

Center for Strategic and International Studies

TRANSCRIPT

Event

**“Driving Impact Live: How Admiral Levine is  
Transforming Inclusive Health”**

DATE

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FEATURING

**Admiral Rachel Levine**

*Assistant Secretary for Health, U.S. Department of Health and Human Services*

CSIS EXPERTS

**Hadeil Ali**

*Director and Fellow, Diversity and Leadership in International Affairs Project, CSIS*

*Transcript By*

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Hadeil Ali: How does a pediatrician become a four-star admiral leading over 6,000 highly trained officers? How did this public health trailblazer become the highest ranking openly trans official in U.S. history? Admiral Rachel Levine, assistant secretary for health for the U.S. Department of Health and Human Services, joins us today to answer these questions, and more. I'm your host Hadeil Ali. Welcome to Driving Impact.

Announcer: Driving Impact, an exclusive insight into the personal backgrounds and careers of trailblazers on the front lines of policy.

Ms. Ali: Admiral Levine, welcome to CSIS and to our show, Driving Impact.

Admiral Rachel Levine: Well, thank you so much. It's a pleasure to be here.

Ms. Ali: Well, let's get started. Admiral Levine, what did you want to be when you grew up?

Adm. Levine: Well, it wasn't clear exactly what I wanted to be. For one – for a little while, I wanted to be a geneticist because I was very interested in genetics. But in high school, I really fell in love with biology and science, and decided that I would like to be a physician. And then that's what I studied for in college, and then, of course, going on to medical school.

Ms. Ali: And you grew up in the '60s and '70s. What were those formative years like, as you were discovering your love for biology, and so on?

Adm. Levine: Well, it was a very interesting time to grow up. So I grew up in Wakefield, which is in the greater Boston area. And, you know, a very loving and supportive family. But, of course, the '60s were a very big time of turmoil, with the political turmoil, the Vietnam War, student protests. And I was very, very aware of all of that in the '60s, and then the '70s during my high school years as well.

Ms. Ali: And you – so, you said you first discover biology through a high school class that you –

Adm. Levine: Through my high school class. And my high school biology teacher who, you know, inspired me in terms of studying that. And then I had the opportunity to work at a surgical research laboratory at the Boston University School of Medicine in the summer for a couple of years in high school. And then I worked there actually during the summers of college.

Ms. Ali: Yeah. I feel like it's always those teachers, right?

Adm. Levine: That's right.

Ms. Ali: Early on, that make such a big impact on either you loving something so much – like I loved social sciences and geography and history, but really didn't like math. And I feel like part of it is also maybe sometimes not having supportive teachers, right?

Adm. Levine: The support and inspiration of teachers is absolutely essential for a young person. And that's been true for me as well.

Ms. Ali: So, Admiral Levine, how did you then discover pediatrics, specifically?

Adm. Levine: Sure. Well, you know, I had worked at this surgical research laboratory. So when I entered medical school at the Tulane School of Medicine in New Orleans, Louisiana, I was thinking of maybe surgery. But I didn't really find that I loved my gross anatomy classes and was looking maybe for some other field. And then in our second year of medical school is when we started to see patients in our physical diagnosis course. And we had the block to see children. And I fell in love with pediatrics and the care of children. That was reinforced during my third year rotation, and then fourth year electives. And then I went on from Tulane to Mount Sinai in New York City for my training, my residency program, in pediatrics. And then the new field of adolescent medicine, the care of teenagers.

Ms. Ali: Hmm, yeah. And, Admiral Levine, as you – as you look back on how you started this journey, you mentioned your biology high school teacher. Who are some other people that inspired you, both personally and professionally?

Adm. Levine: Sure. Well, there was a professor at Tulane that introduced me to the field of adolescent medicine, Dr. Tomas (sp), and then I went to Mount Sinai in New York City to train in pediatrics, and then in adolescent medicine. So several mentors and people that inspired me there. One was the chair, Dr. Kurt Hirschhorn, a true academic pediatrician, academic physician. And then someone who's still there, Dr. Angela Diaz. So she was a resident when I was an intern. She was a fellow when I was a resident. She was an attending when I was a fellow. And I really found a lot of inspiration from her.

Ms. Ali: This is not about medicine or public health at all, but somebody told me that you are a fan of classic rock. Is that true?

Adm. Levine: So I am! (Laughter.) You know, I grew up in the '60s and '70s. And I find I gravitate to music from about 1964 to 1979, when I graduated from college. And that's the music of my life.

