

Prioritizing Equity Spotlight series: Beyond an apology to restorative justice

In this Sept. 23, 2021 Prioritizing Equity Spotlight session, sponsored by the Robert Wood Johnson Foundation and the American Medical Association Foundation, a panel of leaders from the American Medical Association, American Academy of Pediatrics and American Psychiatric Association discuss with moderator, Gail Christopher, DN, executive director of the National Collaborative for Health Equity, pathways to equity both within their organizations and across medicine.

This session is part one of a three-part series meant to foster further discussion among physician leaders about the history of racism in medicine, its impact on public health and the health care systems that exists today and the steps providers and organizations are and can make towards truth, racial healing and reconciliation.

Read the AMA's strategic plan to embed racial justice and advance equity.

Panel

- **Aletha Maybank, MD, MPH**—Chief health equity officer, senior vice president, Center for Health Equity, American Medical Association
- **James L. Madara, MD**—CEO and executive vice president, American Medical Association
- **Mark Del Monte, JD**—CEO and executive vice president, American Academy of Pediatrics
- **Saul Levin, MD, MPA, FRCP-E, FRCPsych**—Chief executive officer and medical director, American Psychiatric Association

Moderator

- **Gail Christopher, DN**—Executive director of the National Collaborative for Health Equity

Transcript

Sept. 23, 2021

Moderator: Welcome to Becker's position leadership virtual event and the featured session, Prioritizing Equity Spotlight: Beyond an Apology to Restorative Justice and Medicine. On behalf of Becker's Healthcare, thank you for joining us today. I will first walk through some quick housekeeping items. You can submit any questions throughout today's session in the Q&A box on your dashboard. Today's session is being recorded and will be available after the event. You can use the same link you used to log in today to begin to access the recording. If at any time you don't see your video moving or have trouble with the audio, please try refreshing your browser. You can also submit any questions in the Q&A box. We are here to help. With that, I am pleased to turn the floor over to Dr. Aletha Maybank to begin today's session.

Dr. Maybank: Great. Thank you, Molly. And thank you everyone for joining today. We're really excited for this very timely and overdue important conversation about the history of medicine and the history of racism in medicine and its impact on the systems that we've created in this country, as well as their impacts on us as health care providers but also as communities, ourselves and our patients. I am Dr. Aletha Maybank, as was said, chief health equity officer at the American Medical Association. I would like to thank the American Medical Association Foundation, the Robert Wood Johnson Foundation and Becker's for supporting this work today and making this session possible in part by their funding. So earlier this year, some of you may know that the American Medical Association released a pretty ambitious multi-year strategic plan to dismantle structural racism in medicine within our own organization and really recognizing the importance that in order to do that well and thoroughly, we have to recognize our own past harms and do a critical examination of our institutional roles that uphold the structures of racism and white supremacy.

We know it has tremendous impact, again, on our systems, our patients, ourselves and our communities. And so for today's conversation titled Prioritizing Equity. It's a spotlight, organized medicine's history of medicine. This will be the first in a series of conversations. We're again going to focus on the steps that physicians and providers and organizations can make towards truth, reconciliation and healing, as we said, as an essential part of the work. And so I welcome, we will hear today from three CEOs. We have Dr. Jim Madara, who is the CEO of the American Medical Association. We have Dr. Saul Levin, who is the CEO of the American Psychiatric Association. We have Mark Del Monte, who is the CEO of the American Academy of Pediatrics who will join us to share what is happening in their respective organizations and figuring out and sharing with how do we as institutions have a more prominent role in recognizing and reckoning with our past of racism and our history of racism.

And then I'm truly excited to have as our moderator and leader and expert and someone I've known of and followed for a while now, Dr. Gail Christopher, who's the executive director at the National Collaborative for Health Equity in Washington, D.C. Dr. Christopher is an award-winning social change agent with the expertise in social determinants of health, wellbeing, especially as it relates to public policy, and she's had a pioneering career to really infuse a holistic sense of health, public health and health care to really advance racial equity. Again, I welcome you all really looking forward to this conversation. I'm going to turn it over to Dr. Christopher.

