



# *Installation of Jeffrey S. Akman, M.D.*

*AS THE WALTER A. BLOEDORN PROFESSOR OF ADMINISTRATIVE MEDICINE*

*Remarks delivered by Jeffrey S. Akman, M.D.*

Good afternoon everyone.

Let me express my sincerest gratitude to President Knapp, Provost Lerman, Alan Wasserman, and Darrell Kirch.

Thank you for your confidence in me and for your leadership.

Thank you to Natalie Allgeier and Dennis Narango for their extraordinary efforts in making this event a reality.

I would like to acknowledge my partner Steven Mazzola, my parents, Marion and Al Akman, my brothers Sam and Rick, sister-in-laws Terri and Lisa, nephews Matt, Jared, Ryan and Ben, and soon-to-be-niece Amy for all of their love and support.

I also want to acknowledge three people who have passed away and who would have been thrilled to see this day—my twin brother Bryan, my former partner Dr. Steven Dixon who was an alumnus of GW Medical School and its Obstetrics and Gynecology residency, and my father's cousin Dr. Leonard Akman.

Leonard was also a double alum of GW as he was a graduate of Columbian College and the medical school. He graduated in 1943 and was a student of Dean Walter Bloedorn.

In 1977, prior to starting medical school at GW, Leonard presented me with a gift. It was a microscope, which medical students needed at that time to learn histology, microbiology, and pathology. As a 21 year old I didn't fully recognize the meaning or significance of that gift regarding the path that I was to share with Leonard as a soon-to-be trained GW physician. Through the years I heard his stories of the dignified Dean Bloedorn and his experiences in the old medical school on H street. I heard stories of his hospital rotations and had the great fortune of participating in his 50<sup>th</sup> reunion when I was an assistant dean.

Leonard passed away a few years ago and left a magnificent bequest to the medical school that reflected a deep well of gratitude to his alma mater. His will was written well before I was appointed dean and in it he left the decision up to me as to how to use the funds meant for GW medical school.

Do you know the yiddish word, *bishert*? Bishert means that it was meant to be. For now as dean I was in the remarkable position to determine the use of Leonard's gift certainly in a way that perhaps only he could have imagined.

And so, Leonard's gift has endowed a professorship in his parents' names, Charles and Sonia Akman. It will support the building of our new clinical learning and simulation skills center (or CLASS center) in Ross Hall. When the new CLASS Center opens in 2014, our students and patients will enter into the Dr. Leonard Akman Reception Area and learn in the Dr. Steven Dixon Conference Room. Future medical students will benefit by having tuition support from the Bryan J. Akman Scholarship Fund and medical students and residents will have opportunities to take international medical electives with support from the Dr. Leonard Akman scholarship fund. And the dean will have use of additional funds to support other efforts important...to me.

As an alumnus of the GW School of Medicine and Health Sciences, the GW psychiatry residency program, and as a member of the GW faculty since the completion of my residency, I look out into the audience and see my mentors and teachers, my longtime colleagues, my co-workers, my former, and current students, and my friends. I even see some of my former medical school classmates.

It is pretty amazing to be the dean of one's alma mater. I am humbled, honored, and inspired on a daily basis to lead the school that gave me so much.

A professional path such as mine, over 3 decades at one institution with many different academic roles, would not have been possible without there having been opportunities available, some serendipity, and many people who had confidence in me.

Yet, an unbroken path from medical student to dean at the same institution is an unusual occurrence. In my case it is particularly unlikely for any number of reasons including the personal path that I traversed in coming out at this institution and in my profession.

Of course, when I came to GW I did not set out to be a dean of its medical school or chair of its psychiatry department or, quite frankly, whether straight or gay.

In fact, why is my sexual orientation relevant at all? Because I believe that my path would not have been possible at any other institution, certainly within the District of Columbia. For example at Georgetown and Howard, being openly gay in the 1970s would not have been the best career move. I'm not being critical but just stating what was true at the time.

At GW I discovered an institution with a history of embracing diversity, a culture of support, acceptance and tolerance, and principled individuals, some of whom are in this room, who judged me on the content of my character and the promise of my abilities. And for that I am profoundly grateful.