Ms. Ali: Yeah. And you still listen to it?

Adm. Levine: All the time. (Laughs.)

Ms. Ali: Yeah. Music is such a beautiful way to relax, to enjoy things, to connect. I love listening to – Middle Eastern culture. My family is from Egypt. And I feel like such a beautiful way to stay connected to moments in my life that I'm very fond of.

Adm. Levine: Well, you know, I listened to that music from the Beatles to the Bee Gees, or from The Byrds to Boston, and it brings me right back to that time in my life.

Ms. Ali: Do you find any time to go to concerts?

Adm. Levine: I did when I was much younger. Not right now. I stay pretty busy.

Ms. Ali: Yeah, I imagine.

Adm. Levine: But I listen to classic rock in the car whenever I'm driving and then at home.

Ms. Ali: Yeah. Admiral Levine, you've worked as an academic, clinical researcher, primary care pediatrician. How do those formative experiences begin to pave your path as a leader in this space?

Adm. Levine: Well, you know, I think I use everything that I've ever learned ever in a position like this. And that could go back to medical school or residency program, and my training, and then my other – my other clinical years. I think my clinical background – training and background in pediatrics and medicine has been so important in my role in public health. So I'll give you an example. Right now, one of the biggest issues that we're working on is syphilis. Syphilis is a sexually transmitted infection, but then babies can get congenital syphilis. So it's – it can be devastating.

And syphilis had declined significantly by the late '90s and 2000s but has shown a resurgence – globally and nationally. So we have started a syphilis task force to approach that. But my background from medical school, but particularly my residency and my fellowship where I saw cases – young people, teenagers, young adults – with syphilis, I tragically took care of babies with congenital syphilis. Really, all of that knowledge has served me in very good stead in devising our public health response.

Ms. Ali: And never forgetting any experience that you've had and how important it is as you're now in the position to make change.

Adm. Levine: That's exactly right. So other things I've learned, I've learned the ability to compartmentalize. So if you're a pediatrician and you're in the emergency department or on the unit – on the floor, and you see a very sick child, you know, that could be very emotionally disturbing. But, you know, as a professional you have to be able to put that aside and rely upon your training and your expertise, and to treat that child and that family. Well, I use the same principles in various challenging times that I've had in public health, both in Pennsylvania and nationally.

Ms. Ali: Yeah. That's a perfect segue. Admiral Levine, I want to talk to you about your time in state government. In 2015, Pennsylvania Governor Tom Wolf nominated you to be Pennsylvania's physician general.

Adm. Levine: Correct.

Ms. Ali: Then a few years later, in 2018, you were named Pennsylvania secretary of health. I'm sure there was both a huge privilege, but also huge responsibility to take on many public health crises that you had to respond to. And I want to hear about one of your biggest accomplishments through a memento that you brought with us. As you know, we ask all of our guests to bring a memento that symbolizes a memorable moment in their career. Admiral Levine, what did you bring to share with us? And what's the story behind it?

Adm. Levine: Sure. Well, I've always been interested, both in academic medicine and public health, in the intersection between physical and mental health, between physical health issues and behavioral health issues. And so that really informed my academic practice at Mount Sinai and then at Penn State, but also my work as the physician general and secretary of health of Pennsylvania. And so now I'm talking about the opioid crisis and the overdose crisis.

So really one of the first things that we had to address when I started in 2015 was the increasing rate of overdoses due to opioids, opioid medications but then also heroin, and that has led now to synthetic fentanyl compounds. So there is a(n) opioid reversal agent called naloxone. Naloxone is not a new medicine. It's been used in the hospitals for decades, but this community use of naloxone to reduce overdoses was brand new, starting in just around 2015. And so as physician general, we were trying to get more Naloxone into the hands of the public to help people who have overdosed and to save their lives.

And we were trying to think of ways to do that, because it required a

prescription. And so I had the idea, very soon after I started, that as the state health official and the physician general of Pennsylvania, could I write a prescription for everybody? Could I write a prescription for everybody in Pennsylvania that they could get this medication at a pharmacy and then use it? And so, after being reviewed by 475 attorneys, they finally said actually I could. And so I wrote a standing order prescription for all first responders, and then shortly after for the public to obtain Naloxone at any pharmacy in Pennsylvania. And that was the first statewide standing order prescription for Naloxone that was written.

Ms. Ali: How does it feel to talk through, you know, how much of an impact that made for the communities?