Dr. Christopher: Thank you, Dr. Maybank. It is such a privilege and pleasure to be with all of you this morning. This is going to be a groundbreaking conversation. And let me begin by applauding the leadership that you each have brought to your organizations and to applaud the work that you've already done to publicly acknowledge the challenge that you're facing. In my years of doing this work, I think it's so important that we have a clear vision, sort of a destination in mind, even though none of us really knows how to do this. It is certainly new work but having a vision is an important part of getting us there, so to speak, setting a north star.

And so given that each of your organizations have already done a lot to prepare you for this work, I would invite you to start us off each of you, Jim, Mark and Saul, to talk about what you see as your vision. If you, let's say five years from now, you left your organization, what would you like your legacy to have been in this work? Where would you like to see the progress? What milestones would be important to you? That's a good way to start this morning. I hope you had your coffee and, Jim, you want to start?

Dr. Madara: Sure. Thank you. The AMA had a three year study on racial divide in medicine that concluded in around 2008 and concluded with a president, then president, making an apology publicly for the AMA's past discriminatory practices and the AMA's contribution to the structural racism that is pervasive in medicine. Now, at that time, it was said that this was a modest first step. And yet there was little intentional work done to focus on practices of equity and inclusion after that. But 10 years later, 10 years after that apology, the House of Delegates of the AMA adopted a policy that proposed development of a focus plan around equity and inclusion. And that led to our establishment of the Center for Health Equity and recruitment of Dr. Maybank as its director.

But our focus on health equity is not pigeonholed in that center. Rather we have a strategic framework with three crosscutting accelerators and health equity is one of those crosscutting accelerators. It touches all aspects of our strategic framework. Now as Dr. Maybank said, there was a plan that was bold, created through the AMA and the work of the center and with health of others internally and externally. And one aspect of that plan was to be candid and factual about our past. The AMA has been an important part of American medicine and American medicine is a mess when it comes to equity and inclusion. Almost by definition, the AMA had a role in that. When I was growing up, one of my mother's role was clean up after yourself.

You messed up your room, you're the one who's going to clean it up. I think we've messed up our health care room and now we have to clean it up. What will we do? Well, in the next five years, we have a multiple list of plans. In the next five years, we want to increase the number of Black physicians that are being trained. We had a role in inhibiting the river of Black physicians in this country. In the next five years, we'll have multiple millions of folks with hypertension controlled and a million of those will be people of color and minoritized communities.

We have many plans and one of them is this truth and reconciliation of our own past and then repairing some harms that we've created. And the last thing I'll say is, our mission statement is to promote the art of science and medicine, the betterment of public health. We can't do that with the amount of inequity that is currently in our society when it comes to health. To recognize our mission statement, we have to get rid of this glass ceiling of inequity in our health care system. And we're committed to do that through this plan that Aletha alluded to.

Dr. Christopher: Excellent. Mark or Saul, which of you would like to go next?

Del Monte: I'm happy to jump in. Thank you so much and thank you for inviting me to this conversation, what a privilege to do that and to listen and learn from each other. One of the things about the American Academy Pediatrics and the sort of 67,000 members is that there's a commitment to a dual mission that obtaining optimal health and wellbeing for children is a part of our mission as well as attending to the professional needs of our members. And so I think one of the things that is important to recognize that we cannot be successful in either aspect of our mission, unless we attend toward racial inequity and overcome the systemic and structural barriers that prevent us from true equity for children and for our physician clinician members. We sort of approach this with the basic notion that systemic problems and structural problems require systemic structural solutions.

And so in terms of the five year legacy, what I hope we can achieve is baking into the system, into the structure, a commitment to overcoming racial injustice in the same way that we have been committed for the last 90 years to overcoming infectious diseases in children or reducing injuries in children or all of the other kind of basic work of health, supervision and promotion that gives children the best chance at a full and successful life that overcoming racism, institutional and structural racism in particular is essential to that. And so if that just becomes part of the work, part of our daily work and part of our understanding of what it means to achieve our mission, I think we will have accomplished something. And in order to be successful in improving the lives of children, we have to have a workforce that reflects their experience, that understands their lives and overcoming structural areas to the accessing of a physician career by Black and Brown people in this country is a problem.

