In his inauguration address at the 2022 Annual Meeting of House of Delegates, Jack Resneck Jr., MD, discusses physicians' ability to pivot when faced with the unexpected. Download the complete transcript (PDF).

The Race We’re In

With so much pain and despair in the last two years, in the wake of this pandemic and a politically fractured country, I admit to having had real questions, and some trepidation, as I approached this presidency.

Questions about whether we could collectively – all of us in organized medicine – move beyond the serious challenges we face.

I wondered if I could make a difference.

Then Rabbi Stacy, who we heard from this evening, told me a story that struck a chord.

It’s the story of Georgene Johnson, a middle-aged woman from Cleveland who, 30 years ago, took up jogging. Eager for a little competition, she signed up for a local 10k run.

Georgine showed up on the morning of the race, began her stretching exercises, and, when she heard the starting signal, took off running with the crowd.

Five miles in, Georgine began to wonder why the course hadn’t doubled back towards the start as she expected.

Confused, she asked an official, and discovered she was running the Cleveland Marathon.
Her 10K was scheduled to commence an hour later.

Georgine started crying. She tried to make her plight known to officials and bystanders. But no one was able to give her a ride back to the starting area.

So, Georgene just… kept … running.

She thought to herself:

This isn't the race I trained for.

This isn't the race I entered.

But, for better or worse, this is the race I'm in.

Georgene finished the Marathon.

All 26 point 2 miles… in four hours and four minutes.

She had never run more than 8 miles before.

So here we are, in 2022.

Many of you have shared with me your own doubts about the future of medicine, and about the promise of our advocacy.

When you joined this profession, you probably didn’t anticipate shouldering the weight of a pandemic that has taken the lives of over a million Americans.

Or working in a health care system stretched so thin that at times physicians seemed to be the only thing holding it together – sometimes with duct tape.

While so many of our patients have supported us as we cared for them … banging pots and pans or howling from their windows in the early days of COVID … I doubt you imagined a divided country such as this, where physicians and public health officials often face anti-science aggression, and threats of violence simply for doing our jobs.

You probably didn’t plan on insurers questioning every prescription, and every procedure you asked for.

Or government criminalizing routine and vital health care … enshrining discrimination against our LGBTQ patients … or attacking a woman’s right to control health care decisions that should only be between her and her doctor.
No, this isn’t exactly the race we trained for.

But this is the race we are in.

And while it would be easy to get overwhelmed by despair, as I begin this new role …

I’ve never been prouder of my physician colleagues. I’ve never been prouder to be part of this profession.

And I’ve never been prouder of our AMA.

In the early weeks of COVID-19, despite an appalling lack of PPE and testing capacity, physicians put their lives on the line and ran toward the burning fire, not away from it.

Who can forget the images of doctors sleeping in tents and garages to protect their families from exposure? Or traveling to New York, and the Navajo Nation, to help exhausted colleagues and desperate patients.

Indeed, some of our colleagues lost their lives.

As the pandemic wore on and the country splintered, manipulated by the rampant spread of misinformation, some of you faced patients in emergency departments and ICUs denying the realities of this virus even as they were being intubated.

I’m proud of doctors who in small and large ways kept working to educate our communities.

I’m proud of individual physicians in every state, from every specialty, who patiently explained the benefits of vaccination to their patients.

I’m thankful to public health officials who endured relentless pressure from politicians, faced physical threats from angry strangers, or even lost their jobs.

When there is urgency, there is the possibility of unity.

And so now, as we gather for the first in-person inauguration since the start of this pandemic, I’m urging all of us to choose the promise of our greatest hopes, not our fears.

Let’s pledge tonight to bring to the journey ahead the same urgency and innovation that led to accelerated vaccine development and widespread adoption of telehealth in response to COVID.

Let’s sustain that urgency and apply it to fix those frustrations Gerry Harmon gave voice to on Friday…

Dysfunction that interferes with what drew us all to medicine in the first place – caring for patients.
Obstacles that drive burnout, dissatisfaction, early retirements, and sometimes even depression and suicide.

That’s why we’re forcefully advocating for a Recovery Plan for America’s Physicians.

This includes fixing a deeply flawed Medicare payment system that hasn’t seen a real inflation update in two decades. That requires burdensome reporting of irrelevant measures, and has yet to implement any of the dozens of innovative payment models designed by physicians to improve quality and reduce cost.

It includes removing the hurdles that health insurers and others create to deny high quality, evidence-based care to patients.

For example, I remember when prior auth was focused on a few brand-new, high-cost medications, but when prescribing a generic steroid cream invented in the 1960s started to involve several days of faxes, phone calls, and appeals, it was clear we had sunk to a new low.