Adm. Levine: It means a lot to me. It's very gratifying that we've been able to distribute naloxone, really, throughout Pennsylvania, and now we're working on the same principles nationally, which saves lives. You know, there's still a lot of stigma associated with the disease of addiction. And there was stigma about Naloxone too, that somehow it was a crutch. And what I've tried to explain is that it's a tool, and that you can't get somebody into recovery – treatment and recovery if they're dead. If they die of an overdose, we've lost them. If there's life, there's hope. And treatment can work. And we can get people, if they're – if we've saved their life, into treatment, into recovery, and to go on to live their lives. And so it is so important for those people and their families that we're able to do this. So it's been – it's been wonderful.

Ms. Ali: Yeah, absolutely. Thank you for sharing, Admiral Levine. Another huge challenge that you had to work on is the COVID-19 pandemic. We have a picture here. And I want us – I want you to tell us, where is this and what's behind you?

Adm. Levine: Sure. So when I was the Secretary of Health of Pennsylvania, the COVID-19 – acute phase of the COVID-19 pandemic hit. I remember speaking to Governor Tom Wolf and saying that we would – you know, hearing about these infections in China. We started to have discussions among the other state health officials and with the CDC. And I thought that this was going to be an enormous – have enormous impact upon our state, and our country, and internationally. That it wasn't the end of days, but this was going to have a big impact.

And that was – that proved to be correct. And so actually after the first cases started in Harrisburg and in the state – in the state capitol and the Capitol building, we actually moved our response to the Pennsylvania Emergency Management Agency's offices, which were much more remote. And so that's the parking lot where we're in. And so this is in

front of a community accessible testing station, where this van would go around testing people for COVID-19. At the beginning, tests were not very accessible. They're much more accessible, of course, now. But at that time, we really were – had remote testing. This band would drive around, and people could access testing so they could find out if they had COVID, and then have an appropriate response.

Ms. Ali: And were those then in other states around the country?

Adm. Levine: Other states, I believe, had mobile testing. So it wasn't a completely new concept, but this was early in the pandemic. And at that time, it was pretty innovative.

Ms. Ali: Yeah, absolutely. Absolutely. And the importance of – and we'll talk more about that piece of accessibility, so important to make sure that those resources are accessible to all of the community especially the ones that were really at the forefront. You know, still delivering, you know, our food, groceries, and so on.

Adm. Levine: Absolutely. So critically important to have access to testing for all of our frontline workers. And then we tend to think of frontline workers as being, you know, police and fire. And that's – and medical. And that's absolutely true. But you're right. People had to have food. The grocery stores had to stay open for people to access food. And pharmacies had to be open, and more. And so those were frontline workers as well.

Ms. Ali: Yeah. Admiral Levine, as a public health leader you've advocated for access, and specifically championing women and girls.

Adm. Levine: That's right.

Ms. Ali: There are health issues and concerns that disproportionately impact women and girls. Why is it so important for us to focus specifically on that demographic?

Adm. Levine: Well, I think that health equity is critically important. There are significant health disparities that continue to exist. And they were actually laid bare by the acute phase of the COVID-19 pandemic. COVID-19 showed us the depth and breadth of health disparities, but this is not a new concept. And so, again, with that intersection of physical and mental health. I saw many young people, but particularly young women – when I was at Penn State – with eating disorders. With eating disorders such as anorexia nervosa, bulimia nervosa, binge eating disorder, and other eating disorders. And they were more women than men, more girls than boys. And so that is also topics and women's health, pediatrics, and adolescent medicine health, and maternal-child

health, which had been important to me in public health both in Pennsylvania and nationally.

Ms. Ali: And I think, Admiral Levine, you made me think about how it's so important how we talk about these issues. I think back to – in high school and college how we make jokes about certain things. Like, you know, you think about weight, eating disorders. I was an athlete in college, and you think about comments that are made to the female athletes in terms of how they look, and so on. These things might seem small, but they make such a huge impact.

Adm. Levine: They do. So comments about people's bodies make an enormous impact. And there's – there was, and continues to be, this very significant attention paid to women's bodies, women athletes' bodies. You could see that with much of the commentary in the Olympics, which just finished, where women's bodies were analyzed much too much.

Ms. Ali: Mmm hmm, scrutiny.

Adm. Levine: Where we want to concentrate on the fantastic athletic performance, but particularly for women their bodies are targeted. And that has a significant impact upon vulnerable adolescent and young adult women. And, you know, the eating disorders are the perfect storm of different factors – biological factors, psychological, and social factors. But then this cultural influence also has had a role and the development of eating disorders. And that continues today.