Oliver Brooks, the media press president of the NMA said, "It's very simple, we need more Black physicians." And so I think that, yes, that's correct. So I think in order to address both halves of our mission at the AAP, you have to address these systemic and structural issues. The first step of that is to tell the truth about what that is. And so I think to say to everyone that racism is a social determinant

of health, a driver of health inequity in this country and undermines our mission is number one. And then to acknowledge secondly, and importantly, the role that the AAP itself has participated in a segregated profession and fostered that through structural approaches and apologize for that is number two. And so I think the next step is to do the work of overcoming that and healing it.

Dr. Christopher: All right. Workforce. We heard in both of these. Yes.

Dr. Levin: When you ask what will my legacy be around this or the association's legacy, in some ways it's one and the same. I came out of a part of South Africa, I was born there, lived through it, saw the struggle and ultimately saw, I'd already left the country to come to United States, the ultimate victory of having Nelson Mandela finally take a country to true democracy on it. And in some ways always looked at America as the shining star when I moved out of it ... when I had to leave the country to come. And then to realize that it is not quite a shining star when I began to look and see the inequities and in some ways the absolute discrimination against the African American population, the Hispanic population and saw the pain and began to then have to learn the history myself of this country of over 400 years of discrimination against Black people. And then ultimately when United States formed itself as a country had to begin to start looking at themselves as to what they did.

And that's where APA, in some ways played a fairly large part in that, which I never realized it was in this position. And as we look at, with the thankfulness of Black Lives Matter, sort of finally bringing this into the overt consciousness of the American whole population in the world. The feeling is how do I and the APA really look at you? What did we do? In terms of legacy, it's using our professional voice as physicians. We are the most trusted people in the country in terms of taking care of people's health. But also bring the organizational weight as a way to atone for the past of what APA did, because we believe in the large capacity to do good, but you have to first speak to the sins that were done before. I have to say our organization is 177 years old.

Jim, I do like to say the founding, I'd say, fathers of APA did it three years before the AMA came about but you know what, they came about because I believe they were struggling with what to do in terms of a split in terms of, do you keep the hospitals integrated, which was at that time the way it was done. Black, white people all went to the same hospitals or do you separate the hospitals? And that board essentially said the ultimate vote was to go into segregated hospitals. In some ways, right from the beginning of our formation, there is structural racism that was a large part of what we did. How do we now atone for that? I think we have to begin to start looking within ourselves and have an honest discussion.

And I do say we do, the APA in the, about 52 years ago, had in some ways, the Black psychiatrists within the APA actually stormed the board meeting to say, "What are you doing about this?" And I have to say that while they did create some ways to do it, they created and what was then called the office of minority and national affairs which really was there to help in terms of minority status. In some ways, it still kept it segregated because it then meant education, training, government relations were

separate to what was this area there. So in some ways I think we are on the right road right now. I think, and I have to really thank my members and particularly the Black caucus in the APA, who in some ways really began to say to the board, to say to me as the CEO of the APA, "You have got to do better and you've got to do better now." I'm hopeful.

We have now the division of diversity health equity, it's equal to all other divisions, where Dr. Regina James, who joined us about a year ago, has created a strategic plan for diversity, equity and inclusion and has begun to roll it out. We can't repeat the mistakes of the past and I think that's what my legacy is. We need to now become as much an anti-racist organization, where you are there to essentially take care, not just of your profession but of each and every patient. Mental health is still, I like to say, not the stepchild, but the baby child of the health care system, which doesn't quite get the resources that everyone else gets. And particularly in this area, we have to step up to ensure that I think we spoke about social determinants of health but social determinants of mental health is what I hope we're going to focus on over the next five to 10 years.

Dr. Christopher: Well, thank you. I mean, these are some powerful visions, some powerful statements of commitment and determination. I'd like to lift up one of the hallmarks of doing this work well, which is aligning it with your core mission. And each of you have said that and that is something that's critically important. If an organization is going to do this well, they really have to see it as mission aligned and definitely mission critical to achieving your total purpose as an organization. Now, each of you have grown up in the system, you know that your organizations are not as diverse as they will ultimately become if you achieve your goals. Could you share with us a little bit of your own personal story? We heard some of yours but about how you reached a place, your own journey, how you got to a place where you can have the agency that you evidenced right now in terms of the confidence to be a leader in this critical space. What was that turning point or what was a moment for you? I know nobody's shy.