As I recently wrote in an op-ed piece in the GW student newspaper, when I arrived for medical school, I knew that medicine was my calling but I was harbouring the shame-filled secret of same sex attraction and, internally, I was confused and questioning. I certainly didn't expect that coming out would be intertwined with my professional development.

Moreover, in the 1970s and 1980s, the field that I was pursuing, psychiatry, was somewhat of a mixed bag regarding homosexuality. While the psychiatric Diagnostic and Statistical Manual (the DSM) removed homosexuality from the list of psychiatric diagnoses in 1973, ten years later in one of my residency seminars I was taught by one of our most respected faculty that all gay men had serious psychopathology. A position that I dared to disagree with in the seminar.

Lectures were still being given in the psychiatry department on conversion therapy to change sexual orientation from gay to straight. In fact, one of my faculty advisors recommended a psychoanalyst to help me do just that.

And as someone who wanted to pursue psychoanalytic training, I learned that the admissions policy required having a "successful" psychoanalysis by one of the institute's training analysts, which meant becoming straight. In a conversation with my psychoanalyst, who was strongly encouraging me to take on the psychoanalytic institute to get them to change their policy regarding gay applicants, I told him that I was more interested in fighting AIDS than organized psychoanalysis.

Discrimination existed and the stigma was real. The closet was an appropriate and understandable choice for many of my colleagues.

In fact, I found the culture at GW was welcoming and supportive in many ways. And, in particular, my residency was transformative. Under the leadership of Drs. Jerry Wiener and Sy Perlin, I received outstanding clinical training, was encouraged to take on leadership roles, and was mentored to pursue my academic and clinical interests.

When Jerry and Sy named me Chief Resident it was a great opportunity where I also received a faculty appointment as Instructor, and led one of the teams on the inpatient unit in the old GW Hospital. It was my first leadership position in medicine and I was incredibly fortunate to have assigned as my mentor and supervisor a young researcher at the national institute on mental health named Darrell Kirch. Gentle, persuasive, and wise beyond his years, Darrell provided just the right mix of support, encouragement, and questions for me during our weekly sessions.

It was also during that time that the first AIDS cases were being identified in the U.S. and in the District of Columbia.

Young gay men were dying of what was then an unidentified infectious disease, a disease that I didn't learn about in medical school.

There was much fear and anxiety especially among health care professionals. Food trays were being left outside of hospital rooms; patients were being refused medical care; funeral homes were refusing to bury people. While the disease was known as AIDS, in the early days it was not unusual to hear it called "afraids," the virus was called HTLV-III, and it was years into the epidemic before we even had a test for it.

It was during that time that I began quietly seeking out these patients in the hospital. I would sit at their bedsides, provide an ear and words of support. Perhaps the most important thing I did was just to be present. Fears of dying, fears of having their sexuality exposed, and fears of rejection by families, shame, embarrassment, stigma, loss, and pain were common concerns.

I was also quietly assessing their deteriorating mental statuses. With few treatments available, immune collapse, opportunistic infections, and disfiguring cancers were usually followed by dementia and death within a year.

When word got around the medical center that I was interested in talking to these patients I began getting referrals. As my practice became more and more full with dying young people, so did my personal life as many of my friends got sick and died.

I started volunteering at what was then a small gay men's VD clinic called the Whitman Walker Clinic, seeing patients for free and training the volunteers and the staff on a range of issues related to AIDS. At the time, I remember professional colleagues advising me not to pursue this area because I would be identified as gay, which would be harmful to my career.

Of course, this didn't stop me. I felt a deep connection, personal identification, and innate capacity to help these patients. And the data was clear that this was an epidemic that was just beginning. HIV/AIDS soon became my calling.

I applied for and received an NIMH grant to do education and training for health care providers in the DC area; and was appointed a member of the American Psychiatric Association's first Committee (and then Commission) on the Psychiatric Aspects of AIDS. I began lecturing around the region and the country on the medical, neuropsychiatric and psychological aspects of HIV/AIDS. Overnight I went from being a local expert to a national voice on AIDS.

I recall early in the epidemic where I was a panelist with Surgeon General C. Everett Koop and with the president of the World Health Organization on a Voice of America radio show that had call-ins from around the world. While I was by far the least known of the three, I was the only one with significant clinical AIDS expertise on the panel. And so, I found myself answering many of the questions posed by the listeners and even corrected Dr. Koop a couple of times.

