



## ⊗ The American Thoracic Society Leadership in a Year Like No Other

Adversity has the effect of eliciting talents, which in prosperous circumstances would have lain dormant.

—Horace

As I write this, the ongoing coronavirus disease (COVID-19) pandemic has been estimated to have caused ~2.6 million deaths worldwide, including those of cherished colleagues, friends, and family members. Yet this once-in-a-century catastrophe has revealed the character, resiliency, and devotion of our members. Over the last year, members of the American Thoracic Society (ATS) faced the pandemic with selfless determination to prevent further suffering and help those afflicted, often while facing considerable health risks to themselves and their families. In parallel with and because of the pandemic, we were reminded of the scourges of racism and health inequities. As a society, we addressed these challenges through strong advocacy and (new and continued) efforts to advance research and careers, clinical care, and public health while evolving the organization. This Editorial highlights some of our work in the previous year.

### Responding to the Pandemic

Early on, the ATS developed a COVID-19 resource center, assembled an international expert panel to provide interim guidance on management (as there was no or insufficient evidence), facilitated interactions among division directors across the United States, and distributed a weekly e-mail with updates on the latest breakthroughs and resources, such as the COVID-19 Critical Care Training Forum (1–3). Furthermore, we formed the Vaccine Working Group and created the Vaccine Resource Center on our website, our assemblies conducted multiple webinars and journal clubs, and the ATS collaborated in joint webinars with our peer societies worldwide. In parallel, the ATS has strongly advocated for effective public health measures, personal protective equipment for healthcare workers, and equipment and supplies for hospitals over the last year. Such advocacy has occurred at the international level (through the Forum of International Respiratory Societies) and at the federal and state levels (e.g., the ATS contacted all 50 U.S. governors in December of 2020). Moreover, the ATS Research Program funded two new grants for research on COVID-19.

### Addressing Health Equity

The pandemic further exposed unacceptable racial and ethnic disparities in respiratory health. In collaboration with the CHEST Foundation and our industry partners, the ATS funded three new grants on health disparities and created a publicly available website with a video and written educational materials on COVID-19 in

English and Spanish (<https://formylunghealth.com>). We targeted the most affected communities and received an excellent response, recording 2.7 million views of the educational video in the first 7 weeks. In addition, our members and the Health Equality and Diversity Committee published documents addressing racial and ethnic disparities in the COVID-19 pandemic in the United States (4–6).

### Confronting Racism While Improving Diversity and Inclusion

The ATS released a statement against racism after the tragic death of George Floyd and called for a moratorium on tear gas use by police during subsequent protests, responded to censorship of federal agency efforts to address racism in the United States, and (working with our Patient Advisory Roundtable) featured predominantly minority patients in its annual “Patients’ Voices” report. Furthermore, the ATS Research Program funded an unrestricted grant for underrepresented minority members while the ATS continued to fund Minority Trainee Development Scholarships and a Health Equality Fellowship and *ATS Scholar* published a special collection on combating racism in health professionals’ education (7, 8). In addition, the Health Equality and Diversity Committee conducted a town hall to discuss members’ concerns and gather new ideas to address equity and diversity. Of note, the ATS’s continued efforts to improve inclusion and representation for women and minorities are paying off. Of the current members of our Board of Directors (BOD), ~66% are women and ~14% are underrepresented minorities.

### International Activities

Since its foundation, the ATS has “*helped the World Breathe.*” An international task force led by Dr. Thomas R. Martin (Past ATS President) submitted its final recommendations to our BOD, including expanding the role of our International Health Committee, enhancing value for our international members, and strengthening our global advocacy efforts through our work in the Forum of International Respiratory Societies. Indeed, we have already increased our international membership by 11% over the last year. Furthermore, we have begun a collaboration with The Union to develop a webinar series on strategies to eliminate tuberculosis while continuing our highly successful Methods in Epidemiologic, Clinical, and Operations Research Program to train physicians and build research capacity in underresourced areas. For example, the virtual Methods in Epidemiologic, Clinical, and Operations Research Latin American course (offered in collaboration with the Latin American Thoracic Society) nearly doubled its attendance between 2019 (68 students) and 2020 (126 students).

