



COMMENT

American Pediatric Society 2018 Presidential Address—the courage of our dreams

Elena Fuentes-Afflick¹

Pediatric Research (2018) 84:582–585; <https://doi.org/10.1038/s41390-018-0112-y>

Good morning, colleagues, members, and guests. I am honored to stand before you this morning as President of our Society. Thank you for entrusting me to serve in this role, it is an honor and a privilege. The American Pediatric Society was founded on the principle of leadership, which is a topic of everyday conversation in the workplace and in private life. Many books have been written about leadership. Two of my favorites are *Endurance*, by Alfred Lansing, about Ernest Shackleton's attempt to reach the South Pole, and *Dead Wake*, by Erik Larson, which describes the last crossing of the Lusitania. Each story describes individuals who demonstrated powerful and inspiring leadership in the face of great challenges.

David McCullough's book, *The Wright Brothers*, tells the story of Wilbur and Orville Wright, who had a vision, a passion, and changed the world. The Wright brothers grew up in Ohio at a time when the state was undergoing rapid development. They lived in Dayton, which was not considered a remarkable or historical town. Despite the state's humble origins, however, the people who lived in Ohio during the mid-1800s had great visions for their future. William Dean Howells, the editor of the *Atlantic Monthly*, wrote that the people of Ohio "were the sort of idealists who had 'the courage of their dreams'".¹ He went on to say that Ohioans of this generation leveraged the courage of their dreams and made them come true.

The American Pediatric Society was founded in 1888, around the time as the Wright brothers' adventures. On 18th September, the founding officers and Councilors wrote our Society's constitution and named Dr. Abraham Jacobi the first President. The constitution, which was written in 1888 and updated in 1951, defines the objectives of the Society, the vision of our founders. Article II² reads: "The objects of this society shall be to bring together men and women for the advancement to the study of children and their diseases, for the prevention of illness and the promotion of health in childhood, for the promotion of pediatric education and research and to honor those who, by their contributions to Pediatrics, have aided in its advancement."²

I find this objective to be ambitious and inspiringly aspirational. To understand the impact of the vision at the time our Society was founded and the long-term impact of the vision on our current activities, we need to put the founding of the American Pediatric Society in perspective. Forty years before the American Pediatric Society was founded, the American Medical Association (AMA) was founded (1847).² It apparently took some time for the pediatricians to organize into their own group because 24 years after the AMA was founded, the Pediatric Section was created and our own Dr. Abraham Jacobi was the inaugural chair of the section.

Dr. Job Lewis Smith was a prominent New York pediatrician who assembled a group of colleagues at the 1887 meeting of the International Medical Congress to discuss his idea of creating a new society, the American Pediatric Society.² One of the founding concepts was independence and the avoidance of entangling alliances, especially with the American Medical Association. We can only speculate on the type of entanglements that occurred in the 1880s but the themes of organizational collaboration, organizational relationships, and individuation were fundamental from the earliest days of our Society.

Dr. Abraham Jacobi, the first President of the American Pediatric Society, used his Presidential address to underscore the unique role of pediatrics within the field of medicine. Given the historical context, it makes sense that it was important to focus on the unique needs of children and provide a forum for pediatricians to gather and discuss issues of mutual interest. At a time when children were not highly valued in society and our scientific knowledge of pediatrics was limited, it took courage to represent and advocate for children. Given the challenges that we face as pediatricians, and the challenges that children face 130 years after the founding of our Society, I believe that our founders' commitment to broad goals of improvement and advancement are no less important today than in 1888.

As long as I have served on the Council of the American Pediatric Society, we have focused on member engagement. Through surveys and other communications, our members have told us that they would like to be actively engaged in our Society. This year we have emphasized engagement by issuing calls to solicit interest in serving on committees or representing the Society to other organizations. I wish that we could select everyone who has expressed interest because more people are interested than we have openings.

While our founders had lofty dreams, transparency was not a characteristic of the early years of the Society. As described by Dr. Howard Pearson, "The election of officers was rather undemocratic for most of the life of the Society, and our governance process was described as a benign oligarchy".² I find it hard to believe that we did not have an election process until 1986, the year I graduated from medical school! Instead of an open process, a single person was presented to the Society for "election" but the process was really a ratification of the Council's recommendation. It is now our practice to invite nominations for our Council and officers and we hold open elections. I encourage you to submit your own name or the name of a colleague when you receive a call for nominations.

