population, which we now understand has profound effects both on anxiety, depression, and suicide but also increasing the risk for cardiovascular disease, for dementia, for premature death. We have a food system that essentially does not take into account the fact that a lot of health is driven by the food you eat. Yet we have a pretty large percentage, a staggeringly large percentage of our diet, that is made up of ultra-processed or highly processed foods.

And then you look at physical activity as well and sleep, the two other components which are really vital to contributing to our health. As time has gone on, the research only continues to build, pointing to how important sleep is for our overall physical health as well as our mental health. And I think the physical activity we also have come to learn more and more is not only helpful for physical health, but it actually has an important effect on our mental health and wellbeing as well.

So I think of these as critical pillars—sleep, activity, nutrition, social connection—and when we are engaged in healthy behaviors in those four dimensions, we can do a lot to reduce the incidence of disease. But we’ve historically moved in the opposite direction to a society where people are less and less active, where foods are more and more processed, and where sleep is something that we have traditionally looked at as something that’s a luxury. I mean, think about our medical training. I remember it was a badge of pride to be able to not just do a 24-hour or 48-hour call, but then to just say, “Yep, I didn’t get any sleep. I didn’t need any sleep. And yet, here I am, powering through.”

**Harlan Krumholz:** Brag about it. Brag about it.

**Vivek Murthy:** Yeah, there’s almost a sense of pride in not needing to sleep. And so that is not just in medicine though, that sort of pervades society, that notion that I’ll sleep when I die, which people used to say all the time. I think that betrays I think a lack of understanding of how powerful sleep is.

So all that just to say, I think if we truly want to either bend the curve on healthcare costs or ultimately improve healthcare outcomes and, most importantly, improve people’s quality of life and their fulfillment, we have to dramatically increase our focus on prevention. And that’s one of the reasons our office is focused so much on social connection, on increasingly we’re doing more and more on stress and why we’re focusing on mental health more broadly, because the prevention piece matters and it drives a whole lot in our life, not just physical and mental health, but our overall fulfillment and enjoyment.

And I’ll lastly say this. Look, I worry that when I talk to people in our country, especially kids and parents, that there are more and more people who are just feeling beaten down and burned out. And it’s not always just because they’re facing long hours at work, but it’s because they find themselves in an information environment where it feels like they’re constantly hearing about everything that’s broken about the world. They find that the stresses of life that they’re incurring, whether they’re economic stresses or health stresses, they’re often trying to deal with them on their own. As it feels like increasingly everyone’s out there for themself. This is what people tell us all the time.

And I think part of what we have to do is not only increase the focus on these elements of prevention, we have to actually think about the culture that we build in our country around health. And recognize that being a culture where we recognize just how powerfully our life is influenced—our health is influenced, rather—by these different dimensions of our life, is going to be critical. If you do that, then you can imagine a world where workplaces start to ask themselves, not only “How can we generate better output from our workers,” but “How can we support the health of our workers?” Recognizing that that impacts their output and their wellbeing. Where schools are thinking about the same. “How can we improve and support the health and wellbeing of our students?” Not just as an afterthought, an eighth priority, but really as a core of what we do. Recognizing that’s going to be key to their educational attainment and their fulfillment.

**Howard Forman:** The Office of the Surgeon General has had an enormous impact on health in this country, changing public opinion. If you go back to [the tobacco reports in the mid-1960s](https://www.cdc.gov/tobacco/sgr/historical-reports/index.htm#1960s), [C. Everett Koop speaking about HIV/AIDS in the 1980s](https://profiles.nlm.nih.gov/spotlight/qq/feature/aids). Your [report on vaping and E-cigarette use](https://www.cdc.gov/tobacco/data_statistics/sgr/e-cigarettes/pdfs/2016_sgr_entire_report_508.pdf) I think was prescient and happened just around the time that the public awareness started to pick up. And I think it led to positive change.

But there’s also so many examples, as you’ve just mentioned even. You spoke about eight years ago, I think, about [walkable communities](https://journals.sagepub.com/doi/10.1177/003335491513000502). You just mentioned now about our diet. There are things that just seem almost like Sisyphean, almost impossible to move the needle. And I’m not somebody who ever wants to give up hope. Your classmate, Dawn Sherling, was [just on the podcast](https://insights.som.yale.edu/podcasts/health-veritas/dawn-harris-sherling-what-food-additives-are-doing-to-your-microbiome) a few weeks ago, talking about the same issues you talk about with processed food. Give us some hope about how do we move the needle. How does Harlan, how do I, how do our listeners engage to try to move the needle in a direction that gets to some positive effect?

