



## **AAMC President's Address 2020** **"Now Is Our Time to Act"**

*David J. Skorton, MD, AAMC president and CEO, delivered the following address at Learn Serve Lead 2020, the association's 131st annual meeting, on Nov. 17, 2020.*

Thank you, Larry, for your introduction and your wisdom and leadership. And thanks to my colleague and friend Joe Kerschner for your partnership during a year that, as you've both pointed out, has been like no other.

A year ago, I spoke with you for the first time as the AAMC's president and CEO. I was just getting to know the depth and reach of this association, but I knew there was tremendous strength across each of your institutions and in AAMC leaders and staff. I also knew we had our work cut out for us — and that was well before a pandemic upended our world and our profession.

As you may recall, the theme of my talk last year was "the status quo is unacceptable."

In it, I urged medical schools and academic health systems to do even more to address serious, burning issues. Mental health and substance use disorders, health inequities, and the affordability of care were costing patients' lives and complicating our efforts to improve the health of people everywhere.

The urgency of addressing these issues has not dissipated in the last 12 months. Quite the reverse, in fact.

The triple impact of a global pandemic, a severe economic downturn, and the unrelenting assault of systemic racism have made it impossible to ignore the truth: Our nation's approach to health needs some serious rethinking.

In fact, it's urgent we act.

That's even more true after a divisive election — no matter our political views. For us to heal as a nation, recover from today's public health emergency, and prepare for the future, we must end our political and social fragmentation and reach out to help each other.

I believe academic medicine has what it takes to lead the nation forward — because the path to healing our nation is by improving health for everyone living in America.

So, now is the time to harness our collective energy, ingenuity, and innovation. Now is our time to act.

Your spectacular response to this year's unthinkable conditions gives me great hope. People tell me that when the pandemic began, they were able to make changes in only three weeks that would otherwise have taken their institution three years.

At every step, academic medicine has defined the front lines of this pandemic. You have developed new protocols for patients and shared them with each other. You have made a difference in the treatment of this illness during a time when we are still wrestling to understand its pathology.

Our nation showed its gratitude to front-line health care workers in the most visible ways. Landmarks from Houston to Boston were lit up in blue, military planes saluted from above, and communities applauded during hospital shift changes.

My AAMC colleagues and I watched with pride and admiration as you and your colleagues fought to save lives amid the unknowns of a novel virus, the overwhelming influx of patients at times, and critical supply shortages.

You have shown this nation, your communities, and your patients the very best amid conditions that were the very worst.

My deepest admiration goes to doctors, and nurses, and other health professionals — like Dr. Najla Abdurrahman and her husband, both internal medicine residents at Boston Medical Center.

They moved out of their home for two months early in the pandemic, leaving their 17-month-old in the care of another family member — all so they could continue to treat patients without putting their family at risk.

Now, it's not just clinicians who stepped up in these unusual times. Across the nation, medical educators rose to the occasion, quickly redesigning the medical school curriculum, moving it online, and graduating students early to assist with the pandemic response.

Educators like Dr. Lee Goeddel, a Johns Hopkins intensive care unit physician, worked with students on creative ways to bring learners remotely to the bedside on rounds, using a cellphone underneath an attending physician's protective hood.

And learners contributed in other ways as well.

Take Dr. Aditi Sharma, a dermatology resident. She worked with medical students and the school of engineering at the University of California, Irvine, to 3D-print and assemble more than 20,000 face shields that are currently being used by health care workers at the hospital.

She and other learners are serving wherever and however they are needed, regardless of their own career plans.

Researchers, too, are shining in their “finest hour” as the world looks to our scientists to understand, and manage, and ultimately defeat this novel virus. At the same time, they are orchestrating the complex shutdown and restart of critical research programs in fields other than virology.

Well, now the question becomes: How do we capture this innovative spirit and make even more significant changes to the other seemingly intractable problems that diminish health and well-being?

Sadly, we’re still not doing nearly enough to address racism and health inequities.

It’s even more urgent today that we make steady and significant progress on what last year I called “diversity, equity, and inclusion” — although today, I’d add the word “anti-racism.”

Systemic racism influences the social determinants of health — affecting, quite literally, who in this country survives and who suffers. Patients in poorer neighborhoods often receive lower quality and less care. And if you are Black, if you are of Latinx heritage, or if you identify as American Indian or as an Alaska Native, you are more likely than if you are White to be hospitalized or die from COVID-19. And if you identify as LGBTQ, you are also at heightened risk. Long-standing discrimination against all marginalized communities has created dramatic health inequities.

An NPR/Ipsos poll published in late August showed that only a little over a third of people say they have taken concrete action to better understand racial issues. Sadly, public discourse has fallen woefully short in confronting systemic racism — including, I must say, in our own sector.

