



@ AAOS 2011



2011 ANNUAL LUNCHEON KEYNOTE SPEAKER

CONGRESSWOMAN DIANE E. WATSON

Diane E. Watson is a member of the Democratic Party and a former US Representative for California's 33rd congressional district, serving from 2003 until 2011. The district is located entirely in Los Angeles County and includes much of Central Los Angeles, as well as neighborhoods such as Los Feliz.

A native of Los Angeles, Ms. Watson is a graduate of the University of California and also holds degrees from California State University, Los Angeles; and Claremont Graduate University. She has worked as a psychologist,

professor and health occupation specialist before serving as a member of the Los Angeles Unified School board (1975-1978). She was a member of the California Senate from 1978 to 1998.

As the longtime Chair of the Health and Human Services Committee, she gained a reputation as an advocate for healthcare for the poor and children. She was replaced in 1988 as the result of the term limit. It was also in 1988 that the US Government proposed the addition of the category "bi-racial" or "multiracial" to official documents and statistics, which was opposed by some African American organizations and leaders such as Watson and Representative Augustus Hawkins.

President Bill Clinton appointed Watson United States Ambassador to Micronesia in 1999.

Don't miss Congresswoman Watson's Keynote Speech or any of JRGOS' other Annual Events. For additional information or to download a registration form, please visit:

<http://www.gladdensociety.org/web/Events/events.html>

Thursday, February 17, 2011

JRGOS Annual Luncheon	1:00 – 3:00 PM	San Diego Ballroom A
JRGOS Medical Student Workshop	3:00 – 6:00 PM	Columbia 1 – 2
JRGOS Medical Student Reception	6:00 – 7:30 PM	Bayside Room

Friday, February 18, 2011

JRGOS Trilogy Breakfast	9:00 – 10:30 AM	Torrey 2 – 3
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**IN MEMORIAM -
RONALD E.
LITTLE, MD**

RONALD EUGENE LITTLE, MD, passed away Saturday, July 24 from complications from an extended illness at Detroit Receiving Hospital, surrounded by his family. Dr. Little was an orthopaedic surgeon who served thousands of Detroit residents in the course of his 40-year career. Dr. Little was born in Chicago on June 29, 1937. He attended Wayne State University in Detroit and graduated from The College of Medicine at Howard University in Washington, D.C. He pursued his internship and residency at the Detroit Medical Center/Wayne State University School of Medicine in the department of orthopaedic surgery. He is survived by his wife, Jane McLemore Little; they were married in 1964; his children, Ronald Little, Jr.; Kevin (Melissa) Little; Bryan (Karen) Little; and Jennifer (Gary) Edmonds; his grandchildren, Kevin and Courtney, age six; Marcus, age five; Cameron and Kimberly, age four; and Christopher and Travis, age three. He is also survived by three brothers and three sisters: Graten Little, Sr.; Vincent (Betty) Little, Sr.; Lionel (MaryLee) Little; Efua Atta; Patricia Budd; and Diane Stephenson. Dr. Little was active in the Detroit Medical Society, the National Medical Association, the American Academy of Orthopaedic Surgeons, and his fraternity, Kappa Alpha Psi. He was also a member of several social organizations: Detroit Chapter of Tots N Teens, Inc., The Rogues, Inc., The Iota Boule (Sigma Pi Phi) and the Sherwood Forest Association. The funeral will take place 11 a.m. on Friday at Gesu Catholic Church, 17180 Oak Drive (Six Mile at Livernois), Detroit. Viewing will take place at Swanson Funeral Home, 14751 West McNichols (Six Mile at Hubbell), Detroit, from 10 a.m. to 9 p.m. Thursday, July 29th, with family hours from 6-8 p.m. In lieu of flowers, donations may be sent to Howard University College of Medicine, 520 W Street NW, Washington, DC 20059, (202) 806-6270. Dr. Little was a graduate of the class of 1970.