**Vivek Murthy:** Yeah, it’s such a good question, Howie, and I think you’re right to ask, because without hope I don’t think we can make progress on this journey. People need to feel that there’s a reason to make the effort to live a different life or that it matters to advocate for better policy solutions.

Well, here’s why I actually feel hopeful about this. I think about certain areas where we have actually been able to move the needle. I think about mental health, for example. There was a time when I was growing up where you just didn’t talk about mental health. Help was hard to get. It wasn’t clear if insurance was actually going to even pay for your care. We have moved—fast-forward a few decades—now to a place where, while there still is stigma around mental health, it is much easier to talk about. It’s also, while there’s still challenges to getting care, we now have in the last two years alone funded, through the administration and with Congress, efforts to bring thousands and thousands more counselors into schools. We are now working on enabling Medicaid to actually pay for mental healthcare in schools. We have put more money into training mental health providers. And we are using telemedicine more, technology more effectively to actually bring care to where people are, as opposed to expecting them to drive 30 miles to an appointment.

That is all real progress, and I do believe that it’s progress that has saved lives. There’s clearly a lot more to do, but that progress is what gives me hope. I think when I think about other areas, even just take sleep. I actually do think the culture around sleep is starting to shift. I see it talked about differently in medical training circles now and even among business leaders, where there’s a recognition that, hey, as a CEO, you don’t have to prove that you’re only sleeping three or four hours a night, and see more and more people encouraging their workers to get sleep.

So this change can happen, but in order for it to happen a couple things have to occur. Number one, there’s got to be leadership by example. There’s got to be people who are stepping up to live a different kind of life and shining a light on that. The second is there got to be accurate and compelling information that you communicate to people about this. I think what’s been hard about food, Howie, is that food has been one of the most vexing, confusing areas of lifestyle for people. Like the simple question, “What should I eat?” feels like for so many people, that answer to that has changed so many times over the years that sometimes people just throw their hands up and say, “Gosh, I don’t know what to eat.” So I do think clarity of information there is really important.

But I’ll lastly say this, one of our challenges I think in medicine and in science has been getting information out to people. There are things that we know but we’re not always able to effectively communicate. And that’s one of the reasons that I believe that the work of our office is especially important and why it’s important that we actually do everything we can to do our job well. Because even though it’s not all on us I know to communicate everything about all aspects of health to the country, I do think we need more of our colleagues in medicine and in public health to be out there with clear, actionable messages for people on what they can do.

And then working on the policy and structural side to make those choices possible. If we tell people, “Look, these are the foods that are healthy to eat,” like low-processed foods, fresh fruits and vegetables, et cetera, but then they can’t get them in their neighborhood or their workplace cafeteria doesn’t have healthy food, that makes it a lot harder to implement.

**Howard Forman:** Our financial incentives seem to almost drive the worst behavior.

**Harlan Krumholz:** I wanted to ask you, we’ve had the privilege of knowing each other for a while, and I’ve watched with admiration the leadership that you’ve shown along the way, but you also have this humility about you and also talking about the journey your family’s made. There’s this wonderful picture I saw, maybe it was around the time that you had become Surgeon General this time, that you were [surrounded by members of your family](https://www.newindiaabroad.com/content/images/2022/02/vivek-murthy-covid-1.jpg). I think your mother was there in traditional attire. I don’t know, was that your grandmother or—

**Howard Forman:** Yes, yeah.

**Harlan Krumholz:** It’s the most wonderful picture. But I wonder if you could just share with listeners a little bit about the journey of your family, how they came to come to the U.S., and just give us a little bit of a flavor about that. Because I think the story’s really inspiring the kind of path you’ve been on. I mean, you became Surgeon General of the United States, and yet through an immigrant family. I mean, it’s just, it’s remarkable. I don’t know if you could just share a little bit about that.

**Vivek Murthy:** Oh, Harlan, you’re so kind to ask. And I’ll tell you about my family, but I’ll also tell you that part of my journey has been made possible because of mentors, mentors like both of you. Howie has really been just such a special mentor and probably the most important mentor in my life, who has been there for me ever since I was a student. Stayed in touch, reached out, has helped me just at every turn.