Engagement has been one of my priorities for this Presidential year. At last year's members' luncheon we asked you to describe

¹Department of Pediatrics, University of California, San Francisco, San Francisco, CA, USA
Correspondence: Elena Fuentes-Afflick (elena.fuentes-afflick@ucsf.edu)

Received: 18 June 2018 Accepted: 28 June 2018
Published online: 9 July 2018

the role and purpose of the American Pediatric Society. Five themes emerged from the narrative comments: (1) create the next generation of leaders, (2) be a catalyst for science and advocacy, (3) mentorship, (4) leadership, and (5) define what academic pediatrics contributes to child health. Thank you for your thoughtful responses, they have helped shape my priorities and our Council's discussions.

I co-chair the Society's Committee on Leadership in Academic Pediatrics with Councilor Norman Rosenblum. Working with the other committee members we designed a survey to assess our members' interests and needs in terms of leadership activities, including coaching and mentoring programs. When you receive the notification about the survey, please take a few moments to respond so we can develop the most appropriate programming for our Society and our members.

Collaboration with professional organizations has always been a characteristic of our Society. Although we were founded in order to make ourselves distinct from the dominant organization of the time, our commitment to collaboration has remained important. Our oldest organizational partner is the Society for Pediatric Research, which was founded in 1929 as the Eastern Society for Pediatric Research and expanded 2 years later as a national organization. At this year's meeting we celebrate 80 years of professional meetings in conjunction with the Society for Pediatric Research. I believe that the partnership between the two societies has enhanced our Society's impact on scientific and policy issues. The Society for Pediatric Research and our Society collaborate through the Pediatric Academic Societies meeting and the Councils meet twice a year. The purpose of the joint meetings of the Councils is to increase awareness of activities, identify opportunities for collaboration, and amplify the impact of our work. In October 2017, the councils prepared for Hill visits with United States Congress people to advocate for pediatric research and other policy issues related to child health.

Wellness is an issue of contemporary importance but it is not a novel topic for our Society. Almost 60 years ago, Dr. Samuel Levine discussed career satisfaction during his Presidential address.² This summer I was privileged to represent our Society at a meeting that was convened by the Academy and focused on Wellness in Pediatrics. Our colleagues from the Academy, the American Board of Pediatrics, the Association of Pediatric Department Chairs, the Association of Pediatric Program Directors, the Federation of Pediatric Organizations, and the Society for Pediatric Research gathered to discuss the issue of wellness and share our organizations' activities in this area. Wellness is an area of interest for our Society but we have not yet developed specific programs. I hope that we will continue to consider the role we should play in this increasingly important area.

This year it was a special privilege to work closely with Dr. Michelle Gill, President of the Society for Pediatric Research, and Dr. Sue Bostwick, President of the Academic Pediatric Association. We have held regular calls and shared best practices. I am grateful to them for their leadership and their friendship. We discovered, time and again, that our societies have many commonalities in priorities, challenges, and opportunities and I strongly believe that we need to continue to enhance our collaborations.

Strategic planning is an important process for societies and it has been an important focus throughout this year for our officers and Council. While strategic planning can be challenging and time-consuming, it is also an opportunity to refresh the mission and vision and ensure alignment between priorities and activities. In her 2010 American Pediatric Society Presidential address, Dr. Sherin Devaskar described the "Take back APS" campaign.³ The purpose of the campaign was to reaffirm our identity and emphasize our unique leadership position within the pediatric ecosystem. One of the outcomes of this campaign was the creation of "APS at PAS" day, which is all day Sunday and we consider it to be very successful. In 2012, the Council developed a

strategic plan and several committees were created. In 2016, we updated and reaffirmed our mission and vision statements and we have spent this year preparing to update our strategic plan. During this year's members' luncheon Secretary-Treasurer Dr. Chris Gleason will provide information about this process and our desired outcomes.

I hope you have had the opportunity to visit our new and improved website, aps1888.org. Our mission, engaging distinguished pediatric leaders to shape the future of academic pediatrics, and our vision, a secure future for academic pediatrics, are prominently posted on the website. Our Society has a long history of advocacy and advocacy remains an important activity. More than a hundred years ago, President August Caillé called for American Pediatric Society members to be more engaged, both as individuals and as a Society.² Our Advocacy Committee was created in 2012 and leads our advocacy activities on a range of topics. This year, under the committed leadership of Dr. Scott Denne and Councilor Jonathan Davis, we have engaged in advocacy related to a number of pediatric issues, including funding for children's hospitals, Medicaid, access to care, and funding for research. I am very grateful to Scott, Jon, and the entire committee for their active engagement and their commitment to the goal of improving child health through legislative advocacy.

