

## A History of the J. Robert Gladden Orthopaedic Society

The J. Robert Gladden Orthopaedic Society (JRGOS) is a chartered affiliate specialty society of the American Academy of Orthopaedic Surgeons (AAOS) formally incorporated on August 10, 1998 (36). Its first Executive Director, Raymond O. Pierce, Jr., MD, described its formation as a "journey on the road of musculoskeletal equality beginning in 1994, with the vision and mission of increasing the number of minorities in the specialty, decreasing musculoskeletal disparities and the promotion of culturally competent care among the underserved in our society." He also added, "there is also the desire for members of color to take a more active role in the affairs of the American Academy of Orthopaedic Surgery and other policy making organizations that were involved in their practices."(1)

To best understand the development of the of the JRGOS it is important to know and appreciate its growth from and continued relationship with the National Medical Association (NMA) and the National Medical Association Orthopaedic Section (NMA-OS). The NMA was formed in 1895 as a national professional organization for physicians of color who were not allowed at that time to join the American Medical Association. The NMA has held its annual meetings since its inception and the first documented existence of a NMA Orthopaedic section occurs in 1950. That year three orthopaedic presentations were given, two were given by NMA-OS co-chairman J. Robert Gladden, MD. Dr. Gladden was the first African-American certified by the American Board of Orthopaedic Surgery (1949) and in 1950 was practicing at Howard University (2).

The numbers of African American orthopaedic surgeons grew slowly from 1950-1960 with the NMA-OS hosting meetings/presentations yearly beginning in 1967. That year Charles Epps, MD (Howard University) became the second section chairman. (2) The number of board certified orthopaedic surgeons of color was "only around 10" in 1960 (3) but as the number began to steadily increase so did participation in the NMA -OS and attendance at the AAOS Annual Meeting. At the time, board certification was required for membership in the AAOS.

Under the leadership of Dr. Epps two innovations critical to the future formation of the JRGOS occurred. First, he reorganized the NMA-OS with more scientific presentations. This would lead to the creation a few years later of an Orthopaedic Scholars Lecture Series. This idea was formulated by Randall Morgan, MD. Dr. Epps in 1989 delivered the first such presentation (2). Secondly, recognizing the growing number of African American AAOS members/increasing numbers attending the AAOS annual meeting he "took the leadership to organize lunch at the annual meeting under the name of the **Howard-Meharry Alumni Luncheon.**"(3) The first such event was at the 1971 AAOS annual meeting.(3) .In an interview in January 2018 , Dr. Epps recalled these gatherings as "lasting hours" and "serving as a place to network, exchange information, and

intermingle with colleagues." (4) As the number of African American orthopaedic surgeons gradually increased, it was suggested at the 1973 AAOS Howard-Meharry Alumni Luncheon in Las Vegas to add the name 'J. Robert Gladden' to the 'Howard Meharry Alumni Luncheon' so as "not to lose the purpose of the gathering and to be more inclusive"(3). This related to the increasing number of African American orthopaedic surgeons attending the AAOS meeting not affiliated with these two historic institutions.

The luncheon is listed in the AAOS annual meeting programs from 1974-1983 as the **J. Robert Gladden/Howard Meharry Alumni Luncheon**. Thereafter it is referred to as simply the J. Robert Gladden Society Luncheon. E. Anthony Rankin, MD, who in 1993 gives the fifth NMA-OS Orthopedic Scholars Lecture, reports "the J. Robert Gladden Society Luncheon allowed individuals to connect at the Annual Meeting to report and update on training programs at Howard and Drew (King)"(4). The attendees even developed a Newsletter, The African American Orthopaedic Surgeon, making its debut in August 1995; Dr. Rankin was the editor. At this time Dr. Epps had become the first person of African descent to chair an AAOS committee (Ethics) before eventually earning the same distinction as ABOS Director and President of the American Orthopaedic Association. Both Drs. Epps and Rankin felt "collectively that the group could make a strong statement via a concerted effort " and a "more unified approach" (3,4)

### **The Formation Years**

Timothy Stephens, MD, NMA-OS chairman in 1994 , invited Augustus White, MD to deliver the sixth Orthopedic Scholars Lecture. After this 1994 NMA-OS presentation, Dr. Stephens approached Dr. White about forming a group intent upon a "more unified approach"(4,5). Dr. White recalls Dr. Stephens urging him to "try to get something started"(6) and Dr. Stephens belief that " now is the right time"(5). Dr. White had just discussed a "concern about the state of blacks in Orthopaedics" and "talked about the difficulties African Americans have when it comes to networking". This exchange at the 1994 NMA-OS meeting directly led to the formation of the "**Concerned Group**" below:

#### Members of the Concerned Group, 1994

Augustus White, MD  
Timothy Stephens, MD  
Raymond Pierce, MD  
Charles Epps, MD  
James Hill, MD  
Randall Morgan, MD (6,7)

Over the next year this Concerned Group first meets on December 7, 1995 via teleconference (8). They formulate and execute two courses of action. The Group will "address the scarcity and lack of visibility of minority Orthopaedic doctors" and "take

diversity issues to the top level of the AAOS"(6). The Concerned Group meets in 1994 with then AAOS executive director William Tipton, MD. This occurs "in the Red-Carpet Club room of Chicago O'Hare Airport." (6) Dr. Tipton "was very supportive"(7) and connected the group to AAOS President Douglas Jackson, MD. This interaction with Dr. Jackson directly leads to the formation of an Ad Hoc Committee "to decide how to move forward." This Ad Hoc physician committee of Augustus White, E. Anthony Rankin, and Clarence Shields working with the AAOS leadership leads to the formation of the AAOS Diversity Committee (6).

The Concerned Group meets February 17, 1995 during the AAOS meeting in Orlando. The group expressed the "need for a study of the African American orthopaedic manpower situation with particular emphasis on the issue of Orthopaedic Residency and Fellowship Training"(8). The group also discussed "the AAOS having a formal liaison representative to the NMA as it does with the American Medical Association" (8). These and other issues were addressed in a letter to then AAOS President James Strickland, MD. The Concerned Group also decided to change its name to a **Committee of Concerned African American Academy Members. (CCAAAM)**

#### **A Committee of Concerned African American Academy Members**

*Trent Andrews, MD*  
*Claudia Thomas, MD*  
*Alvin Crawford, MD*  
*Charles Epps, Jr, MD*  
*James Hill, MD*  
*Randall Morgan, MD*  
*Raymond Pierce, MD*  
*E. Anthony Rankin, MD*  
*Donald Sanders, MD*  
*Tim Stephens, MD*  
*Lance Weaver, MD*  
*Augustus White, MD (8)*

By the time the CCAAAM has its May 19, 1995 teleconference meeting it had received an official AAOS reply. The AAOS formed a " Blue Ribbon Task Force" including Drs. Bernie Morrey, James Urbaniak, James Herndon, and Mike Simon to address these types of needs and Dr. Strickland would forward the CCAAAM letter to this Task Force (8). The CCAAAM made a reply from this teleconference to the Task Force and then "decided on a second course of action" (7). This committee would push for " a separate association of Black Orthopaedic surgeons that might be capable of representing its issues within the AAOS" (6,8).

The CCAAAM continued to formulate this idea and to meet via teleconference concerning such an organization (3). While such an organization's purpose was clear to the group its name and composition was not. "It should continue to have a component tied into the traditional annual Epps Howard-Meharry Alumni Luncheon" yet still become "another building block in our effort to institutionalize diversity in the Orthopaedic world", wrote Dr. Augustus White (6). There was extensive and sometimes "lively" discussion as to "whether the organization would represent African American interests or become multicultural"(3,4,5,7,9). The CCAAAM was also in search of a name for the "separate association". As a result of hours of discussions, suggestions and compromises within the CCAAAM the new "separate association of Black Orthopaedic surgeons that might be capable of representing its issues within the AAOS " had its genesis. E. Anthony Rankin, MD of the CCAAAM recalls:

*"There was significant discussion regarding the new organization's name. Not all were in favor of the of the Gladden name, as the annual meeting luncheon had been known by that name for years and there was concern for a new direction or even new branding" (3).*

The name Gladden Society was chosen not only because of Dr. Gladden being the first person of African ancestry to be ABOS certified or an AAOS member but also because of his leadership and mentoring impact within the members of the CCAAAM. Augustus White, MD summarized this impact when he writes:

*"There wasn't a living Black Orthopaedic surgeon who didn't think of him (J. Robert Gladden) as our great predecessor"(6).*