And you, Harlan, I remember coming to medical school and working with [Cary Gross](https://insights.som.yale.edu/podcasts/health-veritas/cary-gross-effective-cancer-screening) on my thesis. We looked at you—and continue to—as just an iconic teacher and researcher and leader in medicine. And I remember [the first paper that Cary and I published](https://pubmed.ncbi.nlm.nih.gov/15187053/) on our research, you were a co-author on that paper. And I remember the moment I found out that you were going to be a co-author. And I was just like, “Oh my gosh.”

**Harlan Krumholz:** Oh, come on.

**Vivek Murthy:** “I get to co-author this paper with this...”

**Harlan Krumholz:** That paper’s one of the most highly cited papers—

**Howard Forman:** It’s Cary’s most cited paper! We pointed that out.

**Harlan Krumholz:** Had you gone in a different direction you would’ve been an extraordinary in research, but you’re hyper-talented.

**Vivek Murthy:** That’s very kind. No, but I say all this to say that, look, a lot of times we focus our stories and society on the individual and what they achieve, but Arnold Schwarzenegger has this thing where he often says, he’s like, “You can call me all kinds of names, anything you want, but don’t call me a self-made man because there were a lot of people who helped me along the way.”

And I feel the same way. With my family, I mean, that’s where I really got lucky. My parents grew up in India. They immigrated to the United States when I was three. I grew up in Miami, Florida. And my parents, they could have stayed in India. My dad finished medical school there. He could have set up shop and done quite fine. But they came to America because they hoped that here in America they would find a place where their kids were not judged by their caste, as my parents often were in India. Or judged by the color of their skin or the fact that they had a funny-sounding name.

They wanted their kids to grow up in a place where we would be judged by our ideas, by our willingness to work hard, by our commitment to the people around us. And sure, we encountered our share of challenges growing up, including racism and discrimination. But by and large, we were so blessed to find teachers and neighbors and others who supported us to have opportunities to go to schools that opened up our minds and taught us great things and allowed me to serve as a doctor down the line. I had many moments where I wasn’t sure where my path would take me, and Howie knows this well, but many moments where I just felt lost, including in medical school, later in medical training, after medical training.

But I was blessed to have a family that, despite all the uncertainty and twists and turns I took and we often fell three steps back, they always were there to support me and they believed in me. And so I count myself extraordinarily grateful for that. And I will never forget though that this would perhaps never have been possible in most other countries. I remember being sworn in by then-Vice President Biden in front of my family and many other friends the first time I served as Surgeon General. And I remember looking at my mother and my father and my grandmother in her wheelchair and at my sister and brother-in-law, thinking about the journey that my parents had been on. Thinking about all the moments where they had been told that it would be too hard to come to the United States or at times they’d been told that they didn’t have what it took to succeed here or that their kids could only go so far.

And I thought about how they persevered in those moments. I thought about how my grandfather was a freedom fighter in India, who fought against British rule and was jailed during the freedom fights in India. I thought about the fact that he was a poor farmer in a small village in India. And to think that his grandson would one day be asked by the president to look out for the health of an entire country, that is a journey that can happen in very few places. And I’m grateful to have had that journey take place here in the United States.

**Harlan Krumholz:** That’s incredible, incredible.

**Howard Forman:** It’s a great story. It allows me to pivot to a much lighter topic, which is you’ve got a jackfruit tree in the back of your parents’ home, and you are also a self-described mango aficionado. And I want you to tell us a little about that.

**Vivek Murthy:** Oh, my gosh. My parents, they have loved their new home in America over the last 40-plus years, but one thing they tried to do is they tried to recreate India in the backyard. And their version of doing that was to plant all the fruit trees that they enjoyed growing up. So we have 10 varieties of mangoes that grow in our backyard in Miami. We have six varieties of jackfruit. We have pineapples, we have lychees, we have bananas, we have coconuts, we have all kinds of things—

**Howard Forman:** That’s crazy.

**Vivek Murthy:** ...that grow in the yard. So during the fruit season, when our kids and we all go to visit, they’ll just roam around the yard, pick fruit, eat it while they’re walking through the yard. It’s just a very idyllic existence. But yeah, I grew up eating mangoes in particular. And I will admit, I’m not proud of this, but I’m probably admittedly a bit of a mango snob.