Dr. Madara: I'm sorry, go ahead, Saul.

Dr. Levin: You were on mute. I think the turning point for us was obviously the death of George Floyd, and everyone always talks about that, but one forgets that for decades, those deaths have been occurring with a lot of turning a blind eye to what was happening. And particularly for psychiatry, what we found was that some of the medications that were being used on anyone who showed any opposition to being arrested or were disorderly, seems to be the inordinately done against the Black and Brown populations versus a white person. I think what are we looking to accomplish? I think the fact that the Black caucus was very clear with the APA board, with the APA administration to say, "You have got to change and we are watching you every day to see how those changes are coming."

So I'd say the first thing, what we've done is this five year plan is what I hope is that we started the, my president at the time, Dr. Jeffrey Galler, who's a historian of APA and has actually written some amazing articles on the history and culpability of what APA did. And if you go on our website, you can

certainly see it there but he created a structural racism task force, specifically geared towards the Black psychiatrists of America but also all the Black patients of America and the Black community in the United States. And that task force really struggled. You have an organization that is still majority white but is rapidly changing. It is no longer white men is the majority. It is now actually women who are the majority. And within that majority, it is the minority underrepresented groups.

I think that began the long walk, as I'd say, hopefully, to quote Nelson Mandela, to freedom. The next president came in and said, "I need to look at it from the perspective of social determinants of health and mental health and incorporated a lot of what that structural task force was doing and we are still doing." The goal for us was increasing cultural competency amongst members, many educational offerings for them, taskforce, hubs, you name it, ongoing webinars. The AMA and I know peds, we all, as CEOs all get together and we talk about this as, how do we keep this really moving forward and also to increase the Black and minority and underrepresented membership of the APA and in the professional psychiatry. It's very interesting to me that the least area of Black men going into medicine and into psychiatry has become so overt. What did we do to help to change that? And I think that's what we are looking for is how do we come generally supportive of both the Black and the minority and underrepresented groups within the APA and the profession of psychiatry.

Dr. Christopher: So it was the George Floyd moment that really galvanized. Jim, was there a moment, I understand in your professional life but also in your own sort of personal develop where your scales were removed and you could see the depth of the need for this work on overcoming racism?

Dr. Madara: Well, there are a lot of the threads, I was listening as Saul was talking, that make up this tapestry of recognition and some of those threads were just studying health in the United States and recognizing that this commonly cited fact that we're very expensive, spend more money and have less good outcomes. If you look at that OECD literature, what you find is we're also dead last in spending in social safety net. And we have this sort of bifurcation of outcomes in our country that the House of Delegates at the AMA described about a year ago racism as a public health threat, the pandemic put a big spotlight on how the inequities were occurring. We began to start thinking about our own history.

Our own history includes a founder that actually took action in a parliamentary maneuver to keep the organization segregated. And that person, Nathan Davis, was criticized at the time by colleagues for doing that. He was criticized by the New York Times. So this isn't holding someone to some different standard of the time, these were folks that were critical at that time. His bust was in a lobby, a glassed in area in our lobby between my office and the board room. And finally reading through this history, and walking into our near empty building, pandemic-stripping building and just standing there and looking at that bust, you realize that had to be removed. I could not ask our colleagues to walk by that every day but it needed to be archived because it is part of our history.

We had that transported down to the archive and then George Floyd was a thunderbolt for, I think of all of us, I heard that from Saul as well. There are many, many threads to this and, personally, I'm no expert in this area. And so I'm a little surprised at some of the things I learn when I look in detail at our history. And those are other threads that make up this tapestry of recognition.

Dr. Christopher: Great. Thank you so much. Mark.

Del Monte: Thank you. As a lawyer, I have a little bit of a different pathway into this job, I think, and I began my career in the middle nineties in Oakland, California providing free legal services to children and families with HIV. And so it was certainly a clear view of systemic inequity at that time that they were mostly white service providers providing services to mostly Black people and so it was really the first time that I could see the social conditions under which a virus can spread rapidly. And it is a framework that set in my mind. And after a while, the 'one at a time' client work became something that I needed to see a broader lens to see because it was the system. It was the structure. One at a time work was very important service for person by person but we needed to change the overall system.

