



## Volunteerism

Edward Anthony Rankin, MD<sup>1</sup>

It has been an honor and privilege to serve as the 32nd president of the Eastern Orthopaedic Association. I began my term of office in 2001, soon after the tragedies of September 11th. From the ashes of that horrible destruction arose a renewed sense of community, and of service to others. As Americans we experienced first hand the power of volunteerism, as so many gave their time, their resources, and even their lives to benefit others.

In January 2002, in his State of the Union Address, President Bush called on every American to commit at least 2 years of volunteer service. Later, he said, "Americans serve others because their conscience demands it, because their faith teaches it, because they are grateful to their country, and because service brings rewards much deeper than material success."

Today, I ask that you reflect upon the tremendous influence you can have through volunteer service. Today, I ask that you serve, or continue to serve, a crucial role in the lives of others through volunteer service.

My journey to a career in orthopaedic surgery demonstrates the power of volunteerism: volunteerism for country, family, society, and our chosen profession. I am aware of the impact that the helping hand has had upon my life, and I hope that through sharing some of my personal experiences with you, the significance of volunteer service will be emphasized in a way that mere statistics could not achieve.

I want to start by discussing the value of role models. I was born in Holly Springs, Mississippi in a house built by my grandfather, Edgar Rankin, Sr., a carpenter (Fig. 1). He was the son of a young mother who was born in slavery. Due to circumstances and lack of opportunity, he had little formal education; however, he became a

community leader who valued hard work, honesty, and independence. At a time when few African Americans in Mississippi were allowed to vote, his volunteer efforts in the community were directed toward encouraging voter registration. He promoted access to voting rights for all, and served as Republican Party County Chairman.

My uncle, Mike Rankin, left Mississippi when he volunteered for the U.S. Army during World War II. Uncle Mike found opportunity in the military unavailable to an African American in Mississippi at that time. His love of the Army and his success there were quite inspirational to me. I credit him with my decision to apply to Walter Reed Army Medical Center for my orthopaedic training.

My father, Edgar E. Rankin, Jr., was not eligible for the military because of the residuals of an open tibia fracture from a college football injury in the preantibiotic era. When he sustained the injury, the proximal tibial fragment stuck in the ground of a cow pasture that doubled as a local football field. His leg, and probably his life, was saved through the charitable act of an orthopaedic giant, Willis C. Campbell, M.D.

Dr. Campbell, founder of the Campbell Clinic, volunteered his services and his expertise at the small segregated Collins Chapel Hospital in Memphis, Tennessee. My father recalled in later years that Dr. Campbell made weekly rounds and advised the lone black physician, Dr. Collins, on the ongoing treatment of his badly injured leg.

My father went on to become a highly regarded and respected educator and athletic coach. Due to lack of opportunity in the South for postgraduate education for African Americans, he traveled in the summers to Springfield College in Massachusetts where he obtained a Master's degree. He subsequently became President of Mississippi Industrial College, where he was an inspiration to many and provided much needed educational opportunities to African American students.

I entered the Laboratory High School at Mississippi Industrial College in order to enroll in foreign language and advanced science courses that were not available in the segregated public school I attended. The Laboratory

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**FIGURE 1** Family role models. Seated: Edgar Rankin, Sr., Bessie, Janet. Standing left to right: Edgar, Jr. (father) and Mike (uncle) circa 1934.

School afforded students like myself the opportunity to become better prepared for college.

Were it not for Dr. Campbell's volunteer spirit, my father could not have grown into healthy adulthood, fully able to provide for his family, to become an educator, and in turn, to make his contributions to society. The total effect of the helping hand can indeed have an untold beneficial effect on the lives of others.

I attended Lincoln University in Jefferson City, Missouri. The Civil War soldiers of the 62nd and 65th Colored Infantry founded this small college in 1866. The foresight and volunteer efforts of these largely uneducated men established a continuing legacy for many underprivileged African Americans who otherwise might not receive a college education. At Lincoln University I found an excellent opportunity to prepare for medical school. My father's sister, Maxine, who also left Mississippi as a young adult, was executive secretary to the university president. She exemplified the value of hard work and gave me firm guidance and encouragement during my college years. It was she who had suggested much earlier in my life that I consider medicine as a career.