And we still have a long way to go on the other issues I highlighted last year, like mental health and substance abuse. I felt it tragically when Dr. Lorna Breen, an emergency physician in New York, died by suicide this last spring.

We must honor her death by supporting each other. We must remove the stigma that impedes asking for help. And we must reduce the cost and improve affordability and access to care — issues that have been further complicated by the events of 2020.

We need to do better in all these areas — for all members of our communities. While these challenges are daunting and may seem insurmountable, I don’t think that’s true. The pandemic has revealed a nation that, more than ever, needs what academic medicine can offer.

My speech last year called upon us to take action and “do this together.” In the time since, I have learned so much from meeting with our councils, and affinity groups, and individuals. And I’ve learned so much from the many ideas that you’ve shared. That gives me confidence that we can do this, and that now is our time to act.

So how do we lead the way forward?

I believe it starts with each one of us making personal commitments to change — as individuals and in our institutions. We must be both intentional in our actions and accountable for our results.

Our most impressive moments this year tell a story of leading with intention. While we may have started by playing defense, fighting back against a novel virus, we quickly became intentional in making more fundamental changes that had applications beyond COVID.

We began to revisit long-standing paradigms for clinical care and medical education. For example, clinicians in Washington and Oregon applied lessons from the pandemic to establish permanent ways to adjust their region's hospital capacity for other threats, including wildfires.

And nationwide, we started to see how telehealth could successfully become a much more important form of care delivery. And medical schools across the country are rapidly incorporating new curricula around COVID, and around bias, and around social determinants of health.

We make inroads when we lead — when we act with intention to create broad and meaningful change. And the AAMC is working to lead with intention as well.

The Leadership Team, Board of Directors, and I purposefully set out last year to develop a new strategic plan, a new mission, and a new vision statement. Many of you contributed important input into that process, and I thank you.

Now, our new mission compels us to lead. To that end, you may have noticed the AAMC speaking out more publicly, more assertively, and more broadly this year on a range of issues through press conferences and numerous statements, media interviews, and opinion editorials.

In addition to speaking out, we are developing solutions for major challenges, such as our *Road Map for the Way Forward on COVID-19* and our *Framework for Addressing and Eliminating Racism at the AAMC and Beyond*.

Now, our new AAMC Research and Action Institute and the AAMC Center for Health Justice are two other examples of how the AAMC is acting with intention.

The Research and Action Institute is our new think tank — or as we like to say, our “think and do” tank. Already, it has taken swift action, releasing much-needed science-based guidance on face coverings and COVID testing, and this is just the beginning.

Now, the AAMC Center for Health Justice focuses on population health, community health, and health equity. It will help us work with greater intention with patients, families, and communities to co-create solutions together as part of our new mission area of “community collaborations.”

The fact is, our traditional tripartite mission in academic medicine — medical education, clinical care, and research — is no longer enough. That's why we've added this fourth component.

We must do even more to make patients, families, and communities our utmost priority. That means not just "delivering care" but engaging in two-way, ongoing dialogues. It means listening to the needs and perspectives of patients, families, and the communities we serve and working in true partnership to address their needs.

One example, among many at your institutions, is the work happening at Dr. Kerschner's institution, the Medical College of Wisconsin. They have engaged Black and Brown communities in Milwaukee through a partnership with 150 church congregations. Through focus groups, town hall meetings, and virtual "science cafes" through the churches, they are exploring the concerns of patients, families, and communities about COVID-19 and bolstering confidence in an eventual vaccine.

Today, collaborating with the communities we serve is just as core to academic medicine's mission as medical education, health care, and medical research. And to ensure we act with greater intention, we have made it the fourth dimension of our mission in our new strategic plan.

Now of course, accountability is just as crucial as intention. The buck stops with each of us individually — and with academic medicine as a community.

And leadership accountability truly matters.

I want to take personal responsibility for not doing enough in my leadership positions in higher education, government, and medicine over the last four decades. I should have done more on multiple issues, from the cost of higher education to the cost and availability of health care.

And one area where I am personally committed to meaningful progress are the actions we are taking to become diverse, equitable, inclusive, and anti-racist — not just as an organization, but as the entire academic medicine community and in society at large.

The AAMC is taking one important symbolic step, right now, to show our commitment to this effort. Today, I am announcing that we are renaming the Abraham Flexner Award for Distinguished Service in Medical Education.

Historically, Abraham Flexner has been associated with rigor in academic medicine. In fact, his report recommended valuable changes in medical education, many of which still have positive impact today — but that report also contained racist and sexist ideas, and his work contributed to the closure of 5 out of 7 historically Black medical schools. His legacy has negatively affected the training of Black and African American physicians and has adversely impacted the health of the Black and African American communities in the United States.