And so I became a lobbyist and moved to Washington, D.C., and worked for public policy for 25 years to try to get to improve the overall conditions and that has been my home at the AP for the last 16. So I think that perspective has always been with me and a part of it but increasingly aware of the work of the Academy Pediatrics in changing those broader systems. And so several years ago, we issued a policy statement on overcoming poverty as a social driver of health in children in order to optimize the lives and wellbeing of children, you have to overcome poverty. You can't think about poverty very long before you start thinking about racism. And so right after the poverty statement, came our policy statement on racism. There was a clear effort to think about this in terms of children.

I think it was really a dawning effort, I think, Jim said a lightning bolt, to think with the killing of George Floyd to accelerate this work with respect to medicine as a sector, the health care sector and our own organization as a part of that. It's important to talk about children but it's also important to talk about ourselves as a medical society or ourselves as a collection of pediatricians. And so you had to go back and look at Dr. Alonzo de Grate Smith and Roland Void Scott, who were denied membership in this organization and apologize for that action in the thirties. And we had this remarkable kind of juxtaposition. It was, we were celebrating the 90th anniversary of the founding of the organization and while celebrating all the amazing achievements that have been made over those nine decades, apologizing for rooted in structural racism also at the very beginning. And so being able to do those two things simultaneously and be very honest about that, I think is the only way we're going to get any kind of transformational work.

Dr. Christopher: Excellent. I'm sorry. Was someone going to add something? Well, no one says this work is easy. It's often difficult and you know that, as leaders, as physician leaders, you know the polarized times that we are in right now and the resistance that you have faced and will face in this

work. For those who are out there watching and listening, I really would like you to be clear and maybe tell us story about a time when you faced a challenge, a challenge that could have derailed even your efforts and what you learned from that time, how you overcame that challenge, if in fact you did. I mean, people have to be sort of strengthened in their resolve to know that it isn't going to be easy but we're going to do this work and sometimes we have to get creative. So I really welcome you to talk about some of the challenges that you've had to face as a leader without disclosing anything that's confidential but perhaps let us into your way of problem solving when it comes to this work.

Dr. Madara: Well, I'll tell you, we had a flare this past winter. I went to bed one night and the last thing I did was clean out my email and woke up in the morning and there were dozens and dozens of emails. And they were all about the same topic, about some podcast that had been released publicly through our journal. And the podcast actually had not experts speaking, denying structural racism wondering if there was structured racism in the U.S. or not, saying things such as there can't be discrimination because that's illegal and since it's illegal, it can't happen. It was both externally an explosion but internally an explosion, it felt like a gut punch for folks that had just begun wrestling with our past, our future, our plans, the plan that Aletha referred to was in the final stages of being polished.

And so there were many of our employees, I think most of our employees felt we had the rug pulled out from under us. And it really set us back in our work and it led to meeting with a variety of external groups and listening to them, and then deep listening sessions among town halls that we had internally, including all-hands town halls. And when I say all hands, it was pretty much that. We have 1,200 employees and there were 900 folks on those calls, those open town halls and they were raw. People would share experiences that they had had in their lifetime and talk about how this came back to then refresh all of those injuries. What I learned is, you really have to listen. Everyone has stories that are very meaningful to them and you have to appreciate and honor that, you have to give people space so that they feel that they have freedom to speak up and say things that might, in other circumstances, be deemed maybe a little out of bounds.

I remember one of our Black employees, one of our Black colleagues, told me that some years ago, he had mentioned the word racism in a meeting and he got the cold shoulder, just stating that word. That was something that was really instructive, I have to say, for me, and shows we have a long way to go.

Dr. Christopher: What I love about, if I could lift up the deep listening and creating the spaces for full expression and that takes skill. We can talk more about that perhaps in the future but thank you for sharing that. That's a powerful moment. Saul.

Dr. Levin: I think for me, it's how do I take an organization that is in some ways, a lot like our political system here. The majority of our members, I believe are more Democratically leaning. There's a minority that are more Republican leaning and then there's the middle. And how do you begin to look

at knowing our history, knowing that in some ways mental health really has a shortage of psychiatrists. How do we begin to look to how we can really help populations begin to look at themselves in a way that we will help them and walk that road with them to get better? It's tough. Some of my members still believe why are we concentrating so much on this and you have to say to them, as I like to say, "The world is changing and your world may have been what it was at the time but it's no longer that and you need to come along with us and understand what it is."