I am pleased to tell you that our advocacy efforts are effective and our voice is being heard in Washington. This past summer, when health care legislation was being debated in the United States Congress, we raised our voices to advocate for access to care. On 27 July 2017, Rhode Island's Senator Sheldon Whitehouse commented on the process by which the proposed legislation was drafted.⁴ He said "Mr. President, this bill is the product of the most secretive and partisan process I have seen in my 10 years in the Senate. Who did the magicians who came up with this listen to? They obviously didn't listen to the doctors. The American Medical Association is opposed to this. The American Pediatric Society is opposed to this". I am grateful to every member who made a call, wrote an email or contacted their legislator to advocate for the health and wellbeing of children. By speaking up, you were honoring the legacy and vision established by our founders.

It is challenging to define the proper type of advocacy in which we should be engaged and our predecessors have vigorously debated this issue. I like this quote from Dr. Myron Wegman, a pediatrician and public health champion, who described our Society's influence as being "socially active in a scientific way".² Perhaps more than ever, we need to continue to advocate for the issues that affect our patients, our hospitals, our communities, and ourselves. Our Society will continue to engage in advocacy efforts and we will collaborate in order to advance our shared commitment to children, child health, education, and research.

Diversity has been an important priority throughout this year. I am passionate about promoting diversity at all levels, including the American Pediatric Society. Forty years after our Society was founded, Dr. Ethel Dunham became our first female member.² In 1957, nearly 30 years after she was elected to membership, Dr. Dunham, who made major advances in the care of newborns, became the first female recipient of the Howland medal. Our first female President was Dr. Hattie Alexander, who made seminal discoveries in microbiology and developed an anti-influenza serum.

In 1952, 64 years after our Society was founded, and 24 years after our first woman was elected, Dr. Roland B. Scott became our first African American member.² Dr. Scott focused his career on sickle cell disease and is considered the "father of sickle cell disease".⁵ I note, with shame, that the hotel venue for the annual American Pediatric Society meeting did not accept African American guests and Dr. Scott had to make lodging arrangements at another location.² In 2012, Dr. Bruder Stapleton made diversity the focus of his Presidential year. Dr. Stapleton asked me to chair a

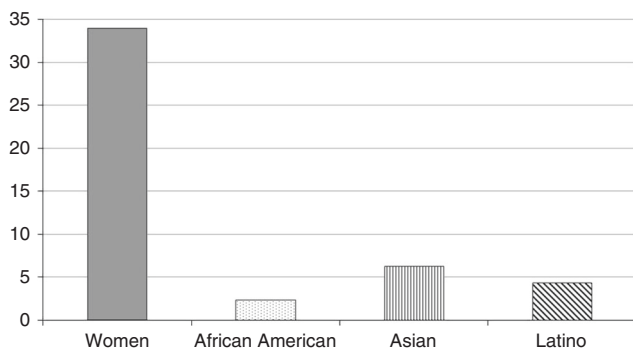


Fig. 1 Characteristics (%) of APS members: 2018

Task Force on Diversity and Inclusion to make recommendations to the Society. During Dr. Stapleton's Presidential address he reflected on the Society's accomplishments, including the incorporation of diversity and inclusion in the mission, values, and strategic plan.⁶

Over the 6 years I have been privileged to chair the Society's Committee on Diversity and Inclusion we have created a membership database, sponsored scientific programming at the Pediatric Academic Societies meeting, and established an approach to diversity activities that has served as a blueprint for other Pediatric organizations. Until we created the membership database, we had no data about the demographic characteristics of our members. I would like to thank everyone who has completed the demographic questions on our membership application or renewal form. Ninety years after we elected our first female member, we have 423 female members, 1/3 of our members (Fig. 1). In terms of ethnicity, our largest minority group is Asians, 6% of all members who reported their ethnicity, followed by Latinos at 4% and African Americans at 2%. I am confident that we will continue to emphasize diversity efforts and enhance the diversity of our membership.

Since 2014, the Society's Committee on Diversity and Inclusion has sponsored scientific sessions at the Pediatric Academic Societies meeting. These sessions have contributed new knowledge about diversity in pediatrics, including several sessions on unconscious bias. This year, the committee will sponsor a session that focuses on implicit bias in academic pediatrics. The committee also organized a celebration of diversity at this year's meeting. We were delighted that the American Academy of Pediatrics, Academic Pediatric Association, and Society for Pediatric Research joined as co-hosts. I hope that we have reached a tipping point in our organizations' efforts to enhance diversity and that the pace of change will be accelerated.

