

# Surgeon Eddie L. Hoover, MD: Editor-in-Chief of the *Journal of the National Medical Association* from 2004 to Present

George Dawson, MD

**Key words:** education ■ surgery

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**E**ddie L. Hoover, the current editor-in-chief of the *Journal of the National Medical Association*, was born in 1944 in Charlotte, NC in the Good Samaritan Hospital, which was the “black” hospital at the time. In fact, at the beginning of the last century, Good Samaritan served as one of the main teaching hospitals for the now-defunct North Carolina Medical College, thus making it the first black hospital to be used by a white medical school as its primary teaching affiliate. *[An aside: As a result of Abraham Flexner’s review of American and Canadian medical education at that time, several African-American medical schools were closed leaving only Howard University in Washington, DC and Meharry Medical College of Nashville, TN until the addition of Morehouse Medical College in Atlanta, GA and Charles Drew of Los Angeles, CA in the latter 20th century.]*

Hoover is currently married to Gwendolyn Cole-Hoover, who herself is a practicing family physician. He also has two adult sons, Brandon and Dr. Evan Hoover.

As to his religious practices, Dr. Hoover is a member of the African Methodist Episcopal Zion Church. Because of his church upbringing, the religious principles taught to him then still guide his daily life now. He is not shy about informing his mentees/students of the importance of having a religious foundation to help make better decisions in all phases of their lives.

In terms of healthcare role models, as a child in North Carolina, he stated that he never went to a doctor while growing up in the south other than to get immunizations, but that he knew of a few black doctors because they were very visible in his community as civic leaders. They were held in very high esteem by everybody. He also recalled that when his grandparents had to go to



white specialists, African Americans had to wait in the back hallway because they could not be seated in the “regular” waiting room. Moreover, he noted that even for pleasure activities such as beach outings, they could only go to Atlantic Beach, the black beach in South Carolina, because they could not go to Myrtle Beach.

As to role models in his professional life, he specifically pointed that there were three mentors in particular who helped shaped his professional life: Drs. Claude Organ Jr., Bernard Jaffe and William Matory. Without these three people he would not have enjoyed the success he has experienced in academic medicine.

*Dawson: Dr. Hoover, could you please give us a summation of your early educational experience?*

Hoover: My early educational experience from grades 1–11 was at a small country school named Plato Price. A decision was made to close this school, and I graduated from York Road High School in 1962.

*Dawson: Where did you attend your undergraduate studies and were there any memorable persons(s) that made a difference in your life while there?*

Hoover: I attended the University of North Carolina (UNC)—Chapel Hill, from 1962–1965, graduating with a degree in chemistry.

I had two outstanding mentors at UNC: a chemistry and social studies professor. I took an advanced placement examination in chemistry and placed out of both freshman chemistry classes. I got a message the following day to go see this professor in the chemistry building. Regrettably, I do not even recall his name. He asked me what my field of study was and asked me to describe my high-school chemistry experience, which was weak on the laboratory side. He advised me to take the introductory courses in order to get a sound background in the laboratory. I left there thinking that this was a racist recommendation and that if I had placed out of the courses, why should I take them? Something told me to take his advice, and the rest, as they say, is history. The day I showed up to get my laboratory equipment I thought that the attendant was giving me equipment for the entire class only to learn that all of that stuff was just for me. I got As in both courses.

I was asked to stay after class one day in my second year in a social studies course. I was doing well in the class and was puzzled about the professor's request. Afterwards, he asked me what my major was and what my future plans were? I told him that I had no major and therefore no plans other than to just keep taking chemistry courses since I did well in them. He asked me to think about medical school. Dr. Cathy was also an associate dean for student affairs, and I am sure that he had seen my freshman grades. There were four African-American students in my class, and the other three were all premed, but even after my successful year in freshman chemistry, it had never dawned on me that I could go to medical school. Dr. Cathy made an appointment for me to meet the dean of the medical school and actually escorted me there for the appointment. And as the saying goes, the rest is history.

Probably one of the most rewarding honors for me to date, based on my undergraduate studies in Chapel Hill, is to be honored on November 2, 2007 as the 2007 honoree of the Harold Beech Black Alumni Award named after the first African-American graduate of the university.