Ms. Ali: And that's why it's so important what you said, Admiral Levine, about health equity, right? If we want to have a healthy democracy – both, you know, literally, that everyone is in our in our society is healthy, but also having a democracy where everyone has access to these resources.

Adm. Levine: So it's so critical for – and that is really one of the fundamental principles of our work at the Department of Health and Human Services, is to emphasize health equity and addressing health disparities. Now, that might be health disparities to girls and women. That might be health disparities to the Black, African American community, the Hispanic-Latino community. It might be – it might be the American Indian/Alaska Native community, or the LGBTQI+ community. And then, of course, the intersectionality of that. So we – everything we do at HHS emphasizes health equity. It is foundational to all of our work.

Ms. Ali: Absolutely. And as you're naming all these communities, also about sometimes rebuilding trust with communities that may be, you know, if we look back in history certain things that have led them to distrust the



healthcare system.

Adm. Levine: That's absolutely true in all the communities I just mentioned. And there have been past challenges for all of those communities, in terms of access to care, in terms of confidentiality of care, in terms of – in terms of human research protections. And so we do have to rebuild trust as we move – as we move forward, both from a clinical point of view and from a research perspective.

Ms. Ali: Admiral Levine, you publicly announced yourself as a transgender woman around 2011. How was it like navigating that in the workplace at that time?

Adm. Levine: Well, it was very challenging. But I had planned things very carefully, as I tend to do. And when I came out and transitioned at the Penn State College of Medicine, I was – I had a champion. The associate dean for diversity at that time, Dr. Harjit Singh. And we navigated that together really very successfully. And now, I had the opportunity and the advantage, the privilege one might say, of being a physician, but then also being at an academic medical center, and an academic college of medicine.

So the Penn State College of Medicine, the what is now called Penn State Health, the Penn State Hershey Medical Center. Where I felt that over time I was not just tolerated and not just accepted, but actually I was welcomed for the diversity that I brought to the campus and the school of medicine. So I ended up running the student group, the student LGBTQI+ group. We started a faculty and staff affinity group. And we brought in outside speakers, and really were able to educate the community about LGBTQI+ issues, which led to even more of a welcoming environment, which continues today.

Ms. Ali: Yeah. That's fantastic. I heard there's a policy called the Levine policy out there.

Adm. Levine: Well so at that time, formally, they had a nondiscrimination policy for sexual orientation, but it didn't include gender identity at that time. So, with Dr. Singh's help and others in the dean's office, that policy was written where there was a nondiscrimination policy for gender identity as well.

Ms. Ali: And it's so important as you talk, again, about a champion here, right, that supported you, that.

Adm. Levine: Absolutely.

Ms. Ali: Admiral Levine, I also wanted to ask you about how important is it for you to go – we have a great picture here at a rally, I believe around 2019, in Philadelphia. How important is it for you to be at those rallies, to support the community, and for them to see you there?

Adm. Levine: I think it's very important. I think that representation is very important, so that for people in the community, for young people in our rainbow family, so to speak, to see representation, to see me as a – as an authority figure. To have these positions, and that there are no limitations for them, or their children, or for young people. And so it is an honor to have represented Governor Wolf and the Wolf administration there. And now I see the picture of my swearing in as an admiral in the United States Public Health Service Commission Corps. And it is truly an honor.

Ms. Ali: Admiral Levine, exactly right. I wanted to transition. About 10 years later, in 2021, you were nominated by President Biden, then confirmed by the U.S. Senate, as assistant secretary for health. This is a picture of you here, joined by U.S. Surgeon General Dr. Murthy.

Adm. Levine: That's right.

Ms. Ali: In this moment, you made history not only as the first openly transgender government official confirmed by the Senate, but also the highest-ranking transgender official in the federal government. What does that historic first mean?

Adm. Levine: Well, it's truly an honor to serve in the Biden-Harris administration, to serve at HHS under Secretary Becerra, to serve with my friend and colleague, Vice Admiral Vivek Murthy. And so it's a privilege and an honor.

I think that from a transformational point of view, again, it is reflect – that it's important for people see that their government is reflective of the people that we serve, our broader nation, in terms of the amazing diversity, the amazing tapestry of diversity that we have in our nation in all different aspects. And so to be the first is wonderful, but most important is that there are more, right? Is that there are more people who can serve. And we have had other trans people who have been – who have been confirmed and serve. And I'm sure and confident that that will continue.