I am grateful to many people who have helped me during this year. First, I would like to thank my fellow officers, Drs. Christine Gleason (Secretary-Treasurer) and Bruce Gelb (President-elect). Dr. William Hay, former President, described the Secretary-Treasurer's role as, "the guiding force (rudder) for a ship laden in history" (W. Hay M.D., Secretary-Treasurer's Manual, 2004). Throughout this year, Dr. Gleason offered me invaluable support and advice. Our Society is very fortunate that she has served so ably in this essential role. Dr. Bruce Gelb, our President-elect, has been a valuable leadership partner and I am excited for his Presidency to begin. Dr. Gelb is very dedicated to our Society and I am confident that he will make important contributions. Ms. Alex Trummell was our Association Director during most of my Presidency. She worked very hard to support our Society and helped us ensure that we personalize our members' experience. I'm very grateful to Ms. Trummell for all her contributions.

Throughout my involvement in American Pediatric Society I have been privileged to work closely with Presidents who made

important contributions. Each leader interpreted our mission and vision through the lens of contemporary issues and made contributions to our shared goals. Dr. William Hay described the role of the President in historical terms. He said "Over the years, many Presidents considered their election a recognition of their high level of academic accomplishment and contribution and made little or no effort to be involved in the Organization. Recently, the Presidents have been much more motivated and have undertaken specific initiatives, all which have contributed quite effectively to a rejuvenation of the Society" (W. Hay M.D., Secretary-Treasurer's Manual, 2004).

It has been a great honor to work with our Council. Every one of our Councilors is dedicated to and engaged in our priorities. We have undertaken our work in a spirit of friendship, camaraderie, and collaboration. I am grateful to each Councilor for their friendship and support.

I am grateful to Ms. Eileen Fenton, our Society's Executive Director, and Ms. Jaimee Chumley, our Interim Association Director. Ms. Chumley has dedicated herself to our Society and the success of this meeting. Ms. Brenda Peat served as our Association Director for 12 years and I worked closely with her through the Committee on Diversity and Inclusion. Ms. Peat taught me invaluable lessons about the purpose of our Society and the manner in which we do our work. This year, as we have prepared for strategic planning and bolstered our administrative processes, I have remembered Ms. Debbie Anagnostelis, our Society's former Executive Director, many times. Ms. Anagnostelis was incredibly dedicated to our Society and shaped the American Pediatric Society, the Society for Pediatric Research, and the Pediatric Academic Societies in ways that we appreciated at the time but we are beginning to fully understand only now, 3 years after she passed away. Our Society was undeniably shaped by her leadership.

Each of us who serves in a leadership role is supported by colleagues in our home institutions who allow us to divert some of our energy to extra-institutional pursuits. At the University of California, San Francisco I am very lucky to be supported by a work family characterized by thoughtful, compassionate, and inspiring colleagues who made it possible for me to make Society issues a priority. On a personal level, thanks to my husband Peter, and our sons, Andrés and Tomás, for their support and encouragement.

Our founding officers and Councilors, like the founders of Ohio described in *The Wright Brothers*, had bold dreams and the courage to fulfill them. Our founders defined a broad commitment to all areas of academic pediatrics and they inspire us to renew our commitment to achieve meaningful and lasting improvements in clinical care, education, research, and leadership on behalf of children.

I would like to close with a quote from Dr. Thomas B. Cooley. On the occasion of our Society's semicentennial Dr. Cooley, who described Cooley's anemia and served as President in 1941, made an observation about our members that resonates deeply with me. He said "I have always been convinced that no other of the special societies has so fine a group as ours. This is due, I think, to the fact that Pediatrics is definitely the most idealistic of the specialties and for that reason has brought together a particularly unselfish and loveable company".²

Colleagues, for your trust, as well as your own unselfish and loveable company, thank you for entrusting me with the Presidency. It has been an honor and a privilege. Thank you.

ADDITIONAL INFORMATION

Competing interests: The authors declare no competing interests.

Publisher's note: Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

REFERENCES

1. McCullough, D. *The Wright Brothers* (Simon & Schuster, New York, 2015).
2. Pearson, H. A. *The Centennial History of the American Pediatric Society* (The American Pediatric Society, New Haven, CT, 1988).
3. Devaskar, S. American Pediatric Society 2010 Presidential Address - Epigenetics: a science of biological adaptation - lessons for academic pediatrics. *Ped. Res.* **69**, 90–94 (2010).
4. Whitehouse, S. (2017).
5. Leary, W. E. & Scott, R. B. *Pediatrician and Expert on Sickle Cell Disease*. (New York Times, New York, 2002). 93.
6. Stapleton, F. B. American Pediatric Society 2012 Presidential Address: mind the gap. *Ped. Res.* **72**, 441–443 (2012).