The CCAAAM also made another crucial decision that forever shaped the composition and focus of the new organization. Ignoring the tendency to be only African American and exclusive, the group chose to be forward thinking, inclusive and representative of all underrepresented groups within Musculoskeletal Medicine. The Gladden Society "would be pluralist for minorities of all kinds, though African American in origin" (6,7)

The CCAAAM now had reached internal consensus on the composition, focus and name of the "new organization." In order to reach the goal of becoming a formal AAOS affiliate society criteria "such as numbers of AAOS members, funding with dues and clear organization" had to be reached " at the level of AAOS standards. (9) The CCAAAM breached these final barriers. **In 1997, after three years of effort that cannot be understated, the CCAAAM submitted required documents to the AAOS and in 1998 became an affiliate. Named officially the J. Robert Gladden Orthopaedic Society its Founding Members numbered at the time of the 1999 AAOS annual meeting of 59 AAOS fellows across a "multicultural " spectrum (11).**

These 59 dues paying members and the J. Robert Gladden Orthopaedic Society (JRGOS)

would not be the only final outcome of a CCAAAM. Working with the Ad Hoc Committee and AAOS leaders such as Douglas Jackson, MD the group initiated many pioneering accomplishments that came to fruition in the early years of the JRGOS. Raymond Pierce, MD, a CCAAAM member, would become the first official AAOS representative to the National Medical Association. Richard Grant, MD, would not only be appointed to the ABOS but would become its first African American president. Alvin Crawford, MD and E. Anthony Rankin, MD (also part of the CCAAAM) were appointed to key AAOS leadership positions. This includes the installation of Dr. Rankin in 2008 as the first African American President of the American Academy of Orthopaedic Surgery.

### **Organization and Accomplishment**

The JRGOS, like all affiliate societies of the AAOS, is supported by the Academy in conjunction with funding the society develops. The JRGOS continued to solidify its leadership structure while simultaneously hosting the Annual AAOS JRGOS Luncheon and growing Society membership. At the 2000 AAOS meeting the society held its first official election (10).

#### JRGOS First Leadership Team

President: Augustus A. White, III, MD

Vice-President: James A. Hill, MD

Secretary: Raymond O. Pierce, Jr, MD

Treasurer: E. Anthony Rankin, MD

All of the inaugural JRGOS leadership team had been part of the CCAAAM. A 14-member Board of Directors was also selected. This Board also included a Candidate (Resident) member, Jeffery A. Guy, MD , and a JRGOS Representative to the National Medical Association, Audley Mackel, III, MD. These appointments demonstrate a lasting relationship between resident involvement, the NMA, and the JRGOS.

Dr. Pierce concisely stated the primary goals of the Society in a 1999 Newsletter:

1. "Increase the number of underrepresented minorities in the
2. Orthopaedic community.
3. Foster a relationship with those already in training.
4. Decrease the disparity in musculoskeletal care that occurs in this country.
5. Provide scientific data concerning the ethnic differences
6. in musculoskeletal disorders.
7. Increase the amount of participation in all of the Academy's events" (11)

Nine separate committees were developed with chairpersons and committee members:

Clinical Care, Research, Mentoring, Program, Strategic Planning, Culturally Competent Medicine, Finance, Education, and Communications/Public Relations (11)

The officers, board members and committees designated the Academy annual meeting as the site and location of its board meeting. Dr. Augustus White's presidency was highlighted by development of multiple programs, recognitions and lasting relationships. The JRGOS initiates the Alvin H. Crawford Mentoring Award in 2000. Named for longtime University of Cincinnati Pediatric Orthopaedic Chairman Alvin Howell Crawford, MD, it "honors minority orthopaedic surgeons willing to share the pearls of their experiences with young people throughout the United States." (12). Its first winners are Larry T. Johnson, MD and Charles T. Mitchell, MD. This award is the longest continuing award recognition given by the JRGOS. The signature JRGOS Annual Academy Luncheon becomes sponsored by Zimmer Corporation, allowing "the Society to invite highly regarded keynote speakers to address the group regarding diversity issues." (12) The JRGOS works with the AAOS Diversity Advisory Board (DAB) and the AAOS Ruth Jackson Society to produce the first AAOS Culturally Competent Care (CCC) interactive Video. (12)

Dr. James Hill, MD, a Sports Medicine orthopaedic surgeon at Northwestern University in Evanston, Illinois, in 2003 becomes the second JRGOS president. He first streamlines the initial nine separate JRGOS committees into five:

<u>New committee</u>	<u>First Chairperson</u>
Scientific Committee	Cato Laurencin, MD
Mentoring Committee	Bonnie Simpson, MD
Membership Committee	Susan Stephens, MD
Finance Committee	Audley M. Mackel, III, MD
Development Committee	Randall C. Morgan, Jr, MD

The Scientific Committee initiates a Pilot program, Study on Health Care Disparities in Musculoskeletal Disorders, in conjunction with Zimmer to help "find root causes of disparities specifically in the area of total joint replacement." (12) The Scientific Committee reported these results on July 23, 2005 at the 2005 Cobb Institute of the NMA. Dr. Laurencin's work culminated with Depuy Orthopaedics Incorporated partnering with the JRGOS and the AAOS Orthopaedic Research and Education Foundation (OREF) investing \$700,000 to "foster diversity and innovation in orthopedics" (12). Richard Tarr, then Vice-President of Depuy stated "partnering with the Gladden Society and other surgeon groups aligns well with the Depuy vision of transforming orthopedic care" (12). This type of funding supported at least in part several new programs to include the PGY5 Minority Resident Scholarships allowing 10 JRGOS members to attend the AAOS Orthopaedic board review course and a Domestic Traveling Fellowship. Finance Committee Chair Dr. Mackel begins to work with the ever-growing budget now made more complex by designated donations and expanding funding demands.

Mentoring Committee Chairperson Bonnie Simpson, MD in 2004 begins the "Share Your Umbrella" mentoring program. This matched "practicing (orthopaedic) physicians who are willing to share the benefits of their knowledge, wisdom and experience with young medical students considering a career in orthopaedic surgery."(12) In 2006 Dr. Mason's Nth Dimension program begins a relationship with the JRGOS that continues today.

The dues paying membership under Dr. Hill grows in 2006 to 268. That represented a growth of 450 % since the charter. During the 2005 JRGOS Board meeting several important firsts occur. This group designates Raymond Pierce, MD, the first JRGOS Executive Director. Different membership classes and fees are established including Active, Emeritus, Resident, and Student reflecting the growth of the organization on both ends of the spectrum. Darryl Wayne Peterson, MD is voted the 2nd Membership Committee Chairperson. The Board also awarded its first medical student funded travel to then Duke medical student Erica Taylor. This aided her presenting research at an Italian children's bone health conference. Dr. Taylor, MD, will later join the Mentoring Committee and in 2015 becomes its second Chairperson (12). In 2006 the JRGOS attempts to grow Membership with marketing via poster exhibits at the AAOS meeting and a robust newsletter. The Gladden Society awards its first PGY 5th year resident scholarship, allowing these resident members to attend the AAOS board review course. The Society also awards and completes the inaugural domestic and international member traveling fellowships. (20)

The Gladden Society in 2006 continues its relationship with the NMA becoming the first organization to present at the NMA's W. Montague Cobb Health Policy Institute. The JRGOS worked closely with the Diversity Advisory Board in the 2006 production of the AAOS Cultural Competency Challenge Interactive compact disc. The Society makes its first research contract with the Research Center on Health Disparities of Morehouse College, to study the root causes of the disparity involving lack of total joint arthroplasty in minority patients.(20)

To highlight the group's emphasis on and work in Diversity and Health Care Disparities a permanent member of the JRGOS is established on the AAOS Diversity Advisory Board and the JRGOS board votes to hold its first Biennial Meeting. This inaugural meeting, entitled "[Perspectives in Orthopaedic Professionalism, Diversity, and Health Disparities](#)", is chaired by Augustus A. White, III, MD and Charles L. Nelson, MD. Located in Lausanne, Switzerland, it takes place from July 6-10, 2006. The group of presenters and moderators is a stellar representation of Orthopaedic, Health care diversity, and Civil Rights champions. The meeting was so well received that the proceedings became the basis of two articles in the Journal of the American Academy of Orthopaedic Surgeons and portions in the journal Clinical Orthopaedics and Related Research.