Ms. Ali: Yeah, absolutely. It's really important to see it. That's the – it's the starting point, right? Building from there.

Adm. Levine: Right. But more important than the first person are the people that follow, I think.

Ms. Ali: Right, absolutely. Admiral Levine, your confirmation garnered a lot of attention in the media. Do you feel that that takes away from the – from the accomplishments, your leadership?

Adm. Levine: I think the attention is fine. I think that – because it highlights the diversity, it highlights the transformation that occurs. And so I think that that's fine. But, you know, I realized that when I became the physician general of Pennsylvania, for months I was the transgender physician general of Pennsylvania. And then – or, the transgender admiral. I often make the joke that if I'm the transgender physician general, who's the cisgender physician general? (Laughter.) That person never came to work. Never saw that person. And the same here in the federal government.

But, you know, adjectives are important as descriptors. But more important is the work that we do, that we've been discussing. The work in terms of health equity, the work in terms of addressing climate change and health equity, reproductive rights and reproductive justice, food as medicine, long COVID, and HIV. So many different other issues that we are – that we're working on. And that's more important than the adjective.

Ms. Ali: Admiral, you're absolutely right. I think about that balance between highlighting the representation – we never know who's listening, who's watching, that might get inspired, right? But at the same time, that doesn't let us take away from the work and the accomplishments.

Adm. Levine: Being there is one thing, but then the work is, if anything, much more important.

Ms. Ali: Absolutely, absolutely. Admiral Levine, I want to talk to you more about your work that you're leading right now as the assistant secretary for health. But, in addition to that role, you're also the head of the U.S. Public Health Service Commissioned Corps, one of eight uniformed services. The first ever female four-star Admiral. What does all of that mean?

Adm. Levine: So I'm the first female four-star in the United States Public Health Service Commissioned Corps. I'm not the first four star across the uniformed services. So I wanted to make that clear.

One of the biggest honors of this position is the opportunity to assume my commission and take the uniform of the United States Public Health Service Commission Corps. And the United States Public Health Service

has been in existence since 1798. And we have, as you said, right now about 5,600 medical and public health officers that serve our nation in some of the most challenging places.

They serve in the Indian Health Service in very remote areas, Federal Bureau of Prisons, Coast Guard – remote Coast Guard stations, and more. And we have officers in the states, we have officers here in Washington in all of the different divisions, and really across the United States government. And so to lead them, to work with Admiral Murthy to lead them, is truly fantastic. And I think that their service absolutely needs to be highlighted. And we – and my ability to represent them is an honor.

Ms. Ali: You talked about the priorities with your current role. If you were to pick, I'm sure that it's a long list, but if you were to pick one or two issues that keep you up at night that are – you know, that are really the priority for your work.

Adm. Levine: Sure. So the thing that keeps me up at night – which I think is the biggest threat. I mean, we have lots of different threats to public health which are critical. But I think that the biggest ongoing threat right now is climate change and health. And so – climate change has been looked at from many different perspectives. And from, you know, looking at carbon emissions, and looking at ways to reduce carbon emissions, and the impact of carbon emissions on our climate and on weather and on heat. All of that is critically important.

But what needed to be at the table, which now is, is the impact of climate on human health. How is this impacting people's health? We see that now every single day. That could be the extreme heat that we have seen throughout the United States and throughout the world, that has led to illnesses and deaths. We see extreme heat not only in the southwest and southeast, but we see extreme heat in the northwest in Seattle, and Portland, and New York City, and Boston. Certainly right here in Washington, D.C. and throughout our nation, and then severe extreme heat throughout the world.

We see storms that are exacerbated and stoked by climate change. And that can be hurricanes that very rapidly accelerate to very high degrees, but also storms. I was in Vermont a week ago and they had tremendous rainstorms with resulting flooding, and the impact of flooding, you know, in rural Vermont. We see forest fires and the resulting smoke from forest fires. Very common in the west. We saw that in Washington, D.C. and New York City last year. Sea level rise.

We see this in terms of vector-borne diseases. In Pennsylvania, we have

seen this with the spread of Lyme disease from ticks, but we're also seeing this with a significant outbreak of dengue fever in Puerto Rico, where they usually did not see dengue. But that's due to the spread of mosquitoes because of climate change and a warming environment. So we need to look at this and look at how to – how to become more resilient to the impacts of climate change, and then work to decarbonize, for example, our health system. The United States health system, accounts for 8.5 percent of carbon emissions in the United States. So working on resiliency and on decarbonization. And that is being done led by our Office of Climate Change and Health Equity.

