

**Inaugural Address
Annual Meeting 2023**

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President**

A More Inclusive and Equitable Future for Medicine

Thank you, Dr. Fryhofer. Thank you to all of these remarkable physician leaders seated behind me.

And thank you to all of you for being here tonight. What an incredible honor to address you for the first time as your AMA president.

With us tonight are so many people from all periods of my life. Childhood friends from Delaware, classmates from college and medical school. My longstanding and primary research mentor who opened the door for me to an academic career, colleagues from Vanderbilt, the Medical College of Wisconsin, and several shipmates that I was privileged to serve alongside in the Navy. All of you are so incredibly special to me; thank you for being part of this night.

I want to recognize two people in particular, seated here on stage: Army Commanding General Mary Krueger, a courageous advocate for the inclusion of LGBTQ individuals in the military and beyond throughout her storied career as a family physician. Thank you, Mary for always standing up when it matters.

Also beside me is Dr. John Raymond, president and CEO of the Medical College of Wisconsin, who is a remarkable physician leader and an even more remarkable man. Your kindness and compassion inspire me every day in all my work. Thank you, John.

And of course, my immediate family in the front row: my father David Ehrenfeld, a retired family dentist who practiced for 45 years and never turned away a patient who called with an after-hours emergency. My mom Katharine Nicodemus, a psychologist with a still incredibly busy solo private practice. You always showed us the importance of education, even though you prioritized mine over yours, resulting in our simultaneous graduation from high school and graduate school the same year. My brother Josh, who was always there for me in a pinch, even if meant driving a car halfway across the country in the middle of the night.

My two beautiful boys, Ethan and Asher, 4 years old and 4 months old, respectively – you have brought indescribable joy into our life and I love being challenged by you and watching you grow each day.

And of course, my husband Judd Taback: a public service attorney who has dedicated his entire professional career to service. You have been my partner in crime for nearly 12 years now, married for half of them. You have given up so much to support my dreams, including every birthday since we met to come to the AMA annual meeting. You have been there for every celebration, every sorrow, always with the right words and the right

embrace to support me and our family in any and every circumstance.

You inspire me through your strength and your love, each and every day. I can't imagine this moment without you and Asher and Ethan.

Now, Ethan just turned 4. His road to pre-kindergarten hasn't been an easy one. He was born 10 weeks early and weighed just 2 lbs 7 oz.

For the physicians in the room – ok, most of us – you know the serious complications that can arise when a child is born that early and that underweight.

Ethan spent 49 days in the neonatal ICU at Illinois Masonic Hospital, just a few miles from here. While in the ICU, Ethan required a lot of care, a lot of medicine, and a lot of love to keep him alive. Judd and I will be eternally grateful for the physicians and nurses, and the medical innovations that saved his life.

As new parents – seeing our child struggle was unimaginable. In those kinds of moments, you want to do everything possible, and give anything you can, to help your child's recovery.

When he was just a few weeks old, Ethan needed a blood transfusion. And as an anesthesiologist, I have given thousands of units of blood to hundreds of patients.

But at this moment, watching my son cling to life, I was struck by the painful reality that, even though I was a physician and now, a father ... neither I, nor my husband, could donate blood – simply because we are gay.

Discriminatory policies – policies rooted in stigma, not science – barred us from doing the most humane of acts, donating our blood.

Thankfully, Ethan got the blood he needed. But that feeling of helplessness lingered with me for some time.

I tell this story because I want people to understand what we mean when we talk about inequities and injustices in medicine.

This is just one of many experiences my husband and I have had with health inequities, and I know that too many of my colleagues and too many of the patients we care for also suffer from discrimination and discrimination in health care on a daily basis.

It's the reason why Black women in the U.S. are at least three times as likely as white women to die during pregnancy... why Black men are 50 percent more likely to die following elective surgery.

It's why LGBTQ teens and young adults suffer higher rates of mental health challenges, both diagnosed and, far too often, undiagnosed.

In Milwaukee, where I work and live, the infant mortality rate for white families is 3 per 1,000 births. For Black families, it's 18 per 1,000 births.

So many injustices in health care remain – and are the focus of our AMA's advocacy on health equity and much of my personal work leading the Advancing a Healthier Wisconsin Endowment.

Just recently, the FDA, thanks in large part to a decade of advocacy by our AMA and others, rescinded some of these discriminatory practices, making it possible for my husband and I to give someone else's child a much-needed blood transfusion.

This kind of advocacy is why I am so proud to lead our AMA at this moment.

The AMA has made tremendous strides in recent years to recognize past wrongs, to take a stand against discriminatory practices in medicine, to stand on the side of justice and equity, and to partner with allies who are committed to advancing the rights of all patients to receive equitable care.

