



AAMC Board Chair's Address 2022: "Overcoming the Headwinds"

Kirk A. Calhoun, MD, president of The University of Texas Health Science Center at Tyler, chairman of the Board for the UT Health East Texas Health System, and chair of the AAMC Board of Directors, delivered the following address at Learn Serve Lead 2022, the association's 133rd annual meeting, on Nov. 13, 2022.

It's never easy for me to hear people talk about the things you do in your life. All I can say is thank you, Lou Ann, for that wonderful introduction.

Likewise, I want to recognize the incredible pianist we had this morning. He was absolutely fabulous. And I don't know what you were seeing out there in the audience, but on the monitor in the back, we could see his fingers moving along. I said, "That young man can operate on me anytime!"

As Lou Ann pointed out, I want to mention yesterday's plenary session with David Skorton, Robert George, and Cornel West. I thought it was absolutely fabulous and I certainly had an opportunity to learn quite a bit. The theme [of civil discourse] that was presented will continue in this morning's plenary session.

It is the most notable privilege of my career and a pronounced pleasure to offer this AAMC Board Chair address to you. This opportunity enables me to share with you my feelings as to how we can overcome the numerous headwinds we encounter as caregivers, scientists, medical educators, leaders of health institutions, community partners, and learners.

I start my comments by expressing my appreciation for the honor of being your AAMC Board Chair. I thank our AAMC Board of Directors; my predecessor, Dr. Larry Jameson; and my successor, Dr. Lou Ann Woodward, for their help and support this year. Likewise, I express my gratitude to the AAMC leadership team and staff, to our medical schools and their deans, to the affinity groups, academic societies, teaching hospitals, and health systems, and to so many others.

The famous scientist George Washington Carver described his research laboratory as "God's little workshop." Across the AAMC, I appreciate our collective 190,000 research, basic science, and clinical faculty, all of whom do good deeds in their workshops. They are discovering new knowledge through research and sharing knowledge through teaching.

I am also pleased the Alliance of Academic Health Centers and the Alliance of Academic Health Centers International are now part of the AAMC, and I welcome these members to this meeting. These new members of our family will add greater input, broader perspectives, strength, and influence on our shared effort to represent the interests of academic medicine and improve the health of all.

As I highlight our present, I remember those who traveled before us. Our past leaders and those who are now departed, who built the AAMC and inspire us. Thank you for your service to our association.

It is said, “You cannot be what you cannot see.” I’m going to say that again: “You cannot be what you cannot see.”

It was a long time ago when I first dreamed of a career in medicine. In the 1960s — I’m old, give me a break! Gee, who is that? In the 1960s, I was a poor, asthmatic, Black child, bedridden in my mother’s living room. Since I was too ill to attend school, the nuns from the parochial school would visit me, one on one, allowing my education to continue while I laid in my sick bed.

My mother, without much understanding of the health care system and desperate to help her son, was eventually advised by a friend in the community to take me to see a very special doctor. He was an allergist, a specialist at an academic medical center in Chicago. For the first time in my life, I saw a doctor who looked like me.

“You cannot be what you cannot see.”

After he completed his history and physical examination, he looked me in the eye and said, “This is pretty bad, isn’t it?” I said yes, while wheezing and coughing in some distress. He then said, “I know what this is, and I know how to fix it.”

I will never forget those words: “I know what this is, and I know how to fix it.”

For me, one of the most satisfying experiences as a clinician is to make a diagnosis, successfully treat a patient, and teach others how to do it. This is such a special gift to offer humanity. Medicine, especially academic medicine, is unique and impactful.

The doctor soon brought my severe asthma under control and my life dramatically changed for the better. But it was not only the quality of my life that improved. My visits with Dr. Charles Jenkins, the Black allergist, lifted my ambitions. I aspired to become a physician and that desire never lessened through high school and college.

With mentorship and support, I graduated from medical school and completed my medical training. During that training, I became seduced by the wonder, the attraction, the discovery, and the power of academic medicine. This is what our outstanding AAMC CEO, Dr. David Skorton, recognizes as the broad strength and influence of academic medicine.

When I became a new faculty member, I attended my first AAMC national meeting in Washington, D.C. Now, hear this: The most important thing about that meeting is it was the place where I met a wonderful and very special Ph.D. She was a medical school administrator from South Carolina. I fell in love and later married her. Thank you, Jeanette, for being a wonderful partner, the mainstay of our family, and the very committed mother to our two children. Thank you.

My advice? For some of you who are single out there, Nashville may be your meeting!

You can see a pattern forming. Medicine is a career that influences so much more than the work you do each day. It requires a life commitment echoing what it really means to be a professional.