*Dawson: After completing your undergraduate studies in 1965, where did you complete your medical school studies, and why did you choose this school?*

Hoover: I went to Duke University School of Medicine and received my MD degree in 1969. I applied to Howard University, Bowman Gray School of Medicine at Wake Forest University, UNC and Duke. I had been accepted by the other three and was awaiting a decision from UNC, which is where I wanted to remain. I kept waiting and waiting, and finally I got upset. Even my classmates who had gotten accepted at UNC expressed

disbelief that I had not been accepted because they knew that my grades were better than theirs. They finally accepted me, and I thought, “The heck with them” and decided upon Duke instead, which probably changed my professional life. Had I gone to UNC, I probably would have gone back to Charlotte in private practice instead of academia. In any event, while at Duke, I was president of my class during the third year and president of the student body during my senior year. In addition, I was admitted to the Engle Society during my second year and received the Thomas Jefferson Award for Citizenship and the Duke University School of Medicine Service Award at graduation.

My classmates were terrific and my teachers outstanding. My class was the last at Duke before they changed to the curriculum they now utilize. Therefore, the first-year students needed the same laboratories that we were using during my sophomore year. The solution was to “promote” my class onto the wards a bit early. We were asked to select a preceptor from among a list of faculty. I had no knowledge about what many of them did or specialized in, so I left my form blank and was arbitrarily assigned to a new surgeon who has just completed his residency in cardiothoracic surgery at Johns Hopkins and was recruited to Duke to do the pediatric cardiac surgery cases. “Wow!” I thought after a week with Dr. Ebert. And, again, as the saying goes, the rest is history. I decided to become a cardiothoracic surgeon.

*Dawson: So, based on your medical school experience, a residency in cardiothoracic surgery was in the cards for you?*

Hoover: Yes. I did my first and second years of surgery at Duke University from 1969–1971 followed by two years of active duty in the U.S. Navy at the Naval Hospital on Guam in the Mariana Islands in the Pacific from 1971–1973. Meanwhile, Ebert had accepted the position as professor and chairman of surgery at The New York Hospital–Cornell University Medical Center in New York City, and I completed my residency there, although I was expected to return to Duke.

*Dawson: You mentioned military service as noted above. Please explain your experience in this regard.*

Hoover: I joined the navy as a reserve officer during my first year of medical school as an ensign. I entered active duty as a lieutenant from 1971–1973 at the U.S. Naval Hospital on Guam in the Mariana Islands and was promoted to lieutenant commander in 1973. I really enjoyed the military and was impressed by what they could do once they decided upon a course of action.

I recall one event that occurred within two months of my arrival. One of my patients was going into renal failure after an injury in Viet Nam. At the time we were

receiving 2–3 med-evacuation flights per week from Viet Nam via the Philippines (Clark Air Force Base Hospital), so we were in constant contact with the Air Force medical evacuation personnel to keep these troops moving. This patient needed dialysis, and we called the Air Force around 7:30 a.m. one morning as we were preparing for surgery, advising them that we needed to transfer this patient stateside for hemodialysis in a day or two. Two hours later, in the middle of a gastrectomy, they returned our call and told us to have the patient and a doctor at Andersen Air Force base, at the north end of the island, at exactly 1:10 p.m. to transport this patient to Tripler Army Hospital in Hawaii. They had rerouted a C-141 cargo jet transporting jet engines from Japan to Seattle to Guam and reconfigured half of the plane as a hospital unit just for this patient. I was assigned by my commander to accompany the patient to Hawaii.

On another occasion, we, unfortunately, had a plane crash on a training mission at our naval air station on a Saturday morning. Five of the nine-member crew perished, and we had four badly burned survivors. We called the U.S. Army Burn Center in San Antonio and informed them that we could not take care of these patients on Guam. They told us to stand by, and they would get back to us. Again, about an hour later, they called us back and instructed us to have all four patients, a doctor and two nurses at the naval air station at exactly 2:45 p.m. to transfer these patients to the Far Eastern Military Burn Center on Okinawa. At exactly 2:45 p.m., a DC-9 Air Force hospital plane touched down at NAS-Agana, Guam. They did a “hot refuel” as we completed our load-out of patients and staff and were airborne within 30 minutes. Very impressive. Again, I was designated to accompany these patients to Okinawa.

Finally, I served as ship’s surgeon aboard the USS Grasp, ARS 24 for a month, during which time we visited all 30 of the Marshall Islands in the Pacific, many of which were the scenes of fierce battles during World War II. I gained a greater appreciation for what the U.S. Marines and Army endured in the Pacific Theater.