**Howard Forman:** I’ve realized that. Yeah.

**Vivek Murthy:** It’s very hard—

**Howard Forman:** I showed him my mangoes from Costco and he thought they were okay. I mean—

**Vivek Murthy:** That’s right, Howie. It’s very hard for me to eat mangoes from stores because I’m so used to these high-quality mangoes, straight off the trees, that are just so, so sweet.

**Harlan Krumholz:** It’s incredible. Well, I think we both are so deeply appreciative, and I know the role in the relationship that you have with Howie, it’s very special, and he’s done this for so many people. But to see the way that you guys have resonated over the years and have this ability to help each other and a strong friendship as well as the mentor relationship, it’s really just wonderful.

**Vivek Murthy:** I appreciate that, Harlan.

**Howard Forman:** It’s not my funeral yet, so we can put that aside for now.

**Vivek Murthy:** No, we will. But look, I’ll just say to Howie, even though I mentioned this about you as a mentor, I do think that one of the things I think that could be most powerful that people do in their lives to help not only their health and wellbeing but to help address the health crisis that we’re in as a country, actually has to do with their relationships with other people. We often don’t think about our relationships as powerful or as a lever that can actually improve health. But the reason that we issued a recent [Surgeon General’s advisory on loneliness and connection](https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf) was because it turns out that the effects really are profound, that people who are lonely and isolated, their mental health and their physical health are worse off. And the flip is that when we can help build connection in people’s lives, we can do so much to help improve their health but also their sense of wellbeing and optimism.

And the way to do that doesn’t always have to be complicated. I know that a lot of us are leading busy lives; we don’t have a lot of time. But sometimes it’s simple act of reaching out to a friend just to see how they’re doing or to check in on them, simply picking up the phone when your friends or family members call, even if you don’t have time but just to say, “Hey, I’m tied up right now. I’m walking into a meeting, but it’s good to hear your voice. Is it okay if I call you back later?” Making it a priority to build—as I think of it—people-centered lives, where we put our people first, we put the engagements with our friends and family, whether it’s dinners with them or birthdays or going to their weddings or showing up when they’re sick, but we put that first and try to build the rest of our lives around it.

It’s not always possible, but whenever we can do it, those small moments of connection, they go such a long way to not only helping us feel better but to helping others feel and know that they’re not alone in a world that feels like it’s moving increasingly fast and leaving people behind.

**Howard Forman:** I was fascinated by the fact that from the earliest years you’ve been willing to talk about your own personal experiences, even when for other people they’d be stigmatizing. And you’ve talked about loneliness. You’ve talked about what it was like as a child in school, being an immigrant child in a public school in the Miami area.

But now you have, in addition to that, you have a growing family. You have two beautiful children and Alice at home. And I’m wondering, when you [wrote the social media and youth I think op-ed](https://www.washingtonpost.com/opinions/2023/05/23/social-media-children-danger-parents-surgeon-general/) in *The Washington Post*, or it was one of those writings, you actually brought them into the conversation. You said, “I hope that I will do this with my kids, that’s my intention.” I’m wondering how much your own children have already changed you in the way you view the world and how much they inform your own thinking about what the future holds for all of us.

**Vivek Murthy:** Well, Howie, I mean, I think it’s very hard to be a parent and to not have your kids change how you see the world and what you see is important. And that’s been true for me too. And I think many of the issues that perhaps I thought were important before have taken on an even greater sense of urgency after I had my kids.

Take mental health in particular. I struggled a lot as a child with my mental health. And these days, as I watch my kids, I see some of the same tendencies in my son that I had, and not all good qualities but certain ... I worry about some of the tendencies he may have toward anxiety or toward depression. And again, he may grow up to be totally fine, but it just reminds me that if my child is ever to struggle in the future, my son or my daughter, I want to know that there will be help for them. I want them to feel comfortable asking for that help. And I want them to be able to grow up in a community where people don’t cast them aside because they make one mistake, where they actually help them up if they stumble and fall down. A society that’s actually forgiving and nurturing, rather than one that’s condemning and isolating.

And the truth is, Howie, I’ve realized that as much as I’m perhaps, as my wife might say, overprotective parent, I’m not always going to be there around my kids. And whether or not they lead that kind of life or not is dependent on the society they grow up in. And that’s why I feel a sense of urgency around this work as well, because for my kids, for all of our kids, they’re going to depend on each other. They’re going to depend on the norms that we have in society, the kind of culture that we build around community and around support. And there is this notion, I think it’s actually not accurate, but I think some people believe that America is a nation built entirely on rugged individualism, but there wasn’t one person who fought the Civil War and won it or who built the entire Civil Rights Movement. There were heroes we celebrate certainly who played an outsized role, but there are millions of people who made those things happen.