Today there is an unconscionable effort to interfere in medicine. An assault on patient and physician autonomy. Legislative over-reach. Attacks on maternal health ... on LGBTQ patients.

There are also relentless efforts to redefine how medical care is practiced by expanding scope of practice for nonphysicians, creating more inefficiencies in the system, further siloing care, and putting patients at greater risk. And I will tell you these misguided efforts negatively impact patients in historically marginalized communities.

The aspiration shouldn't be to provide lesser quality care to more people, it should be to provide high quality care for all people.

All communities – including our nation's veterans and those from Native American and other historically marginalized communities – deserve access to a physician-led care team.

As far as we have come, we have even further to go. And as I stand here tonight, I can't help but to be awed by the willingness of our AMA to make difficult and necessary change.

I have a vivid memory of walking for the first time into the AMA House of Delegates meeting here in Chicago in 2001 when I was a medical student. I had just finished my first year of medical school at the University of Chicago and the possibilities ahead of should have seemed limitless. But as I stood near the back of the room, I was struck by two competing feelings. I was in awe of the open and deliberative process. Here were physicians from all over the country, and from every specialty, debating health policy in

minute detail. Here were medical experts establishing the policies, guidelines, and directives I would one day follow.

But another feeling settled in as well. I had an unshakable feeling of insecurity, knowing that as a gay man in medicine I was an outsider who might never be accepted for who I was, limiting my choices.

The policy debates I heard were jarring to me. To hear the arguments against inclusivity... to hear arguments that flew in the face of science because of homophobia and ignorance. I knew who I was, but I wasn't sure there would ever be a place for me in our AMA.

You have to remember that in 2001, there were no federal hate crime protections for LGBTQ people. Same-sex marriage was not legal in any state. Don't Ask Don't Tell was still the law of the land – and it would remain so when I was commissioned as an officer in the Navy some years later.

In 1998, a young college student named Matthew Shepard was brutally murdered in Wyoming because of his sexual orientation. Matthew and I were the same age. I had only recently told my closest friends in college that I was gay. And for me, as for many of us in this community, Matthew's murder was as shocking as it was predictable. It was a salient reminder of the very real threats that people like me face every day when we live as our authentic selves.

Here at our AMA, there was not yet an LGBTQ Advisory Committee or Section. There were no policy discussions that focused on the health needs of my community.

There were few openly gay physicians to look up to. Our AMA had only amended its policies eight years earlier to specifically prevent discrimination on the basis of sexual orientation – and had only outright opposed the practice of conversion therapy, one year before I joined the organization.

And so, as a medical student – standing in that room and watching the deliberative process of the House of Delegates unfold – I had well founded fears about my place in society, never mind the profession of medicine.

A few years later, I became active in my state medical society during my residency in Boston and I helped to write and pass a resolution to form an LGBTQ committee to elevate the concerns of our community, not only as patients but as physicians and health care professionals.

It was an effort that clearly did not sit well with everyone. I was pulled aside by a colleague and told that while creating an LGBTQ committee was all fine and good, continuing on this path would bring a swift end to my career in organized medicine.

I realized at that moment that my choices were to continue to hide who I am, or to help organized medicine evolve into a place that welcomed people like me.

Standing on this stage tonight and accepting the honor of the AMA presidency is proof that our organization can evolve.

This is why visibility matters. And this why, when you have a platform like this one, you have a responsibility to use it for the greater good ... and to try and lift up those who haven't yet found their voice.

Everyone in this room tonight knows that the profession of medicine is at a crossroads.

On one hand we're witness to incredible new technologies and breakthrough scientific discoveries. Remarkable treatments. Amazing new medicines that make it easier to diagnose and cure common diseases and prolong life. And we're only just beginning to see the promise of A.I. – which has the potential to transform medicine.

At the same time life expectancy in the U.S. is lower than it was when I was in residency. Maternal mortality is surging – more than doubling at the rate of other well-resourced countries. And we continue to face daily shortages of critical, life-saving medications.

COVID-19 may not be the threat it once was, but we still face the twin epidemics of substance use disorders and deaths from firearm violence.

And we face an ever-worsening mental health crisis in our nation, which has taken a disproportionately high toll on physicians.

A dear medical school classmate of mine, who went into emergency medicine, worked tirelessly on the frontlines throughout COVID, struggled. I knew he struggled. But I didn't know how to help him. And he didn't know how to ask for help. And two years ago, I lost that friend to suicide. He was an energetic and loving soul, and I am haunted by his loss.

He is yet one example of why I know our AMA must continue to advocate for the mental health needs of all physicians and of our patients.