I have given examples of family members who served as role models and mentors as I grew up. It is also true that all caring adults in a community can have a pivotal influence upon the lives of the young people they encounter.

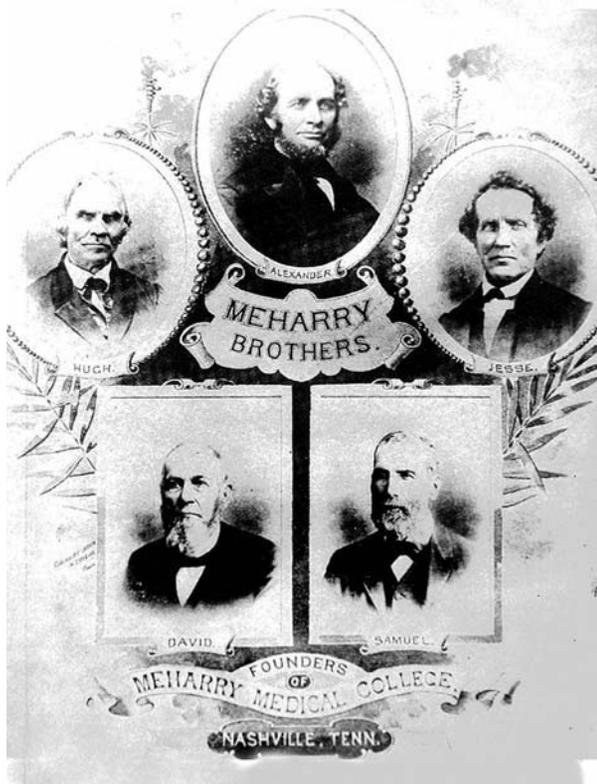
When I applied for medical school in 1960, most African American doctors were graduates of Howard University, located in Washington, DC or Meharry Medical College in Nashville, Tennessee. I enrolled in Meharry in 1961. Meharry Medical College represents an outstanding example of the value and long reaching influence of volunteerism.

Meharry's origins relate to the help a young white man, Samuel Meharry, received from a black freeman and his poor family when Meharry's salt wagon broke down in a remote area of Kentucky early in the 19th century. The freeman's family took Meharry in for the night, shared what food they had, and helped him repair his wagon the following day. "I have no money," he told them upon parting, "but when I can, I shall do something for your race." This small act of kindness and generosity led to a milestone in the history of medical education for African Americans. Young Samuel Meharry never forgot the humanitarian spirit of the Kentucky cabin occupants. More than 20 years later, he contributed \$500 toward the Medical Department of Central Tennessee College, an institution founded in Nashville by the Freedman's Aid Society of the Methodist Episcopal Church. Meharry subsequently persuaded his brothers Hugh, David, Jesse, and Alexander to help (Fig. 2). Together they gave \$20,000 to found Meharry Medical College in 1876. Until recently, Meharry trained half of the African Americans practicing medicine in the United States.

My first meaningful exposure to orthopaedic surgery was by way of my military experience. Having been inspired by my Uncle Mike, I became a cadet commander of my ROTC unit at Lincoln University. I was commissioned as second lieutenant in the regular army after graduation from college, received a deferment from active duty to attend medical school, and had the opportunity after my 2nd year of school to participate in a clinical clerkship at Letterman General Hospital in San Francisco.

It was my good fortune to meet our 22nd president, George Bogumill, who was an orthopaedic resident at the time. From then to now, George has been a role model, mentor, and friend. Always willing and ready to lend a helping hand, George has been an inspiration to me and to countless others through his eagerness to teach and to serve.