Funerals and memorial services became much too common and I was giving eulogies for patients and friends; there was no doubt that we were in the midst of an epidemic.

In 1985, the acclaimed African American gay poet Essex Hemphill wrote a moving tribute to his friend who died of AIDS, titled "When My Brother Fell." Here are a few lines from the poem that captures the experience of the epidemic and continues to resonate with me:

*"When my brother fell I picked up his weapons and never once questioned whether I could carry the weight and grief, the responsibility he shouldered.*

*I never questioned whether I could aim or be as precise as he.*

*I only knew that he had fallen and the passing ceremonies marking his death did not stop the war.*

*Our loss is greater than all the space we fill with prayers and praise.*

*He burned out his pure life force to bring us dignity, to bring us a chance to love ourselves with commitment.*

*He knew the simple spilling of seed would not be enough to bind us."*

Across the country other gay psychiatrists were also seeing these patients and experiencing these losses. We began developing an expertise in the psychiatric aspects of HIV/AIDS and, related to that, gay and lesbian mental health issues. In the face of such loss we became increasingly more open regarding our sexual orientation, paralleling what was going on around the world. It's hard to believe now when marriage equality is a federal right, but then it was risky to come out as a gay academic physician.

It was during that time that the Associate Dean for Education in the medical school, Dr. Winfield Scott, whom I knew as a medical student and worked with on medical student education issues as a junior faculty member, asked me to join the board of the National Lesbian and Gay Health Foundation—at the time, the oldest gay and lesbian health organization in the country. Here's an interesting piece of history--because of Winfield's involvement, GW med school was co-sponsoring the National Lesbian and Gay Health Foundation's annual meetings and providing its CME credits. Winfield believed that GW needed more representation on the NLGHF board of directors and I was elected. I was immediately thrust into a diverse new world of people who had been pioneers in the gay rights movement of the 1960's.

When Winfield retired due to the worsening of his AIDS-related conditions, he asked the dean, Dr. Robert Keimowitz to appoint me as an assistant dean to replace him. Dean Keimowitz, who had accepted me to GW medical school fourteen years earlier was now appointing me as assistant dean.

Soon after joining the psychiatry faculty, Dr. Sy Perlin assigned me as a supervisor for gay residents and had me teach a resident seminar on psychotherapy with gay men and lesbians. It was wonderfully affirming and allowed me to educate our residents on a contemporary scientific and research literature that focused on normal gay and lesbian identity development.

And so, as the AIDS epidemic raged on, Whitman Walker Clinic grew rapidly. I was getting more and more involved—at times spending 20 or more hours a week volunteering at the clinic. Chairing committees, raising money, training staff, educating volunteers, treating clinic patients, and being centrally involved in a community's response to a health catastrophe. I was elected to its Board of Directors and served as its President.

I also was elected President of the National Lesbian and Gay Health Association and had become a national spokesperson on HIV/AIDS and gay/lesbian issues. I was publicly identified as a gay physician and a gay and AIDS activist. This was a personal and professional course that was simply impossible to imagine when I started medical school.

In the year 2000, former dean Dr. "Skip" Williams appointed me to be Interim Chair of the Department of Psychiatry. If there were any openly gay chairs of psychiatry departments in the United States before me, there couldn't have been many. In 2004, I was made the permanent chair.

And then, in December 2010, as the University embarked on a major reorganization of the Medical Center, President Knapp and Provost Lerman, with strong encouragement from Dr. Alan Wasserman, asked me to step in as Interim Vice President for Health Affairs and Dean of the 11<sup>th</sup> oldest medical school in the United States.

Again, knowing that on the one hand my sexual orientation was irrelevant to their selection, but in the same, knowing I had just broken another barrier.

And today, it is particularly meaningful to have this very profound connection to Dean Walter Bloedorn, whose distinguished history includes opening the doors to the first African American physician to get hospital privileges at GW.

Those of you who know me know that I am incredibly proud of this university and its School of Medicine and Health Sciences. As they say, I am a person who bleeds buff and blue.

Here's what comes with being a dean who is an alumnus:

- 1) A deep commitment to remember and honor the history of this school and those alumni, faculty, and deans who came before me;
- 2) A responsibility to lead this institution by upholding and reflecting the core values of professionalism, integrity, civility, and humanism in medicine;
- 3) A responsibility to lead our institution as it pursues its historic missions of education, research, clinical care, and service;
- 4) A deep respect for our leadership in educating and training professionals across the health care spectrum; and,
- 5) An obligation to look into the future and build something better.