Our profession – and our society – can do better.

We must do better.

This is why both physicians and the public look to the AMA for leadership ... for guidance ... for reassurance ... and for help making sense of our complex world.

At a time when so many aspects of society have become dangerously polarized, we have seen the proliferation of medical disinformation, junk science, the criminalization of medical care, and a growing distrust in medical institutions and experts.

Our AMA has a duty to call out politically appointed judges who would upend 80 years of FDA precedent and threaten access to critical drugs long proven to be safe and effective.

We have a duty to push back against legislative interference in the practice of medicine that is leading to the criminalization of care.

We have a duty to fight for the recovery of America's physicians in the aftermath of the pandemic, pushing to fix our broken Medicare payment system, reform prior authorization, and end the stigma around physician burnout.

We have a duty to make sure that the human connection that is so essential in medicine remains at the center of our increasingly digitized world.

When I am sick, I want to know there is someone helping me who actually cares about me. Someone who understands my struggle, and my pain, and who brings with them the human emotions that are at the center of the patient-physician relationship.

We have a duty to push for change to address the crisis of violence.

Every physician who has cared for an innocent victim of violence, whether from a school shooting, the Boston marathon bombing, the siege on Tree of Life Synagogue, the Pulse Nightclub massacre any of the other countless and completely senseless acts of violence that our country has endured can tell you of the heartbreak and the moral injury they suffered while trying to save as many lives as possible.

We have to think about how we can engage in this divisive environment if we are to be successful in pushing for policy changes, advocating for what we believe in, and working to make a difference for our patients and our colleagues.

And as president, I pledge to do all that I can to ensure that your voices – and your priorities – are heard.

Too often, it seems like many have forgotten the rules Ethan is learning in pre-kindergarten about sharing, being kind, and accepting others.

I often think about the loss of trust and respect for one another that we see play out at every level of society. I hear from parents in my son's class about how they come from different backgrounds, different jobs, and different parts of town. There is a richness in the diversity in his class and in watching how these children interact.

How the kids engage with one another oblivious to bias, to stereotypes, or to the fractures that have often been ingrained in their parents.

So how do we break this cycle?

What can we do, as physicians, to rise above division and bridge divides?

We use our voice.

We speak up.

We advocate.

We call attention to injustice.

We don't back down from the good fight.

That's why I am so proud of the courage our AMA has shown by standing up for science... standing up for ethics at a time of increasing aggression and hostility.

I am proud to be at the helm of our organization as we continue to champion health equity and racial justice despite vocal – and powerful – opposition.

It is easy to be discouraged by the enormity of the task at hand, but as I begin my term as president, I choose to embrace optimism.

I choose optimism because I've seen how physicians have stepped up to counter disinformation, to shine a light on the unacceptable toll of mental illness and violence, to address health disparities, and to get all patients access to the care that they need and deserve.

I choose optimism because I work with young physicians and aspiring physicians who are driven by a bottomless sense of curiosity and a commitment to making a difference. The next generation's passion for medicine gives me hope for the future.

I choose optimism because I have seen the impact of our AMA – and our capacity to speak out, adapt, fight injustices, and support physicians and patients in every corner of the country.

I choose optimism because I believe there is still joy to be found in medicine, a reason nearly everyone in this room has dedicated our professional lives to helping, and healing, others.

I choose optimism because even though I once stood in the back of this very room afraid of being rejected for who I was ... I now stand before you as the first openly gay president of our AMA, proudly representing everyone in this room, including everyone who has ever, or will ever, feel like an outsider.

While our AMA may not have the power to change every part of society that rejects

people who are seen as different, we do have the ability and obligation to ensure health care is always a safe space.

We can work to make sure all our patients are seen, heard, and accepted as they are.

For too long medicine has been an unsafe place and an unwelcoming environment for far too many people. Although the work is difficult, slow, and imperfect, our AMA continues to strive to change medicine for the better, and to make the exam room a safe place for everyone who seeks our help.

This is our charge as physicians.

And this is the charge of our AMA.

Physicians across the country continue to shoulder the weight of enormous challenges.

Yet despite these immense pressures – we physicians continue on.

We do the work.

We provide compassionate care.

We make a difference.

We change lives.

Twenty-two years ago at my first AMA meeting, I could never have predicted what medicine looks like today – both its challenges and its potential to lift up society.

The challenge that lies before me and before all of us tonight is to collectively imagine what it should look like twenty-two years from today.

Let us move forward with confidence and purpose.

Let us speak with conviction.

Let us hold firm to science and the ethics of our profession.

Let us serve with honor, courage and commitment.

And let us always fight for a more inclusive, and more equitable, tomorrow.

Thank you.

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