*Dawson: After completing your military service obligation and residency training, what was one of the most memorable events in your first practice experience?*

Hoover: One of my early practice experiences taught me to *never* talk a patient into an operation. I was referred to an elderly black patient who was a gem. He and his wife had reared five children, all of whom had postbaccalaureate degrees. He had an operable cancer of the lung but did not want any kind of medical therapy in lieu of letting the Lord take care of him as he had done for the past 67 years. After I explained what he had to his wife and children, the wife sided with her husband, and the children, of course, agreed with me, and we “talked” him into surgery. He finally told me that, although he did not

want surgery and did not think that he needed it—but if that was what his children and I wanted—well, he would just go along with it. He had a perfect, curative operation, spent an uneventful day or two in the ICU, was transferred to the floor and three days later just went to sleep and died. Clearly, he had a cardiac arrhythmia of some type because the autopsy showed nothing acute. I have thought all of these years about his final comment to me before surgery: “If that is what you all want, I will go along with it, but I don’t want and don’t need any surgery.”

*Dawson: A truly remarkable story. Now, how about your current practice activities?*

Hoover: Well from 1978 to present, I have practiced both general and cardiothoracic surgery, although I stopped doing open-heart surgery when I went to Meharry Medical College as professor and chairman of surgery in 1987.

Most importantly, however, I have always maintained a presence in general surgery in addition to cardiothoracic because I knew that I wanted to become a departmental chairman one day, and I wanted to maintain my credibility with the general surgery residents. Although I have cut back on my surgery schedule in lieu of more administrative responsibilities, I still maintain an active interest in patient care.

*Dawson: Dr. Hoover, how many peer-reviewed publications are you credited with?*

Hoover: I have, at this time, 148 peer-reviewed publications credited to me and at least 14 nonpeer reviewed.

In terms of professional honors, I was fortunate enough to serve as professor and chairman of surgery at both Meharry Medical College and the State University of New York at Buffalo for an aggregate of 15 years, during which time I trained more than 100 surgeons, who are now practicing all over the world.

By the way, one of the most memorable events in my career was the graduation exercises at Meharry. Many of our students were the first ones in their families to attend college, let alone medical school. We would have grandparents, great aunts and uncles, cousins by the dozens, often gleeful siblings, occasionally gleaming children and always doting parents. It was quite a show, and I felt a part of it because I had taught every one of those kids. They still call me today and stop me at NMA conventions to update me on their families and careers.

*Dawson: What about research grants? Have you received much support in this regard?*

Hoover: I have been the recipient of hundreds of thousands of dollars of research support from the pharmaceutical and medical devices industry. I have also par-

anticipated in a number of cooperative studies/clinical trials sponsored by governmental agencies and industry involving multiple institutions. One of my regrets is the fact that I did not take two years off from my residency after I returned from the service to go into a research laboratory, which is almost a pre-requisite for securing peer-review-type funding, especially today. But I had already spent two years away from my residency in the military and was anxious to finish since it was a seven-year program, and I had five years left.

*Dawson: What editorial experience did you have prior to your selection and current tenure as EIC at the JNMA?*

Hoover: I had served on the editorial boards of three major journals: *The Archives of Surgery*, the *Annals of Thoracic Surgery* and *Surgical Rounds*, and was an ad hoc reviewer for several other journals. Actually, I am still on the editorial boards of these three journals. All three journals had annual board meetings at which all aspects of publishing a journal were discussed. Therefore, I had excellent training in all phases of medical editing/publishing. My three editors—the late Dr. Claude Organ Jr., Dr. Henry Edmunds and Dr. Bernard Jaffe—all took great interest in all of their board members and made sure that we all learned as much as possible. I am also indebted to Dr. Catherine DeAngeles, editor of the *Journal of the American Medical Association (JAMA)*, who always attended our *Archives of Surgery* board meetings, who broadened our knowledge in medical journalism and kept us informed as to how things were done with *JAMA*.

*Dawson: Dr. Hoover, can you detail for our readers your first experience with the National Medical Association?*

Hoover: Yes. I knew about the NMA when I started medical school and met the wonderful African-American doctors at the then-segregated black hospital in Durham, NC—Lincoln Hospital. I did not realize at the time what giants they were in American medicine. They were Dr. Charles Watts, a surgeon, later a member of the Institute of Medicine; Dr. Charles Curry, later to become the Johnson and Johnson professor of medicine and chief of cardiology at Howard University; and Dr. Charles Johnson, a former Air Force fighter pilot, who later became a full professor of medicine at Duke University School of Medicine and president of the NMA.