And so here too, I think our work around social connection and community is in part, I believe, an effort to push us as a country to reexamine our identity and our history, to understand that to build a future we want we have to do it together. We have to strengthen our foundation, which is our connection with one another. We talk a lot in healthcare about the safety net. To me, one of the most powerful safety nets we have is the social safety net, it’s our connections with one another. And that’s what I worry about. But my kids, they serve as reminders to me of what truly matters.

And the reason I’ve shared my personal story about them and about my own experiences growing up, et cetera, Howie, is not only because I hope that it will encourage other people to share, because I believe a culture of openness about this is critical to reducing stigma, but also just honestly, Howie, on a personal note, I just got tired of walking around with a mask. And so many of us walk around with a mask, feeling like we have to hide parts of who we are for fear of condemnation or judgment from others. And I’ve certainly spent much of my life in that situation.

But I just got to a point where I was like, it was just exhausting to do that. And I just finally got to a point where I was like, “I just want to be who I am.” And whether that has good or bad consequences, it just feels a lot easier and a lot less stressful just to be honest about who I am and my journey, than to try to be someone that I’m not. And that might mean that there are some consequences to that, or maybe my talking about mental health, people who hold a stereotype about mental health as a source of weakness might think, “Oh, maybe that person’s weak because they’re talking about mental health struggles,” but that’s okay. I think the more we talk about these issues openly, we realize, hey, this is a common struggle and one that should unite us and not one that should cause us to look at each other with judgment.

**Harlan Krumholz:** One thing I wanted to ask you about is, you don’t come across as a naturally gregarious, extroverted individual. I mean, you have this inner strength and, like I said, this sort of extreme eloquence, but I was just wondering: where in the course of your development did you learn to assert yourself and to step forward? I mean, eventually, when you’re in residency and then at the Brigham, your work in [Doctors for America](https://doctorsforamerica.org/), you’re asserting your leadership. When I saw you in the [hearings in the Senate](https://www.c-span.org/video/?509143-1/confirmation-hearing-surgeon-general-assistant-health-secretary-nominees&vod), it was amazing. It was amazing. I mean, every single question you were able to answer authoritatively, clearly, calmly, in a way that I think was hard not to see others rally around, even though there were politics at the moment that were surrounding the confirmation hearings.

But as you think about your development, because many people may be thinking about themselves, you learned to step forward, how did you find that voice? Where was the turning point for you to be able to say, “I can do this.”

**Vivek Murthy:** Gosh, well, first of all, thank you. That’s so kind of you to say those words about the hearing in particular. But, Harlan, for me, I grew up really shy and very introverted. I’m still an introvert. I think that I probably will be for my life. It’s not that I don’t enjoy time with people—I typically do, in small groups. But I had this experience when I was young, when I was actually in college. My sister and I, when we started college, and we were young, I was 17, she was 18, we didn’t know what we were doing, but we ended up starting a nonprofit organization focused on HIV. And there’s a whole funny story to how that happened. But one of the things that involved us doing is training young people to actually be peer educators. And they were building these programs in India, a place where there was a growing HIV epidemic at the time in the early/mid-’90s. But there wasn’t a whole lot of action being taken, or at least we didn’t feel sufficient action. So we thought young people could be a real force for public education and prevention; we wanted to mobilize that whole sector.

So I really distinctly remember being at this school in Bangalore in the summer of 1995 and speaking at a school to an audience of a few hundred students and talking to them about how important it was that we built this movement of students who believed in their capacity to address the HIV crisis and to ultimately support and save their communities. And in that moment I felt something that I had not really felt before, which is I felt this incredible sense of connection to them. I felt like this energy flowing into my body and rising up my spine. I felt I was doing what I was meant to do in the world.

And I spent years, Harlan, chasing that feeling. There were times when, Howie, you and I would sit down and I was lost and trying to figure out what to do with my life, I was chasing that feeling where I was not only feeling like I knew what I wanted to do, but where I was deeply connected to a group of people that I wanted to serve. And that, Harlan, is what gave me strength and confidence and inspiration. I realized that when I was truly inspired by something, I felt bold, I felt like my vision would expand. I felt like I could take risk and try to create and build something. And I felt like I became an entrepreneur in those moments where I was inspired.