It includes supporting team-based care, but not pretending that every health care practitioner has the same training and experience as physicians. Patient safety demands that we lift up physicians for their expertise, as leaders of health care teams.

It includes ensuring physicians have the technical support and insurance coverage to integrate telehealth and other digital tools into their practices. And that new health innovations, such as AI, are created in collaboration with physicians on the front lines who will deploy them, with evidence that they are user-friendly, effective, and actually drive meaningful health outcomes – not just hype outcomes.

This is the race we are in.

The COVID pandemic has broadened awareness of longstanding health inequities, as the nation observed appalling adverse outcomes for Black, Latinx, Indigenous, and other historically marginalized communities. It brought to light the institutionalized systems that have perpetuated racism and gender discrimination in medicine for as far back as we want to look.

The AMA has not always been on the right side of history.

But we have enormous capacity to reduce harms and advance equity, and that begins with reckoning openly with our past mistakes -- making space for healing and transformation.

I am immensely proud of our House of Delegates and our Board of Trustees for their commitment to a more just and equitable health care system … work that is grounded in science and evidence, and is the foundation for the more equitable future we all seek.
I’m proud of the leadership of our Center for Health Equity. I’m optimistic because their efforts are not siloed, but are becoming embedded across AMA teams focused on medical education, advocacy, science, publishing, litigation, chronic disease, and innovation.

I always try to approach this topic with humility. Some in this audience have far more health equity expertise than I, and some bring lived experiences that I do not.

But among the many privileges afforded to me by birth was a family who recognized racial inequities in our communities, and in some cases, spoke up.

My father and his siblings grew up in Clarksdale, Mississippi, and witnessed some of the unspeakable cruelties of racism.

My uncle Myron, who was engaged in civil rights work, started an anti-segregation newspaper anonymously with several friends in the 1950s as an undergrad at Ole Miss. Once he was outed as a contributor, after death threats and his car being shot at on the highway, they had to stop publishing.

When Myron returned to Ole Miss as a medical student, he was failed out for his views and had to abandon a career in medicine.

I can’t claim I shared Myron’s bravery, but I recognized, growing up in Shreveport, Louisiana, that some things I saw just weren’t right.

My understanding of racism was unsophisticated. It certainly wasn’t informed by adequate dialogue with people experiencing redlining, educational discrimination, or violence.

But I knew enough at age 16 to write an op-ed in our city’s newspaper about the need to remove Confederate monuments from our courthouse lawn.

You can imagine how that went over in 1987.

I was also influenced by stories of my great-grandmother. Widowed with two young children by the last great pandemic a century ago, she applied to medical school in the early 1920s – and was accepted. But the misogynistic physicians in her small town made their objections clear -- and laid out threats that derailed her plans.

These narratives prepared me to commit to a lifetime of listening and learning - to participate in, support, amplify, and continue to work toward a more equitable future.

Make no mistake, this is all of our work …

… this cause belongs to all of us …
... and each of us must do our part to eliminate health inequities by engaging in anti-racist and anti-sexist work.

While important gains have occurred, COVID and a mountain of other evidence about health inequities remind us – painfully – that our work is far from over.

Medical education of the past really didn’t entirely train us for it, but…

This is the race we’re in.

I have to admit that – in my heart – I’m an institutionalist. I believe those who show up can use levers of power to confront our system’s flaws.

One can approach those flaws with a desire to blow up the system, or from the inside, getting seats at leadership tables to bring about change.

The insider approach doesn’t have to be meek or apologetic – it can be powerful, focused, and infused with purpose. This is the nerdy policy part of my life, which my friends will force me to admit is most of my life.

The part that loves talking tactics and strategies. The part obsessed with forging understanding and compromise to get something done. The part that left my parents fearing for decades that I might run for Congress.

But it’s also the part of me that knows the power of telling stories to convince policymakers and the public of our AMA goals. The stories from my own clinic. The stories from the frontlines that you share with me.

It’s the part of me that is willing to go back to the drawing board with clever colleagues and staff to try again after failing to get a Congressional bill over the finish line to fix Medicare payment, or lower drug prices, or right-size prior auth, or expand patient access to care.

It’s the part of me that won’t give up on our AMA efforts to stop the public health crisis of gun violence, demanding waiting periods, universal background checks, red flag laws, and bans on assault-style weapons and high-capacity magazines that our House of Delegates policy supports.

Enough is ENOUGH.

I’ll keep relentlessly showing up to accomplish those goals.

It’s the part of me that knows that local, state and federal governments are not unmovable forces – they are our own creations, and change happens when we recognize that and engage.
Despite the enormous strain it’s currently enduring, I maintain my belief in our American democracy, and the potential of our institutions to bend the arc of the moral universe toward a more just and more equitable system.

Our presence here tonight is a part of that ecosystem of change.