There were no SNMA chapters at Duke and Cornell in those days of my residency, so it was not until I was in Brooklyn at Downstate when two events occurred: I encountered another outstanding group of African-American physicians, including Drs. Chris Veal, Winston Price (whom I had known at Cornell) et al, and

the NMA met in New York City, and I attended my first NMA convention. I have missed only one convention since, and that was due to a scheduling conflict with a medical missionary team to Africa that I had agreed to lead, and the dates were later changed to conflict with the NMA convention.

*Dawson: Since becoming EIC at the JNMA, in your opinion, what are some of the most important changes that have occurred?*

Hoover: I have tried to encourage submissions from authors all over the world concerning diseases of disparity and their impact on minority populations, and I think that this has been successful. I can tell by the submission dates that the *JNMA* is their journal of choice and not the third or fourth journal that they had floated their papers by trying to get them published. The vast majority of our published manuscripts have been supported by peer-reviewed funding sources such as the National Institutes of Health (NIH), Centers for Disease Control (CDC) or a major foundation. Our rejection rate has increased from around 25% to almost 50% with this concomitant increase in quality.

We have also added some specialty columns for the benefit of our readers, since many of the issues may not have manuscripts in their specialty areas. The idea is to have something of interest to every reader in every issue, even if it is just an update on what is going on at our historically black institutions, or the “NMA Faces in New Places” column to inform our readers of promotions and movement of our members/readers. We have tried to add some spice with our “cover art” initiative. The proof perhaps is in our Impact Factor (IF), which is a rough indicator as to how frequently manuscripts in *JNMA* are cited by other authors. Our IF has tripled over the last three years.

*Dawson: Are there any regrets since your time as EIC of the JNMA or plans for the future?*

Hoover: Yes, there are a few. First, the editorial board is still a work in progress but improving. Secondly, we need to do a better job with our CME program for our readers who need it. Thirdly, we need to do a better job of educating our young authors whose manuscripts are rejected so that they can plan, design and conduct better studies in the future to avoid fatal errors. Presently, we send them the reviewers’ comments, which are very helpful but not detailed enough to really teach young people. Fourthly, I would like to publish more information on a regular basis from our historically black colleges and universities. Finally, I wish we could do more documentaries about our members in key positions such as the NIH, CDC, Institute of Medicine and endowed chairs in American medical school. I feel very strongly that *JNMA* should be

the source document for future historians and others to chronicle the NMA's position on socially relevant issues of the day. Therefore, we should publish the resolutions acted upon by the House of Delegates, including the ones that were not approved, so that a hundred years from now, scholars will know what we were concerned about during our time. For example, as part of a special writing group investigating the impact of segregation on African-American physicians and our medical school circa 1910 when the Flexner Report was closing medical schools all over the country, the only reference I found to the NMA's deliberations about this most important issue were in the minutes of the proceedings of the House of Delegates at the annual NMA convention.

*Dawson: As far as medicine in general, do you have any regrets?*

Hoover: My only regret is the fact that I cannot practice another 30 years. We are on the verge of some spectacular innovations in medicine, including actually curing some terrible diseases like sickle cell anemia in this half of the 21st century, and I would like to see these come to fruition.

*Dawson: Dr. Hoover, what advice would you give young people who are considering a career in medicine?*

Hoover: My advice to young people who want to go into medicine is summed up in this one sentence: It is still the best thing that you can do with your life. There are many challenges, and the system is not perfect, but all of the tools required to make the necessary corrections are available. I tell young people all the time they are smarter than we were, healthier, can run faster, jump higher and will live longer than my generation, and they will improve upon what we have done. They also have the "toys" with which to do the job. I often challenge my students and residents with the phrase: "Imagine what Einstein could have done if he had possessed a \$49.95 handheld calculator with a printer? Who knows, he might have made something out of himself." Today's youth carry more computing power in their iPods® than was available in my undergraduate college four-and-a-half decades ago.

*Dawson: What about advice for young physician about to embark on their careers?*

Hoover: My advice to young physicians? Well, I tell my students and residents that they are not going to be allowed to practice medicine the way my generation did, and that is not a bad thing. The system, as it currently exists, is broken, and as stakeholders, we must be part of the solution. Currently, we spend \$2.3 trillion on this broken system, and still we have over 40 million Americans

uninsured or underinsured. Another game I play with my students is the "trillions game." I ask how long would it take them to count to one trillion if that was their full time job, eight hours a day, five days a week? I get answers like 10 days, four weeks, two months, etc., when the correct answer is 33,000 years. So \$2.3 trillion spent on a broken system is serious money. Minority populations still die unnecessarily from preventable causes and suffer enormously from others. Congress has mandated more accountability from us, and that scrutiny is only going to increase, so young physicians should get on board and not resist change, as my generation has done—unsuccessfully I might add.