**2010 NATIONAL
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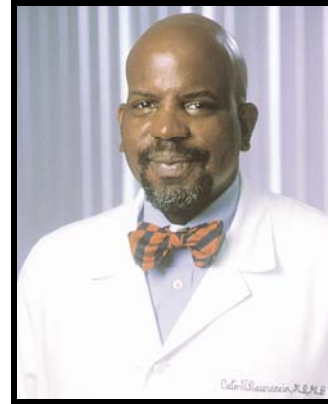
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Under Chairman **Melvyn Harrington, MD**, the Orthopaedic Section of the National Medical Association had one of its most successful meetings, with the highest attendance for all Sessions since attendance has been recorded. There were several unique features of this meeting, **James A. Hill, MD**, of Chicago, presented the AAOS Communication Course to the group. **Dr. Hill's** presentation was well received and in the future, more AAOS Courses will be presented at the NMA. Another first-time occurrence was the presentation of an entire session on Musculoskeletal Disparities. Presentations were given by **Raymond O. Pierce, MD**, on behalf of the J. Robert Gladden Orthopaedic Society; **Randall C. Morgan, Jr., MD**, on behalf of the Cobb Institute; and a guest from the Caribbean Orthopaedic Association.

Dr. David Toby, of Trinidad, presented a talk on Bow-Leg Deformity in the Caribbean population. Ayana Crichlow, MD, a Resident Member of the Caribbean Orthopaedic Association presented a winning paper at the Timothy J. Stephens, Jr., Resident Symposium. Terry L. Thompson, MD, from Howard University, presented the most revealing and informative papers titled, "Exertional Rhabdomyolysis in Collegiate Football Players". The clinical importance of this study was that none of the students had Sickle Cell Disease, Sickle Cell trait or any other hemoglobin abnormalities. For years, the reported literature has blamed Rhabdomyolysis for sudden death in patients with Sickle Cell or those who possess the Sickle Cell trait.

Cato T. Laurencin, MD, PhD, Vice President of Health Affairs at the University of Connecticut Health Center and Dean of the Medical School, was elected to a Fellow of the Biomedical Engineering Society. The Society bestows this honor in recognition of outstanding contributions and achievements in biomedical engineering.



G. Paul DeRosa, MD, was selected to Chair the AOA's Orthopaedic Institute of Medicine (OIOM) Task Force on Industry/Surgeon Relations. Also serving this Task Force as a valued member is **E. Anthony Rankin, MD**. The overall objective of the OIOM initiative is to provide focused, in-depth, unbiased education, information, and recommendations on issues critical to the profession of orthopaedics and the care of patients with musculoskeletal disease or injury and that also impact other disciplines/specialties and/or healthcare providers. To view their first report on Emergency Department call coverage, please visit <http://www.aoassn.org/CriticalOIOM.asp>. Emeritus Member, **John D. Hsu, MD**, is the recipient of the Weinstein-Goldenson Medical Science Award in 2010.

Two former students, Richard Hynes, MD, and Devin Datta, MD, honored mentor **Augustus A. White, III, MD, PhD**, by naming a medical center in Melbourne, Florida, in his honor.

Dr. White will also be honored at the 2011 Ivy Football Association Dinner. The Ivy Football Association was founded in 2000 to honor and celebrate Ivy League football and its rich tradition of producing many, many graduates who have become leaders in their chosen fields or professions.

Resident Member, **Erica D. Taylor, MD**, was featured in the Fall OREF publication, IMPACT. Dr. Taylor was recognized for her work on Nanostructured Scaffolds as Novel Therapeutic Replacement Options for Rotator Cuff Disease. This work was done under the direction of **Cato T. Laurencin, MD, PhD**, at the University of Virginia.

by *Raymond O. Pierce, Jr., MD*

ARE WE THERE YET?

We began this journey on the road of Musculoskeletal Equality in 1994, with the vision and mission of increasing the number of minorities in the specialty and decreasing MS health disparities and promotion of CCC among the underserved in our society. There was also the desire for members of color to take a more active role in the affairs of the AAOS and other policy making organizations that were involved in their practices. At that time, the pressing issue was the formation of Health Maintenance Organizations that were not allowing our members to take part.

As the title of this piece implies, there are some who are asking the question, have we accomplished the goals we set out to achieve? We would like to be positive and answer in the affirmative, but we have to report that there are still major issues to be resolved. And, if we are to continue at the pace in which we would like to proceed, it is going to take some major changes in how we do business. For the most part, we have been able to obtain funding from industry to supplement our activities; however, the recent changes require us to raise additional operating funds. That is the bad news. Now, for the good news – we would just like to give you a dashboard report on our progress. As on any journey, there is a need to rest, reflect, reorganize and answer the question of, are we holding our focus?