Change will not always be easy. Our journey together is not without challenge – but I am not so easily deterred. And neither are you.

I am deeply humbled to stand before you, to accept the honor of AMA president beside so many of my heroes, mentors, and dear friends. I don’t take the responsibility of representing our profession lightly.

I’m overwhelmed with gratitude for my family.

When I was in high school and college, I’d often say that I did not plan to go into medicine. So much for that.

We can blame my father, a retired dermatologist, who woke up excited every day to see patients. If he ever had days when he dreaded work, he hid it extremely well. Burnout was not in his vocabulary.

He loved medicine’s intellectual challenges, learning from colleagues, and most of all, connecting with patients. His example was my blueprint, and it still is today.

He never discouraged me from a career in medicine, and I’m optimistic that the amazing physicians and students in this room will work to leave behind a profession worthy of inheritance by yet another generation.

For my compulsion to organize everything around me, we can blame my mother, who developed a reputation as a fixer for community non-profits in need of putting their finances in order. Mom could analyze an organization, deducing its secret maps and keys to getting things done, in a nanosecond.

Mom and Dad, thank you both for decades modeling integrity, compassion, optimism, and teamwork.

To my kids, Zachary and Amelia. You tolerate my work travels (which of course, you occasionally get to come along for, which I know is a plus). You love strange foods and new places as much as I do. You revel in my nerdiness and only make fun of my music selections or dad clothes occasionally. You are so much cooler than I was as a teen, but let’s be honest, that’s a pretty low bar.

Seriously, I beam with pride in you both. You are kind, empathic, and loving. You work hard, and speak up, and push us when you think we’re wrong. I’m confident the two of you will do your parts to leave the world a little better than you found it.
Thank you to my wife, Ellen, my partner, and my best friend. What you do, providing care to some of the most marginalized patients, inspires me and everyone who knows you.

As a leader in your own right, you choose to do some of the hardest and least appreciated work in our profession.

You are not the strong woman behind me. You are the powerful woman beside me.

As a fellow physician, you understand and support this passion of ours. I could not do any of this, nor would I want to, without you.

Ellen, your love, your patience, your example -- give me the strength to try and change the world.

To my sister Elese, thanks for your love and encouragement, for not letting any of this go to my head, and for pretending to be a rebel before realizing you were really another organizer – like the rest of the family.

A lot of family and friends have traveled to join us today. That includes cousins, aunts, and uncles, friends from college at Brown and medical school at UCSF. It means so much to me to have you here with us.

I’m thankful to my mentors, mentees, colleagues, and friends at the AAD, UCSF, and the AMA, as well as the staff and management teams at each of these places. You have taught me so much and inspired me to become a better leader.

Thanks to my patients for the privilege of caring for you. For sharing your personal stories, health concerns, struggles and hopes with me. You remind us, as doctors, why we chose medicine in the first place, and why we come here, to the AMA, to advocate.

You ARE THE WHY.

To my fellow AMA presidents …

Gerry, thank you for your history of service to our nation, your commitment to health equity, and your unparalleled ability to use just the right story (usually from rural South Carolina) to convince the most skeptical listener of our AMA viewpoint.

Sue, thank you for fighting back against misinformation, for defending science, for teaching our nation about COVID, and for standing up for physicians when we needed it the most. And you did it all, serving as our media star, from the confines of your home TV studio.
Patrice, you were our leader when COVID struck, and you accepted the charge with strength and grace. You brought clarity and leadership in moments when there was too little of either. As a result, you endured too many insults, but fiercely defended us all. I'm filled with gratitude for your mentorship and your leadership on mental health and health equity.

These presidents have shepherded our profession and our AMA through challenging times. I'm thankful for their friendship and inspired by their leadership.

A little more than two years ago, our nation was facing a virus we knew little about, and our health care system was in crisis. The world as we knew it – closed.

But today the world looks a little different. A little brighter. A little more hopeful.

I am hopeful and optimistic because I know our AMA is a force for good for patients and for doctors.

For more than two years physicians have put everything on the line.

Today, we are reminding policymakers that it’s time our nation renews its commitment to doctors and the patients we serve.

Today, we work to elevate and prioritize the voices of physicians over purveyors of disinformation.

Today, we fight in legislatures and in court to keep politicians from inserting themselves into our exam rooms, and dangerously criminalizing evidence-based care, including contraception, abortion, and gender-affirming care.

Today, we are intentionally and deeply committed to the work of health equity and racial justice.

And today, for our nation’s physicians who have bravely responded to a historic call without hesitation, we are a focused, science-based, nimble, influential, and powerful ally.

We will always have doctors’ and patients’ backs.

This may not be the race we entered.

But this is the race we’re in.

And together … this is the race we’ll win.

Thank you.