Recently at our alumni reunion weekend, I sat with members of our H Street Society, those alumni who are celebrating 50 or more years since their graduation from medical school.

From the graduates of the 1940s and 1950s, I heard stories about Dean Bloedorn. I heard stories from World War II vets, their experiences in the European and Asian theaters of war, and their deep gratitude to GW for the opportunity to become physicians.

And from those graduates from the 1950s and 1960s I heard stories about the late Dr. Frank Miller, professor of pathology who was one of the great teachers in the history of GW medicine. Dr. Miller was also my teacher and in one of the highlights of my faculty career, we were fellow recipients of the school's Distinguished Teacher Award in 1998.

These alumni from the 1960s had faculty who also taught me anatomy, biochemistry, physiology, pharmacology, medicine, pediatrics, obstetrics and gynecology, surgery and, of course, psychiatry. I love hearing our alumni's stories not only because of the joy that it brings them to relive their GW experiences, but because it is also my history.

In Judaism we say, "*l'dor, va dor.*" *L'dor va dor* is a beautiful prayer whose enduring message is at the core of the recent celebration of the Jewish High Holidays. From generation to generation. Seeing oneself as a link from the previous generations to the next and remembering those who came before us with an eye toward building the future. It is my connection to this great history and the previous generations of GW physicians and health professionals that defines me as a dean and that sets the platform for my priorities.

Six years ago when I was the Leon M. Yochelson Professor and Chair of the Department of Psychiatry and Behavioral Sciences, Steven Knapp was hired as President to lead the university on the path of becoming a great research

university, to ensure top quality educational experiences for GW students, become a more global university, and to strengthen its worldwide community of alumni.

That is the vision that I enthusiastically embraced when I became Vice President for Hhealth Affairs and Dean.

And in the deanship that I accepted, without question, the first priority needed to be and continues to be about building the relationships with our academic and clinical partners. For as you know, we are a medical school whose full-time clinical faculty, primarily at the GW Medical Faculty Associates and Children's National Health System, are not employed by GW and whose major teaching hospital, the George Washington University Hospital, is owned by a separate business entity. We also depend on strong affiliations with the VA, with hospitals in the INOVA System, especially INOVA Fairfax, as well as with many other hospitals in the region.

Undoubtedly, the relationships between each of these entities are complex and growing more complex with the changing health care landscape. However, when I look into the mirror, I see someone who knows and respects each of these organizations and values deeply what they bring to GW. I know that we are stronger together.

The remainder of my priorities, which I have detailed in student and faculty meetings and in many of my communications, include maintaining and enhancing our academic excellence and our reputation for generating outstanding health professionals; heightening the attention toward professionalism, civility, diversity, and humanism in medicine; growing research, innovation, and an environment that supports creativity and scholarship; and, continuing to build a culture of philanthropy.

So many lessons learned since coming to GW. In medicine, it is said, first do no harm. However, what I learned is first do what is right.

There are the lessons learned during an epidemic from people who astounded me with their courage, their gallantry, and their spirit. Life is short but precious – a lesson we reexperience every day in medicine.

Lessons learned that were painful but helpful when Steve Dixon died in a tragic accident in 2002 and when Bryan died prematurely two years ago. That one must constantly discover affirmation in the face of despair. And that living with stigma and shame is a tremendous challenge, and that one must actively confront prejudice, bigotry, and intolerance for people's lives are literally at stake.

I learned that I had an internal capacity, psychological stamina, and leadership skills of which I was unaware. And I learned that standing up and speaking out was central to what brought me to GW as a medical student.

We are a school where we expect our students, staff, residents, fellows, faculty, and alumni to make a difference in people's lives every day. *Every day*. We do that through clinical care, discovery, and through education. Through service, advocacy, and philanthropy. Through our shared values of altruism, compassion, empathy, and respect for others. And, we make a difference through the power of our own personal and professional development.

We are a school where proud alumni such as Dr. Leonard Akman engage in acts of splendid generosity and leaders such as Dean Walter Bloedorn engage in powerful acts of courage that change lives and the course of history.

Thank you.