To me, it's open and honest conversation. I mean, that's what psychiatry is all about. It is talk about what really affects you, what it is, and hearing our members, and particularly our minority members and the Black members in particular, have helped lead us in this. And so we are not walking alone but it's delicate, but you've got to keep moving forward. I think that's exactly what I learned in South Africa, that the struggle there had to continue, had to continue, had to continue and eventually they got to a tipping point and I believe that's where APA is now at. They are truly looking at it very clearly.

Dr. Christopher: Mark some problem solving, overcoming challenges.

Del Monte: Yes. Thank you. I think for AAP, it's very, very easy to talk about children and the evidence around infants, children, youth, adolescents, et cetera, is very clear in talking about improving their lives very clear. I think it gets a lot harder when we started talking about our members and their lived experience and their lived experience in medicine or our staff. We have 500 staff here at AAP and Black staff and their lived experience. And so setting the conditions so that conversations can occur where there is or is not automatic trust that this is not going to go away as soon as the attention on this topic fades, that after the Black Lives Matter, the protests and racial justice protests, that everyone sort of issued their statements and did their thing and engaging with people in dialogue that's deep enough to create some amount of trust that this is not just all performative, that this is not just going to go away as soon as the heat is off.

Del Monte: And I'm not sure we're there yet. But to keep the conversation going and to be open and recognize that the three CEOs that you have here are white men. I am a CEO and this is my job to work on these issues. And I care deeply about that personally and to be able to share that because I think people want to know how do I think about this, how am I experiencing that terrible summer and the raw pain and emotion that was evident in the streets. And so there's no substitute for that kind of dialogue and being open in it. I think we have made some progress internally in those kinds of town halls that Jim mentioned, or other kinds of discussions, but we have to build that in so that we don't lose track of it because I don't think that trust is earned every day by action that we are doing and we can lose it very quickly.

Dr. Christopher: This is certainly an engaging and wonderful opportunity for sharing and discussing. I would like you all to maybe give some feedback to one another in terms of something that you've heard that may have touched your heart in a special way that you may relate to in a particular way because you are leaders, you're powerful physician leader, leaders of a medical organization in your

case, Mark. So perhaps you can respond to one another a bit here as we move into the last segment of our conversation.

Dr. Madara: Well, I would just say that what I heard both from Saul and Mark, the need for the recognition of the past that without that, how can you go forward? You have to do that work first. And, again, the opening of the culture so that you can talk about these things, that these are not words that are not allowed in the building. And that then I think also permits people to be more open and trusting of their environments. I was taken by Mark's comment you have the children on one hand and then you have the members on the other. And that's a separation that I hadn't thought about before.

I will say that when we created our strategic plan, overall in organizational strategic plan in 2012, we were going to shift our activities from a portfolio that was largely convening to a balanced portfolio that was convening and doing but we wanted to do big things so we couldn't do them alone. So the other thing that struck me are two obvious partners in this work because this is too big for any one organization.

Dr. Christopher: Absolutely. Saul or Mark, was there anything that Jim said that you wanted to lift up and respond to?

Dr. Levin: I think it's how do we as leaders hear from, I'll say, for me, particularly because of my staff, I have just over 200 staff of which 20% are Black to hear their pain and their stories, which you empathize when people make it, this is what my life's like and how does it compare to yours? And that has been one of the things that I've certainly paid attention to and have begun to have meetings in small groups, at the different levels of my leadership who are Black to find out what do they need to help guide me and to guide the organization. And then likewise, I have to say the caucuses, the minority underrepresented caucuses are also helping the members because technically they are come out of the members to say, listen to what my pain is and think about what your pain is. I'm a gay man and I'm an IMG, an international medical graduate.

And the soupçon that I have had in terms of the discrimination on those two levels is nothing to what I've seen as happened in the Black community over the 400 years. We have a long, long, long way to go. And I think I stand ready along with my staff and along with my leadership to really work. We're not going to do this overnight. This should not be, as I like to say, window dressing of what we've done. And I think that's what I'm trying to really push hard is each and every one of us has to look into our hearts and work out how can we make everyone's lives better, no matter who you are.