This meeting also fosters many beneficial lasting relationships. The JRGOS develops and funds a one year Health Policy fellowship with Dr. Weinstein at Dartmouth. The Gladden Society in conjunction with Dr. Ibrahim and Zimmer later work together on the

Moment is Life yearly meeting. The Society also publicized a concise definition of its purpose and mission statement:

*The Mission of the J. Robert Gladden Orthopaedic Society (JRGOS) is to increase diversity in the orthopaedic profession, improve musculoskeletal patient care by improving culturally competent care and eliminate musculoskeletal health care disparities in underserved groups.*

*The JRGOS is a pluralist, multicultural organization designed to meet the needs of under-represented minority orthopaedic surgeons and to advance the ideals of excellent musculoskeletal care for all patients with particular attention to underserved groups. (19,21)*

2008 witnessed major advancements towards both mission attainment and organization definition. Nth Dimensions, a highly effective organization for increasing the numbers medical students matching in orthopaedics founded by JRGOS mentoring director Bonnie Mason Simpson, MD, develops a contract relationship with JRGOS (38,39). Via the Mentoring Committee a student mentoring workshop and mentoring reception takes place at the annual AAOS meeting. In cooperation with the Ruth Jackson Orthopaedic Society, the Diversity Advisory Board, and JRGOS, Dr. Mason creates a "Trilogy Breakfast" during the AAOS Annual meeting. This placed elements of all these groups together to promote student and resident interest and success towards an Orthopaedic career. A major goal of the CCAAAM and thus the JRGOS was "increase visibility of minority orthopaedists" within the AAOS and to "take diversity issues to the top levels of the American Academy of Orthopaedic Surgeons"(6,8). By 2008 the AAOS had established and consistently given a "Diversity Award" as part of the Annual meeting awards ceremony. This same year E. Anthony Rankin, MD- a member of the CCAAAM- is installed as the President of the AAOS. The world's largest and most influential musculoskeletal organization had its first president of African ancestry!

To celebrate this milestone the JRGOS holds its 2nd Biennial Meeting from April 25-27, 2008 in Washington, DC; this is just after Dr. Rankin's installation. Co-chaired by Augustus White, MD and Eric Carson, MD, the program continued the theme of the first biennial meeting focusing on health disparities, mentoring and diversity issues. Keynote speakers were Cato Laurencin, III, MD (Think Globally and Act Locally), Said A. Ibrahim, MD, PhD (Understanding Racial Disparity in Joint Replacement Utilization), and Leonard Fernandez, MD (Keep It Real: Making Cultural Competence Relevant for Orthopaedic Residents). The meeting also included a Saturday evening black-tie gala to "honor JRGOS founding member E. Anthony Rankin, MD as he embarks on his AAOS Presidential term"(21).

The first biennial meeting's Co-Chairman, Charles L. Nelson, MD, becomes the 3rd JRGOS president after the 2008 2nd Biennial Washington, DC, meeting. A University of Pennsylvania Orthopaedic program joint replacement specialist, he is the organization's

first president who is not a former CCAAAM member. While the JRGOS enjoyed growing membership, scientific presentation expansion and even a permanent representative to the Diversity Advisory Board, it now has to deal with new outside influences. First proposed in 2007 but not in full effect until 2010, the funding relationship between the medical device industry, physicians, and organizations such as the AAOS and the JRGOS is forever altered by the Physician's Payment Sunshine Act.(22,23,24). From this point forward the JRGOS receives progressively less funding from Orthopaedic device companies and has to rely more heavily on other funding sources.

The JRGOS continued, however, to expand its available "member value added" offerings. A program with the Dartmouth Institute for Health Policy and Clinical Practice is developed via the relationship between the JRGOS and Dr. Weinstein, the Institute's director. This one year fellowship for a recent medical school graduates interested in Orthopaedics focused on Health Policy with emphasis on the influence of diversity. (18) The JRGOS free mock oral board examination sessions, first pioneered by Howard University Orthopaedic Faculty in 2003, was continued by the JRGOS in June 2009; it is held simultaneously at a Washington, DC and Los Angeles, CA location. This intensive review was staffed by senior JRGOS members. Many of the staff were past or present American Board of Orthopaedic Surgery examiners. This format has continued yearly ever since (18).

Alvin H. Crawford, MD in 2010 becomes the 4th JRGOS president. As both a past member of the founding CCAAAM and the namesake of the society's annual Mentoring Award, he "carried intense passion for the Society"(9). He faced the challenge of developing membership participation and support by "personally calling and interviewing each member"(9). During his term the JRGOS alters its board structure; the responsibilities of the committees are realigned around 3 instead of 5 committees: Mentoring, Scientific and Membership. Dr. Crawford also felt that " the Executive Board had to lead the way financially"(9). The group thus completed what was initially suggested in 2008: a successful board financial call(37). The relationship between JRGOS and Nth Dimensions is formalized via contract and the first JRGOS Dartmouth Fellowship is completed (9).