That's why earlier this month, the AAMC Board of Directors voted unanimously to rename the Flexner Award as the AAMC Award for Excellence in Medical Education. This small, but important, change takes effect for the 2021 award year — with nominations open now through January.

We have other important work ahead of us as well that's spelled out in our new strategic plan — to substantially increase diversity among medical school applicants and matriculants and to make academic medical institutions more inclusive and more equitable.

And as we announced in January, the AAMC's new gender equity initiative will hold us accountable for action and progress in this important area.

Gender equity matters in our physician and scientific workforce. It matters in our leadership and compensation programs. It matters in our research programs. It matters in the way the academic medicine community recognizes those who have made significant contributions to science and to medicine. And it matters for our patients, their families, and the communities we serve.

Today, I'd like to share with you three personal commitments I've made to hold myself accountable for advancing academic medicine, the AAMC, and the health of our nation.

**Number one, I commit to my own personal growth to better understand the underpinnings of diversity, equity, and inclusion and develop toward becoming anti-racist.**

This personal growth will inform my work to make the AAMC and academic medicine inclusive, diverse, equitable, and anti-racist.

Early next year, I will join the AAMC Leadership Team in formal anti-racism training led by an outside consultant whom we have already engaged. We will also offer this training to all AAMC staff who wish to participate.

**Secondly, I commit to listening to our community.**

I will continue with my AAMC colleagues the discussions already underway with deans, teaching hospital and health system CEOs, and others to address affordability and access to care and make health care more equitable, affordable, and available to all.

I pledge to keep these discussions moving forward and acting on the insights that will emerge.

**And finally, I commit to speaking up whenever the perspective of academic medicine is needed in the public discourse.**

These are my commitments, what I am holding myself accountable for. I hope today you will think about your own commitments, specific to your roles.

If you are a researcher, please think about the following questions, recognizing that they may not be easy to answer in practice:

What makes diverse and underserved patients, families, and communities concerned about participating in clinical trials? Does the design and implementation of your clinical studies reflect their input where appropriate? Are you sharing study results back with the community and

engaging in a back-and-forth dialogue about what the results mean — for them? Are you speaking up when scientific principles are missing from public discourse?

For clinicians, are you going beyond to find out what patients and their families really need and really want? Are you considering the lived experiences of all patients, including marginalized groups? Are you advocating for policies that make health care more accessible and affordable to all?

For educators, are you encouraging learners to listen and collaborate with patients and families — and giving them the tools to do so?

And learners, are you volunteering in your community and joining public meetings so you can hear people's real experiences in their own words?

Institutionwide, are you, as leaders, holding yourselves accountable for improving your community's health? Have you created ongoing, regular channels for partnering with patients, families, and communities to create improvement and transformational change?

Moving forward, the AAMC plans to look for ways to weave community collaborations across research, across medical education, and across clinical care. There is not a single area of academic medicine that could not grow and better serve our communities by listening and engaging more.

Last year, then-chair of the AAMC Board of Directors Lilly Marks spoke about the "new normal" in health care. Lilly also reminded us that what defines us isn't the hurdles we face, but how we respond.

So, I ask you to envision: How will we respond to today's challenges to create our *next* "new normal"?

Well, I see at least three ways.

**One, stay focused on our most important constituents — our patients and their families.**

Be intentional about learning from — and with — everyone in our communities, working in true partnership. We need everyone's wisdom and help to fix what is broken.

**Second, do your best to look in the mirror and see your own areas for improvement, as well as those of your institution.**

It may not be easy, but please be accountable for making the changes you want to see.

Evaluate whether you can do even more to involve patients, families, and communities in your work. Track your progress in addressing racism, as well as the issues of mental health, substance use, and cost and access to care.

We can only improve the status quo if we understand where we currently stand and where we need to direct our efforts.

**Finally, please contribute to the public discourse.**

Speak the truth about science and the importance of health equity at every opportunity. Write blog posts and op-eds, add to social media conversations, and go on television and go on radio. Your voice, your expertise and your wisdom are needed more than ever.

These three actions — 1) focusing on patients, 2) holding yourself accountable for change, and 3) contributing to public discourse — are the tools that will enable academic medicine to lead the way forward.

Each of us is responsible for what happens next, so let's be intentional and accountable as we move forward. Despite the obstacles we've faced this year, I have tremendous hope and optimism for the future.

Earlier this year, two-thirds of people surveyed across the U.S. said they believe that as horrible as it is, this pandemic will lead to valuable innovations and changes for the better in how we live, work, and treat each other as people.

Let's do everything we can to ensure that they are right! We can do all of that if we, as academic medicine, lead the way forward.

Let's do this together. This is our moment. Now is our time to act.

Thank you.