While we can claim many major accomplishments, much remains to be done in the area of manpower development. **Bonnie Simpson Mason, MD**, has had a major impact in mentoring young investigators and potential ortho and JRGOS Members. Member **Claudia L. Thomas, MD**, in Florida, has initiated a pipeline development amongst elementary school students and a similar program has been initiated in the Los Angeles area under the leadership of **Eleby R. Washington, MD**. These efforts are indirectly reflected by JRGOS membership reaching over 200 members. Our young people have been provided a forum for presentation of their individual studies as well as those in collaboration with JRGOS Members at the annual NMA Meeting. A look at the pipeline shows that, in 1994, there were 1,311 African Americans admitted to medical school. There had been a gradual decrease in the numbers to only 1,205 in 2004 but, in 2010, the numbers have again increased to 1,350.

We will only briefly mention the participation of JRGOS Members with the structure of the AAOS. **E. Anthony Rankin, MD**, has served as President of the AAOS and **William Robert Martin, III, MD**, has

ANNOUNCEMENT

2010-2011 OFFICERS

recently been selected to serve as AAOS' Medical Director. Many other members have served on Committees. Several of our members have been recipients of distinguished AAOS Awards, such as the Diversity and Humanitarian Awards.

The work on decreasing health disparities has been equally rewarding, starting with the collaborative effort with the Morehouse School of Public Health in defining the root causes of musculoskeletal disparities – work which has continued and has escalated to preparation of clinical trials to decrease occurrences (for more, see the JRGOS 2011 Poster Exhibit at the AAOS Annual Meeting) to a post graduate fellow, being trained in health disparity research at Dartmouth, who should be able to provide more expertise in the near future.

Under the guidance of founding member, **Augustus A. White, III, MD, PhD**, JRGOS has worked also with Harvard University to develop a curriculum, which has been field tested, to address Culturally Competent Care.

Still, much remains to be done. In 1994, there were three minority institutions training orthopaedic residents (Howard, Harlem and King Drew). The Harlem program has merged with Columbia and the Drew program, along with other residency programs, has been temporarily disapproved. This leaves only the program at Howard, under the direction of **Terry L. Thompson, MD**, still thriving. JRGOS has an obligation, not only to assist in the re-establishment of the program at Drew, but also in assisting **Dr. Thompson** in any manner possible. We must also be concerned with the exposure the medical students at Meharry and Morehouse receive and provide the mentorship that is needed.

In order to continue our current programs and initiate new ones, increased funding is required. We have purposely kept our dues structure within reach. And, some of the same industry funding is still available, but we will have to embark on a major fundraising campaign soon. The Board has approved this endeavor and has started the process by committing to and giving at a 100% level. And, we will be asking the membership to make a like commitment.

In 1994-95, when JRGOS was in its infancy, we were confronted by a new system of health delivery going under the name of HEALTH MAINTENANCE ORGANIZATION. The danger of this system, imposed on the majority of our membership, was that most were not being placed on the panels to provide musculoskeletal care. Here again, we are facing a similar problem with the promotion of Accountable Care Organizations (ACO). This system has been conceived as groups of primary care physicians, specialists and sometimes hospitals joining together in either vertically integrated systems or networks that are accountable for improving the quality and affordability of care for a defined patient population and are eligible for financial bonuses if performance goals are met. To me, this looks like the same organizational structure that was proposed for the HMO's years ago.

The danger of such a system lies in the fact that the patients for whom we have been advocating care of diabetic ulcers, arthritic hip and knee conditions and other DISPARATE conditions, will suffer. In this and other similar systems, the patient is often assigned to such a provider system and the bottom line of profit is often substituted for quality. Most of these conditions are placed in the category of Chronic Disease, where care has been subcontracted to "Managed Care Companies", where most of the care is rendered by physicians' extenders (nurses, etc.).

Again, the danger to our patients and our practices depends on us getting involved at all levels to try to preserve the role of individuals having a say in their treatment options. I dare say that under the proposed systems, the Health Disparity issues are bound to increase.

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