Eleby R. Washington III, MD in 2012 became the 5th JRGOS president. The Chairman of Orthopaedic at the Charles R. Drew Orthopaedic Department, he had been the driving force behind the Drew Saturday Science Academy. The society has undergone tremendous growth. Dr. Washington set out to list JRGOS accomplishments. There were over 300 dues paying members and the 2013 Annual Luncheon at the AAOS had over 200 attendees. In 2013, the society's 15th year, 65 medical students and residents via JRGOS sponsorship attend the JRGOS AAOS annual meeting programs:

Orthopaedic resident support expanded to provide free mock oral board examinations to 12 examinees and providing 7 PGY5 scholarships to attend the AAOS board

preparation and review course. The 3rd JRGOS member successfully completed the Dartmouth program. The relationship to the NMA Orthopaedic Section had developed to the point that the JRGOS hosted the 2013 NMA Orthopaedic Section meeting. (26)

The 15th year of the society also presented specific challenges. Ever since the Physician Payments Sunshine Act of 2010, the funding relationship with the Orthopaedic device industry had been altered. The JRGOS had to place more emphasis on its members for funding. While membership numbers eclipsed the 1998 charter numbers, much of that was due to greatly increased resident and medical student members. The JRGOS had to become more effective in member funding collection and resource allocation.

The JRGOS CEO and Executive Director, Raymond O. Pierce, MD, becomes ill in 2013. A member of the CCAAAM and the first AAOS representative to the NMA, he coordinated much of the Society's activities. He developed and edited the newsletter including often "completing articles while sharing the credit with others who made minor contributions." (18) He had been a champion of the ideals of diversity, correcting ethnic and racial disparities in health care, and developing the JRGOS. (30) His passing on October 18, 2014 was a tremendous loss for the Society.(28)

Melvyn Augustus Harrington, MD, at the 2015 AAOS annual meeting, becomes the 6th JRGOS president. Residency Director and Adult Reconstructive Surgeon at Houston's Baylor College of Medicine, he is the first Society leader who was not part of the CCAAAM or a founding JRGOS member. In 2015, he led the first JRGOS summer meeting and board retreat to address the Society's future. The mission statement was refined to its present composition. The organization and role of each committee was developed where term limits, by-laws, and statements of purpose were clarified. Resident members are now at all levels of the JRGOS.

During this period the Society's most effective committee chairperson, Bonnie Mason Simpson, MD, announced her transition from the Mentorship committee. Her leadership developing and executing the 2006 "Share Your Umbrella" mentoring initiative and the JRGOS AAOS annual meeting student and resident program (Mentoring Workshop, Networking Reception, and Trilogy Breakfast) along with the Society's relationship with her Nth Dimensions program had been crucial in enhancing the JRGOS mission. She was replaced in 2016 by the Erica Taylor Webb, MD. Dr. Webb, now Staff Hand Surgeon at Duke University School of Medicine, as a Duke medical student received the first JRGOS medical student research grant. The NMA Orthopaedic Section Meeting, supported by the JRGOS Scientific Committee, in 2016 had become a 3.5 day program with a first day resident and student presentation competition, a luncheon with a keynote speaker, and 2.5 days of scientific presentations. The AAOS annual meeting JRGOS Luncheon in 2016 had nearly 300 attendees and the Society had 268 dues paying members.

In 2017 Claudia Lynn Thomas, MD, becomes the 7th JRGOS president. A former member of the CCAAAM and the first African American female board certified Orthopaedic surgeon, she immediately leads the group towards task completion to re-energize the organization. Dr. Thomas pushes for the publication of a modernized electronic newsletter in order to enlighten and encourage society members-past, present and future. This publication had occurred only once since the death in 2014 of original CEO and Executive Director Raymond O. Pierce, MD (18). Dr. Thomas completes negotiations needed to secure Randall Morgan, MD as the 2nd Executive Director of the JRGOS(31). Dr. Thomas "brought the concept of mentoring Middle School boys to her Central Florida private practice composed of orthopaedic surgeons who were all African American"(31). This blossomed into the Tri-County Orthopaedic Mentoring Program. Begun in 2007, it stands tall beside the other *Pipeline* programs either supported by or intimately related to the JRGOS:

- Pipeline Organization (year of relationship with JRGOS)
- The Culturally Competent Care Educational Program(1999)
- The Saturday Science Academy (2005)
- Nth Dimensions Educational Solutions (2006)
- The Tri-County Orthopaedic Mentoring Program (2007)(10,11,17,18,31)

No stranger to pioneering efforts, as president of the Vassar College black student organization in 1969, she led a student 3 day takeover of Vassar's main building to achieve greater institutional black student presence and black studies emphasis (32). Dr. Thomas utilized such fearless determination to complete two heretofore daunting tasks. She convinced the JRGOS that a modern, informative and interactive website would help propel the society forward. She then convinced the group to raise the funds outside of the normal dues and Orthopaedic device donation revenue cycle via a successful Executive Board led financial giving campaign. A Website Communications Task Force was formed to achieve such an undertaking. This article is part of that website modernization.

### **Present Assessment and Future Challenges**

The JRGOS in 2018 celebrates its 20th year as a chartered affiliate society of the American Academy of Orthopaedic Surgeons. Unlike many minority organizations seeking to effect change based on stated goals/emphasis, the JRGOS has developed **within** its parent organization. This is unique among diversity groups. While the AAOS provides a strong management team including financial guidance, the JRGOS has thrived via a partnership with industry corporations--such as its longstanding supporter Zimmer-Biomet corporation- and the financial support of its members. The JRGOS continues to pursue its initial goals to "address the scarcity and lack of visibility of minority Orthopaedic doctors" and "take diversity issues to the top level of the AAOS"(6).

In the assessment of its membership over the two-decade JRGOS existence suggests it has participated in achieving these goals:

<u>Year</u>	<u>JRGOS membership</u>
1999	59
2000	100
2005	253
2006	268
2016	324
2017	454

While the success of efforts to increase awareness /visibility of minority Orthopaedic doctors in may be difficult to gage, several outcomes point to achievement in this area. The AAOS, as stated earlier via the efforts of the Gladden Society' and its predecessors the Ad Hoc committee / CCAAAM, began a Diversity Award. Given annually since 2003, the Diversity Award "recognizes living Academy Fellows and Emeritus members who have distinguished themselves through their outstanding commitment to making orthopaedic surgery more representative of and accessible to the diverse population it serves" (34). By the fact that during the "Gladden Society Decades" the AAOS recognized Diversity with such an award and 60% of the winners were JRGOS members, the cause of growth in this arena has been championed by the society. (34) Influence within the AAOS to continue this mission is also heralded by present permanent relationships/appointments:

<u>AAOS Organization</u>	<u>Permanent JRGOS representatives (as of 2017)</u>
Diversity Advisory Board	Eleby Washington, MD(past president of JRGOS)
Women's Health Advisory Board	Tamara Huff, MD
AAOS Board of Specialties	Eric W. Carson, MD MaCalus V. Hogan, MD

Through scholarship, sponsorship, partnership, scientific meetings and diversity awareness biennial meetings the JRGOS carries its message deep within and far beyond the American Academy of Orthopaedic Surgery. Via its lasting partnership with 4 pipeline programs, it seeks to grow and develop future minority Orthopaedic Surgeons. The society's growth in Emeritus members and its emphasis on research into recognizing as well as correcting health care disparities belies its commitment to the present.

No influential organization of such unique accomplishment and growth within its parent organization can be without challenges. In discussions with founding members of the CCAAAM, the uniform concerns about the future of the Society center around growing membership "value added awareness" and participation in a era where "younger members have so many choices now"(3,4,5,7,9,18). "The value (in Gladden membership) is obviously there but getting younger Orthopaedic surgeons to recognize

that value" is the ultimate challenge." (9) Keeping those who were once student/resident members and even prior active veteran members involved enough to contribute "time and treasure" towards Society mission and programs is another challenge. Called the "Fiscal Enthusiasm Gap" by past Gladden President, Diversity Award Winner, and CCAAAM member Alvin Howell Crawford, MD, this disconnect between membership in and financial support of the JRGOS is at the heart of its fiscal stability and future expansion. Yet as the Gladden Society transitions towards its third decade of existence it is still poised as the leading champion in the battle to achieve the Society's Mission:

*The mission of the J. Robert Gladden Orthopaedic Society (JRGOS) is to increase diversity within the orthopaedic profession and promote the highest quality musculoskeletal care for all people. (35)*

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