Ms. Ali: We certainly felt that extreme heat in Washington this summer. We have a – we have a great picture, Admiral Levine, as you just talked about climate change here. You led the U.S. health delegation at COP-28 in Dubai. And the importance that you're talking about, the broadening the scope of what we mean by health and public health as these different challenges.

Adm. Levine: Absolutely. So I had the privilege of going to COP-26 in Glasgow and then COP-28 in Dubai. You can't find two different – more different environments than Glasgow, Scotland and Dubai, United Arab Emirates. And I was with Assistant Secretary Loyce Pace of our Office of Global Affairs. And together, we led the health delegation, HHS delegation. And there was a health day for the first time ever at the Conference of Parties, at COP, in Dubai. And then we were there for a number of days talking about all of these different health impacts, and then working with other countries on what I just talked about. Working on resiliency to the – to the health sector to climate change, and then how can we actually work to decarbonize the health sector both the United States, but then globally.

Ms. Ali: Yeah, absolutely. And that resilience piece is so important, how to make sure we are – we're proactive, not reactive.

Adm. Levine: That's exactly right.

Ms. Ali: Right. Admiral Levine, we've talked about the broadening of the scope of what we talk about mental health – public health, talking about mental health a lot more, right? Climate change as well. You also talked about reaching different communities. What your office is meant to do is reach all Americans, right? You're there to serve all Americans. But we know that some of our policies, or the way we tailor some of our approaches, need to be different based on the community that we are – we are targeting.

Adm. Levine: Yes, that's exactly right. So, for example, you know, one of the health equity issues has been food and nutrition security, and the concept of food is medicine. But how you implement that in inner city Baltimore or Philadelphia is going to be very different than how you implement that in rural Vermont, or in the Navajo Nation where I was several months ago.

Ms. Ali: Yeah –

Adm. Levine: And a perfect segue.

Ms. Ali: And isn't that a perfect segue? (Laughter.)

Adm. Levine: How did you do that?

Ms. Ali: Admiral Levine, how did you know? I wanted to talk about this picture, because it's such a beautiful picture. Tell us a little bit more about that trip.

Adm. Levine: Well, it was an amazing trip. And I was able to be with the health director for the Navajo Nation and her staff, and to travel really across the Navajo Nation from Arizona to New Mexico. I was joined by Director Roselyn Tso, who's the director of the Indian Health Service. And, again, we have about 1,4(00) or 1,500 public health service officers that serve in the Indian Health Service.

And so we were able to see the public health issues in Indian country and in the Navajo Nation. We were able to visit with many of our officers who serve in very remote areas. Public health issues such as syphilis, such as extreme heat and the impacts of climate change, but then other issues that relate as well – housing issues, transportation issues, education issues, environmental issues, nutrition issues. That all represents what we call the social determinants of health, those social factors that influence health. And you could see it very clearly in the Navajo Nation. I was able to meet the president of the Navajo Nation and to talk about how HHS can help, and then also specifically how I can support our officers, and our officers support the Navajo Nation.

Ms. Ali: Admiral Levine, we're unfortunately close to time. So to close out we like to ask our guests three questions, every episode of Driving Impact, rapid fire. Are you ready?

Adm. Levine: I'm ready.

Ms. Ali: What are three words you would use to describe your career?

Adm. Levine: I think transformation, compassion, and hope.

Ms. Ali: In your opinion, what does it mean to be American?

Adm. Levine: I'm going to go back to that word of "hope." I think that what it means to be an American is to have hope for the future. To move forward and have hope for the future.

Ms. Ali: And what is giving you hope right now?

Adm. Levine: Well, you know, I'm a pediatrician, adolescent medicine specialist. What has always given me hope are young people. And so our nation's youth, because they are literally our future. And so nurturing them and empowering our youth for the future has always given me the greatest satisfaction.

Ms. Ali: Admiral Levine, you've talked about the honor to serve. It's been my honor to have you on the show. Thank you so much for sharing your story with us.

Adm. Levine: Thank you. It was truly a pleasure to be here.

Ms. Ali: You heard it yourself, a career of trailblazing leadership, tireless advocacy, and an unwavering commitment to improving the health and wellbeing of all Americans. Admiral Rachel Levine's story is one of resilience and optimism to build a healthier and brighter future for all. Thank you for tuning in to today's conversation. You can find more episodes of Driving Impact on YouTube, or wherever you listen to podcasts.

(END.)