*Dawson: Dr. Hoover, any advice for the NMA in terms of organizational goals?*

Hoover: I would tell them our supply line and feeder system has been interrupted. Of the 6,000-plus African-American medical students in this country today, only about 35–40% are at our historically black schools. So the NMA must find a way to reach those students and the thousands of African Americans in medical school and residency training at majority institutions who are unlikely to ever come to know the NMA. All of the majority schools now have SNMA chapters, but there is no "hand-off" of these students to the NMA, especially if you consider the fact that they have an interlude of 3–8 years for residency training after medical school. Membership in all organizations is down, but the NMA needs to reverse this trend so that it can truly be the voice of reason for minority populations in all matters that pertain to health and wellness. It still annoys me to see majority institutions putting on "diaspora" programs with no representatives from the NMA. This may also mean that the NMA needs to do a better job of marketing itself to the wider medical community both at home and abroad.

*Dawson: What is your wish list for the JNMA?*

Hoover: My wish list for *JNMA* would be to:

- Continue to expand readership and insure that the journal is not a financial burden to the NMA
- Create an endowment campaign for the journal to give future editors-in-chief more options to do creative things that cost money
- Continue our pursuit of high-quality manuscripts to improve our impact factor, which is important to many authors seeking academic promotion
- Do a better job of educating our young people as to how to design and conduct research studies and write a proper manuscript
- Have more direct involvement with matters pertaining to the delivery of healthcare services in

Africa and the Caribbean,

- Address how federal funds are allocated so that all diseases of disparity can be addressed and not just the “popular” and high-profile diseases,
- Have more involvement with educational organizations such as the Association of American Medical Schools and private foundations that are concerned about minority educational initiatives such as the R.W. Johnson and Kellogg Foundations
- Have a successful Cobb Institute that is involved with clinical trials, research initiatives at minority and majority institutions,
- Have clinical and basic science research projects under the purview of our sections and the Cobb Institute.

*Dawson: Do you think affirmative action is still required for African Americans so that they can gain the requisite number of physicians that matches their population level, in light of ongoing racial discriminatory healthcare allocation and the recent Supreme Court decision that undermines Brown v. Board of Education Topeka, KS?*

Hoover: Oh, absolutely. You cannot erase 400 years of all manners of oppression of a people in a generation. I recently read that the North Carolina state legislature voted to award the University of North Carolina School of Medicine \$50 million a year for its cancer center. I did not see where they gave North Carolina’s historically black colleges and universities, such as NCCU, A&T or Fayetteville State, any such bonus money. If you visit the engineering schools at North Carolina State in Raleigh, they are not going to look like the ones at North Carolina A&T in Greensboro.

I recommend a book entitled *The Shape of the River* by Bok and Bowen, the former presidents of Harvard and Princeton, to my high-school students to select the best college for them to attend. It addresses the issue of affirmative action with hard data. African American students “overachieve” in these “affirmative action” settings and go on to be better civic leaders than majority students while remaining on par with them professionally.

Unfortunately, we, as a society, are still at the stage where we are still “shocked” when we see an African-American pilot greeting us after the flight lands, or learn that an African American has been appointed as president of Brown University, the Ford Foundation, American Express or the owner of a sports franchise. We will need affirmative action until these novelties are commonplace and a “Barack Obama” has actually been elected president.

*Dawson: Finally, Dr. Hoover, if you could change anything in your professional life, what would it be, if anything? In short, was becoming a physician the right choice for you?*

Hoover: Absolutely, and I might add becoming an academic surgeon was also the right choice even though it may have been serendipitous. During the time of my residency at Duke, the chairman was interested in training only academic surgeons so I was infected even as a medical student. I have thoroughly enjoyed interacting with the thousands of medical students at Duke, Cornell, and Downstate Medical Center in Brooklyn, NY. Further, I had wonderful years teaching student at Meharry Medical College in Nashville, TN and SUNY-Buffalo, NY, and the hundreds of residents that I have trained. Of course, the relief of pain and suffering for thousands of patients is nonpareil.

*Dawson: Dr. Hoover, Thank you for your time and attention.*

Hoover: Dr. Dawson, you are quite welcome.

## We Welcome Your Comments

The *Journal of the National Medical Association* welcomes your Letters to the Editor about articles that appear in the *JNMA* or issues relevant to minority healthcare. Address correspondence to [EditorJNMA@nmanet.org](mailto:EditorJNMA@nmanet.org).

## C A R E E R O P P O R T U N I T Y

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