In the 1970s and 80s, we were still deeply influenced by the assassination of Dr. Martin Luther King, Jr. and the American civil rights movement. American medical education started to debate and act upon the serious lack of representation in the medical profession.

In the 1990s, the AAMC embarked on a visionary campaign to change lives and create healthier communities by increasing representation in medical schools. Under the leadership of Dr. Robert Petersdorf, AAMC president from 1986 to 1994, AAMC diversity efforts increased significantly. Petersdorf is quoted as saying, “This can’t go on. We need to change the trajectory of worsening under-representation.”

Dr. Herbert W. Nickens, who directed all AAMC’s diversity programing, and Tim Ready, brought greater focus and effort to helping medical schools become more serious about expanding opportunity within the medical profession.

The AAMC soon learned that having increased representation, as it was called at the time, would require earlier intervention in the preparation of potential students. The Association had a ten-year goal to have our medical school enrollment more reflective of the various communities of color we attempt to serve. In 1991, it was called “3000 by 2000.” Some of you will remember that.

The project’s goal was to enroll a collective class containing at least 3000 students of color by the year 2000. The hope was medical education would address any health disparities that were a result of that lack of representation. Dr. Jordan Cohen succeeded Petersdorf in 1994, and the new AAMC President ardently supported 3000 by 2000.

However, as Dr. Cohen points out, a disastrous headwind occurred, resulting in a series of court actions. The various court actions had a chilling effect on what American medical schools felt they could do and the tools that they could employ to address a serious lack of representation and the maldistribution of the physician workforce.

When the project finished in the year 2000, it fell approximately 700 students short of its goal — a disappointment for all associated with the program. And yet, it was not a failure.

The effort still continues to spark pathway programs, articulation agreements, support programs, and medical school outreach. More is to be done. The numbers are still lacking for several key under-represented groups.

The AAMC is fully committed to achieving success in creating a more diverse and culturally competent workforce. It is important we do not let today’s ongoing headwinds deter us. The goal of having our medical school graduates reflect our communities remains an important component of the AAMC strategic plan.

What is the moral of this story? It is that external forces, headwinds — sociopolitical and otherwise — can disrupt our plan, get us off course, and lessen our ability to achieve our goals. Our ideological passions run deep, they are often filled with emotion, and echo chambers are constant all around us. I hear them here, at our meeting in Nashville. The apprehension in our society is palpable.

We are not immune to these trends. Academic medicine lies at the nexus of higher education and health care delivery. Both exist in very treacherous waters of rapidly changing expectations, misinformation, partisan debate, and economic pressure. Both face considerable headwinds. How do we find the balance, the time, and the attention to be successful educators and health care providers, with the plethora of issues that distract and divide us?

As we engage in informed and heartfelt dialogue based on the facts, I beg you to never forget the immediate unmet needs of our patients and their families, our students, faculty, and community. For me, this is how we remain steady as we move against the headwinds.

I ask you to hold your AAMC Board of Directors and AAMC leadership team accountable to the mission of the AAMC, as represented in its strategic plan, “A Healthier Future for All.” You can easily find the plan on the AAMC website.

The AAMC strategic plan is composed of ten specific actions that were identified with careful input from all our constituents and other interested parties. These ten action plans address how we can strengthen and improve medical education and support our learners. I’m going to repeat that again: support our learners.

Specific action plans continue to work to improve underrepresentation. Action plans support improved access to medical care and promote health equity. We have action plans to prioritize research and advance knowledge. For me, action plan ten, helping us all adapt to a rapidly changing world, is much needed these days.

Booker T. Washington, the famous American educator, author, and orator said, “The world cares very little about what a man or woman knows; it is what a man or woman is able to do that counts.”

It is so important we address the key issues we can influence within academic medicine — we have our own house to attend to — and effectively get things done with measurable examples of success. I call each of you to engage in what you can do to help our association because we must work together to achieve strategic success for the benefit of the groups I have highlighted.

Going forward, this is what I want you to remember: We should achieve our success while remaining committed to our values, speaking to what is factual, but reflecting and respecting the differing views and circumstances of our vast membership — 190,000 faculty, 157 medical schools, over 400 teaching hospitals, close to 80 academic societies, and students and residents. We will achieve success by working together and fostering our obligation to professionalism.

Ethicist and author Michael Josephson wrote, “Take pride in how far you have come. Have faith in how far you can go. But don’t forget to enjoy the journey.”

The accomplishments of academic medicine are immense, and despite the headwinds, our future will be even more remarkable. The future journey of academic medicine is in the best of hands. It remains in your hands.

Thank you and have a great meeting.