At Walter Reed from 1965 through 1970, I encountered many great orthopaedic surgeons. My first chief, Colonel Walt Metz, was hard to miss at 6 feet 7 inches, and had an impressive military presence. Among the many outstanding things about Colonel Metz, I was particularly



**FIGURE 2** Meharry brothers, founders of Meharry Medical College.

struck by his involvement with organized medicine. He was active with committees of the American Academy of Orthopaedic Surgeons and with the Trauma Society. The volunteer service of orthopaedic surgeons like Colonel Metz is a vital resource for medical societies. It is through this kind of involvement that organizations like ours can fulfill the mission of providing ongoing educational opportunities to the orthopaedic community. These educational opportunities allow us to reinforce and broaden our knowledge of orthopaedics, so that we can continue to provide our patients high-quality medical care. The contributions of orthopaedists like Colonel Metz are a valuable service to colleagues and patients alike.

I was assigned to the Republic of Vietnam upon completion of my residency in 1970. Despite being the only orthopaedists at the 95th Evacuation Hospital, Dr. Dan Morgan and I assisted a Vietnamese military general surgeon with orthopaedic procedures at his hospital and encouraged him to spend time with us to learn our techniques. There were no trained orthopaedic surgeons in the Vietnamese military then. We also set up an orthopaedic clinic for war orphans and provided the only orthopaedic care available to this population. Dan and I found it personally rewarding to be able to benefit the community

at a time of such great need. Volunteer service enriches not only the lives of those who receive it, but also the lives of those who give, through the sense of purpose and connection that comes from being involved.

It is not only in our youth or in desperate times that we can benefit from the selflessness of others. After my tour in Vietnam, I was assigned as Chief of Orthopaedic Surgery at Fort Dix, New Jersey. There, I had the good fortune to have our founder and first Eastern Orthopaedic Association (EOA) president, Dr. Howard Steel, as a consultant in children's orthopaedics. Dr. Steel not only came to Walston Army Hospital for a scheduled monthly conference for review and discussion of difficult cases, but also made himself available at all times for consultations. In addition, he encouraged our attendance at his orthopaedic conferences in Philadelphia. Over the years he has consistently extended a helping hand. Without a doubt, Dr. Steel has guided and influenced innumerable orthopaedic surgeons and has inspired many of us to do the same.

Dr. Harry Cowell, EOA past president and editor emeritus of the *Journal of Bone and Joint Surgery*, has also been an outstanding and valuable mentor to many of his junior orthopaedic colleagues. He was very impressive to me when I was a resident at Walter Reed and attended the fall and spring seminars at the duPont Institute. Over the years he has continued to provide inspiration and support to me and others. He involved me in the EOA Program Committee 10 years ago and asked that I serve as Chairman of the Program Committee the year of his presidency, our Silver Anniversary in 1995.

Another excellent example of a role model and a helping hand is vividly illustrated in Dr. Charles H. Epps, Jr., a charter member of EOA. It was my privilege to practice with him for many years following my tour in the Army. Among his numerous honors, Dr. Epps received the first American Academy of Orthopaedic Surgeons Humanitarian Award in 2000. As an educator, he has trained more minority orthopaedic surgeons than any other single individual. His contributions to society and to orthopaedics do not stop there. His presence has been felt throughout the orthopaedic world by way of his volunteer work with the American Academy of Orthopaedic Surgeons, the American Board of Orthopaedic Surgery, the American Orthopaedic Association, the American Medical Association, the National Medical Association, and the J. Robert Gladden Orthopaedic Society. It was Dr. Epps who first encouraged me to join the Eastern Orthopaedic Association in 1973 when I joined him in practice. He, too, has been for me a mentor, role model, and friend.

Our 28th president, Chit Ranawat, has made innumerable contributions to the field of orthopaedics and has served as an esteemed role model and mentor. One of his major efforts that we in EOA are all familiar



**FIGURE 3** Orthopaedics Overseas mission supported by Eastern Orthopaedic Association.

with, and receive direct benefit from, is the Eastern Orthopaedic Educational Foundation, which he created in 1998. Under his tireless and skillful leadership the foundation is growing and will be vital to the future of this great organization. The objectives of the foundation are the advancement of education, patient care, and research in orthopaedics.