### Staying at the Forefront of Education

Over a short period of time, our staff adopted virtual platforms and media, embracing new ways for our members to communicate scientific findings, receive continuing medical education credits and

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maintain certification points through our new Clinical Core Curriculum, and network with their colleagues. For example, we launched DocMatter, a virtual platform where our members can interact and exchange opinions with their peers. In parallel, our journals continued to lead the field with distinction, publishing state-of-the-art articles and guidelines on COVID-19 and other conditions. Recognizing the changing landscape for medical education, we also launched the Task Force on Designing Future ATS Conferences. Chaired by Dr. Jess Mandel, this task force will help further improve our virtual and in-person educational and science activities so that we can continue to be where “Today’s science meets tomorrow’s care.”

### Supporting the Next Generation

Our early-career members have been most impacted by the COVID-19 pandemic. The ATS remains firmly committed to ensuring that the next generation is always the best, as our future and that of our patients rest in their hands. This commitment is demonstrated through our programs, including the Resident Boot Camp, the Fellows Track Symposium, the Student Scholars Program, the (new) Faculty Boot Camp, and our annual BEAR (Building Education to Advance Research) Cage Competition. Such programs and other activities are planned by our active Education and Members in Training and Transition Committees. In 2021, our assemblies accepted applications for the ATS Assembly Apprenticeship program, designed to involve early-career members in helping guide our society. Moreover, we vigorously advocated for early-career scientists during our meetings with leaders of the NIH and expanded the portfolio of grants for early-career investigators in our research program by creating a diversity grant, two grants on COVID-19, three grants on health disparities, and five grants with industry and other partners. Through these initiatives, and assembly mentoring programs and awards, we are preparing a diverse group of young members to be our future leaders.

### Enhancing Governance

The Governance Task Force led by Dr. J. Randall Curtis (Past ATS President) recommended eliminating the position of Secretary-Treasurer from the Executive Committee while separately electing a Treasurer for a 3-year term. Shortening service in the Executive Committee to 4 years should continue to attract excellent candidates for ATS leadership while the Treasurer serves as Chair of our Finance Committee.

### Bringing the ATS Home

Through the pandemic, there was continued expansion of the ATS’s regional chapters. Such chapters are key to our mission, as they allow us to further connect and engage in educational activities with our members and the broad community in the places where they work and practice. To promote health equity, our chapters have initiated a community outreach program to disseminate information to patients in underserved areas, in conjunction with the ATS Public Advisory Roundtable.

In the words of Vice President Kamala Harris’s mother, “If you are the first, make sure that you are not the last.” As the first Latinx

individual to have the honor to serve as ATS President, my fervent hope is to inspire other minority members to aspire to lead our society in a collaborative manner. As my period as ATS President ends, I am proud of our collective accomplishments over the last year, despite challenging circumstances. Indeed, everything our society did would not have been possible without the collegial teamwork of our diverse and talented Executive Committee, including our Chief Executive Officer (Karen Collishaw) and Drs. M. Patricia Rivera, Gregory P. Downey, Lynn Schnapp, and James Beck. I am deeply grateful to our Executive Committee and BOD, our capable and committed staff, and—above all—our amazing members. Because of all our efforts, the ATS will emerge stronger after facing an unforeseen crisis. ■

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**Author disclosures** are available with the text of this article at [www.atsjournals.org](http://www.atsjournals.org).

Juan C. Celedón, M.D., Dr.P.H.  
*Division of Pediatric Pulmonary Medicine  
 University of Pittsburgh Medical Center Children’s Hospital of Pittsburgh and  
 University of Pittsburgh  
 Pittsburgh, Pennsylvania*

On behalf of the Executive Committee of the American Thoracic Society

ORCID ID: 0000-0002-6139-5320 (J.C.C.).

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