Dr. Christopher: I really appreciate the sincerity and the clarity from each of you. I would like to just remind us that there is a movement that's been building for the last 30 years, that there are groups out there who know how to do this work, who've learned the hard way in terms of bringing groups together, facilitating those difficult interactions. And at the same time not letting this work be reduced to simply conversations but to actual progress, measurable progress and being accountable for that

progress. And so it reminds me of what you said, Jim, about not doing it alone. As we draw to a close, I wonder if each of you could talk about you need from one another, as organizations, organizational leaders and also what you offer to one another as organizational leaders.

Dr. Madara: Well, different folks are going to find different things that work and don't work. And sometimes those are shared generalities that can be useful, other times it'll be spoke to the organization. Sharing progress would be both helpful and it's a form of accountability as well.

Dr. Christopher: Very good. Mark.

Del Monte: Gail, one of the things that you opened with is the playbook here is unwritten. We are creating this path as we're walking it. And I think that it's not so simple and clear. And so as people who are responsible for running organizations but also tending to a group of members, but also leading a sector of the economy, there are different layers upon which we can capitalize on each other's strengths and learn from each other across these three groups and the rest of organized medicine, certainly. There's so much to do that none of us should be inventing this by ourselves in a silo, cut and paste and copy liberally, I think has to be the rule of the day.

And I also think that because it's not so straightforward and easy, there are likely to be missteps along the way. There will be mistakes. There will be things that we didn't see coming or, Jim, to waking up and your inbox is full, like what happened, and to just acknowledge that those things are going to happened to all of us as we're doing our best and making our best good faith efforts every day and that to support each other forward and to ask for forgiveness when we need it and to learn and do better each time and so I'm delighted to be a part of that process.

Dr. Christopher: Awesome. Excellent.

Dr. Levin: And I think for me, I grew up in the house of medicine. I grew up in the AMA, as a resident because I came into the country as a resident. I have learned that the power of the AMA, they are the largest body and the organization that brings everyone together, the states together, the specialties together and in some ways, Jim, I have to thank you and Aletha, for the work that you did in creating that vision because we really looked at that. And then we took it into APA as well and I have Dr. Regina James, who certainly helped us a lot coming out of her 30 years of expertise at NIH in this area to work out how do we now apply to psychiatrists?

And I think the other part of it is, I constantly or meeting with Mark as the CEO of Peds, the Dr. Darilyn Moyer of American College of Physicians with obstetrics gynecology. We all come together and at times it is the power of the group that says, we need to do this that our members begin to realize they are not alone in this, whether they don't want it to happen or they don't know how to change or those that can help them change.

The power of, I think organized medicine is truly what I think will help us create a lot more power to change everyone's daily existence in this country on the topic.

Dr. Christopher: Well, thank you all. Certainly the pandemic has revealed to us how central health and wellbeing are to our very existence as a country and as a democracy and for you to bring this energy into the discourse in our country right now, from a perspective of healing and total commitment, it is really critically needed and I thank you all. And I turn it over to Dr. Maybank. I thank you all for your leadership at a time when our country needs it so badly.

Dr. Madara: Thank you, Gail.

Dr. Maybank: Thank you, Dr. Christopher for leading this wonderful and powerful conversation and discussion. Thank you, Jim, Saul and Mark for your insights and for your commitment to anti-racism and not only commitment for your institutions but the work that we all know we have to do for our own selves individually to help advance the work of our institutions as well. I look forward to you all coming together more specifically on this and embracing that and embracing other institutions in organized medicine to also do the same. Thanks to all who tuned in and look forward to you joining us on future sessions of the Prioritizing Equity Spotlight that will happen later this year. Thank you.

Dr. Christopher: Thank you.

Dr. Maybank: Thank you.

Dr. Madara: Thank you.

Dr. Levin: And thank you, Aletha, for the work you're doing, you have also helped us tremendously.

Dr. Maybank: Thank you.

Del Monte: Thank you.

Disclaimer: The viewpoints expressed in this video are those of the participants and/or do not necessarily reflect the views and policies of the AMA.