But it was very hard for me to do when I wasn’t inspired, which is why I spent so much time searching and looking at different ideas but not necessarily moving on a bunch of things because I wasn’t quite feeling inspired. It was even true when we created Doctors for America, the advocacy organization that I worked on for years, that also came from a moment of inspiration. It didn’t make any sense for me to actually work on at the time. I was building a technology company, TrialNetworks. I was doing clinical work; I was teaching. I was actually feeling stretched thin, and funnily enough, I was trying to think about how to cut down on something.

But then I had this moment where I was sitting in this meeting during—where all of these health policies were being discussed during a critical presidential election. And I realized that there was nobody around the table who had direct experience with healthcare. And it struck me that our colleagues in medicine, who are on the front lines, and—needed to have more of a voice in shaping what our healthcare system looked like. And I wanted to see if we could build a movement around that. And I felt the same sense of inspiration there that I did when I was 17 years old, standing before a group of students in Bangalore in India.

And so that’s why I knew I had to do it. And when I knew that, then it was so much easier for me to speak with clarity and conviction and to try to bring other people into the broader movement that we’re building. And that’s how I think about our work here too. There are many priorities we could work on in the office. There are many worthy public health issues that deserve more attention. But I try to think about the combination of what is deeply needed, what are the areas where our office could actually have a unique role in actually helping to move the needle on progress? And where am I also deeply inspired by an issue? And the reason we’ve chosen mental health and wellbeing is I feel like this is so key to unlocking human potential and to leading people down a path to greater fulfillment and wellbeing.

And that’s what I want for all of us, is at the end of the day I want us to be able to, at the end of the day, look back and say, “We led lives that were fulfilling, that were meaningful, where we were deeply connected to others, where we could do the things that brought us joy.” And that that’s what keeps me going.

**Howard Forman:** I’ve been witness to total strangers walking up to you and thanking you for the work you’ve done on behalf of people they know. Recognizing that you’re shining a light and bringing truth to mental illness, mental wellbeing, loneliness, and so on is so impactful. So I want to thank you for joining us today, but I do want to ask you one quick final question, and that is, Dawn Sherling tells me that we’re allowed to have snacks every so often, or at least she said something like that, Harlan. I’m curious to know—New Haven, two quick questions. What’s your favorite pizza and what’s your favorite snack in New Haven?

**Vivek Murthy:** Oh, my gosh. Well, that is an easy question, Howie, because my favorite pizza is [the garlic mashed potato pizza with sun-dried tomatoes on top](https://www.barnightclub.com/eat) from BAR Pizza.

**Howard Forman:** Good choice.

**Vivek Murthy:** Not from the other pizza shops; from BAR Pizza.

**Howard Forman:** Good choice.

**Vivek Murthy:** And for all those out there listening who might think, “How can you have mashed potato on a pizza?” everyone I’ve bought to try that pizza has been a convert, so please come to New Haven and try it.

**Howard Forman:** Harlan and I have had that.

**Vivek Murthy:** Yes, I know you both know this well. Favorite snack, I would say it’s got to be [Claire’s Lithuanian coffee cake](https://www.clairescornercopia.com/menu). It’s just so good. Every time I come to New Haven I try to take a piece and bring it back home for my wife, who’s a Yalie also who graduated from Yale College. But those would be my picks.

**Howard Forman:** Great.

**Harlan Krumholz:** Well, how wonderful to have you on. It’s great to see you continue your great work. And it’s just, we’re very proud to see what you’ve done, and it’s so meaningful for us to have this time with you. Thanks very much.

**Vivek Murthy:** Aw, thank you so much.

**Harlan Krumholz:** Thank you.

**Vivek Murthy:** No, I really enjoyed this too. Thank you for giving me the chance to be on with you and for just being two fantastic role models and mentors for me as I’ve grown up.

**Harlan Krumholz:** Thank you.

**Vivek Murthy:** I really appreciate you both.

**Howard Forman:** Thanks to all of you for joining this very special episode of *Health & Veritas*. We’re now going to be on hiatus until September 7th, but you can go back and listen to our [91 prior episodes](https://insights.som.yale.edu/podcasts/health-veritas) all available at your favorite podcast platform, including Google Play, Apple Podcasts, and Spotify. Thanks very much from the *Health & Veritas* team.