The preceding examples illustrate not only the value of volunteer service and the helping hand, but also the significance of embracing and supporting diversity. I was fortunate to have early mentors and role models in my family and, later, within the orthopaedic community. The importance of good role models cannot be overemphasized, whether within the family or from others in the larger community. A helping hand has been extended to each of us at one time or another. It is now our opportunity and privilege to extend a hand to others. Through our profession we have many ways beyond the daily practice of medicine to help others.

In much of the world there is limited access to orthopaedic care, or none at all. The need for education, training, and direct service is enormous. In prior years the EOA provided a grant to cover expenses for a member wishing to serve overseas in a volunteer capacity. I was a recipient of that grant in 1995. I spent a month as an orthopaedic surgery consultant in Malawi, Africa. Orthopaedics Overseas coordinated the program in which I participated (Fig. 3). Under the umbrella of Health Volunteers Overseas, they sponsor a number of programs in developing countries. The work is often

challenging, particularly in a technologically dependent specialty like ours, but can also be a very enriching and fulfilling experience.

Not every orthopaedist can, or wishes to, be a medical volunteer in the third world. But I believe that we all can find some way to give back to the community, whether abroad or at home. Alternatives at home include work in free clinics, staffing Special Olympics events, leadership in disaster relief, commitment to regional and national public health issues through committee work, and mentoring and sponsoring minority students in healthcare careers.

Several years ago the American Academy of Orthopaedic Surgeons created a new committee on Volunteer Orthopaedic Care with a focus on domestic volunteer work. It was my privilege to serve as the first chairman of that committee. While not yet as organized as the overseas programs, the committee discovered that a great deal of volunteer activity is occurring throughout the United States. There are no umbrella organizations coordinating the activities, and there is no repository of information about the volunteer work that is actually occurring. At the Academy we are currently collecting those data in the hope of improving both the scope of domestic volunteer service and its delivery.

There are some excellent models of domestic volunteer orthopaedic care to benefit the uninsured in our communities. Our Managing Director, Glen Barden, and his colleagues in Lakeland, Florida have established a clinic for volunteer physicians patterned after a very successful

“Volunteers in Medicine Clinic” in Hilton Head, South Carolina. They attribute their success to the culture of caring philosophy which holds that healing begins not with a pill or therapy but with the interest taken in the patient and the respect shown them, and that the greatest healing accrues to the volunteer.

A major challenge for us today is to increase the number of minority and female orthopaedic surgeons. To meet the healthcare needs of our diverse and expanding population in the 21st century, we will need to reach out to those who have the intelligence and compassion to become physicians, but who need the vision and encouragement of mentors to pursue a career in medicine. The lack of a role model or mentor is often cited as one of the reasons for the low numbers of minorities and women in orthopaedics. Who better than the orthopaedist can stimulate the interest of that high school female, or that minority athlete, we often encounter in our practices, to consider medicine as a career? Many young people have untapped capacities that may remain dormant until someone can see in them what they have not been able to envision for themselves.

As physicians and community leaders we have a unique opportunity to highlight our noble profession. The young people we encourage will benefit from our effort, and the healthcare system for all Americans benefits when there is access to early intervention in the treatment of injury and disease.

Through the lens of my personal experience, I have sought to highlight the impact of the helping hand. The founding of my college and medical school, Dr. Campbell's volunteer service that helped save my father's life, and my own role models and mentors all exemplify the far reaching influence of volunteerism.

In closing, let me state that volunteerism supports the highest calling of our profession. It is a way in which we can give back for the opportunity and privilege of being physicians. Although there will often be various needs competing for our time, each of us can make some time to nurture a youngster's interest in medicine, to participate in a short-term project in our community or medical society, or to be part of an ongoing program for the benefit of others.