AHA Council on Clinical Cardiology
Bringing the Best Science to the Bedside for More Than 50 Years
Gary J. Balady, MD; Patrick O’Gara, MD; Robert O. Bonow, MD

It is indeed a special privilege to be officers of the Council on Clinical Cardiology, as we, along with our members, celebrate the 50th Anniversary of our Council. As we review the state of the Council and look toward its future, it is very clear that we have drawn from our past. The Council on Clinical Cardiology was initially established by the American Heart Association as the Section of Clinical Cardiology on June 5, 1952. The minutes of its first meeting held on April 11, 1953, are clear evidence that a strong foundation was set by the collective wisdom and vision of its founding members, then led by the Council’s first chairman, A. Carlton Ernstene. The AHA Section on Clinical Cardiology was established with a clear purpose: “to facilitate and encourage investigations, prevention, treatment, and education in the field of clinical cardiology.”¹

In the minutes of this meeting, Samuel A. Levine heralded the future of this Council and its steadfast dedication to the development of practice guidelines and scientific statements, when he declared that “…the American Heart Association’s research program is of a very high caliber, but very serious thought should be given to methods whereby the results of research are made available to the medical profession at large.”² That same year, the group developed a meeting structure of presenting brief versions of original investigations (what we now know as abstracts) along with state-of-the-art reviews by panels of experts. This novel meeting structure formed the basis of the now familiar and very successful annual AHA Scientific Sessions Program. The Section of Cardiology changed its name in 1957 to the Council on Clinical Cardiology and began to focus its efforts on member benefits and postgraduate medical education. Later, in 1961, the Council developed the special designation “Fellow of the Council on Clinical Cardiology” to be bestowed on its members who demonstrated exemplary dedication to the AHA’s mission.²

Through the years, impressions from the remarkable leadership provided by past council chairmen have been left behind, with each one building on the successes of their predecessors to yield a Council that continues to evolve and mature as the largest home of the AHA’s scientific membership (Table). We are duly proud that 5 of our past Council Chairmen subsequently rose to the position of President of the American Heart Association: A. Carlton Ernstene (1959 to 1960), Lewis E. January (1966 to 1967), W. Proctor Harvey (1969 to 1970), Paul N. Yu (1972 to 1973), and Robert O. Bonow (2002 to 2003).³ Over the past 50 years, the size and scope of the Council have also grown. Initially established by a small group of members with a budget of $1500, the Council now boasts a membership of 7912, 2456 of whom are fellows. It is noteworthy that the 4 originally established Council committees, namely Program, Research, Credentials, and Postgraduate Education, are still active today. They are now joined by 8 other committees, with a focus that spans from research to education to mentoring and advocacy, and whose collective productivity has indeed been remarkable. We are fortunate to have a wealth of talented and dedicated experts serving on our Leadership Committee and our 11 subcommittees. It is their tireless dedication, supported by the AHA staff, that has enabled our council to build on its history of success.

During this past year, the Council has been remarkably prolific in the generation of 19 scientific statements and advisories and participation in 12 ACC/AHA guidelines. As part of its educational mission, the Council is a sponsor or co-sponsor of 8 scientific programs that serve as venues for the presentation of cutting edge research and state-of-the-art science and as catalysts for future research, clinical practice, and policy. Each year, through the enormous efforts of the Council’s Program Committee, our Council has generated, sponsored, or co-sponsored major portions of the AHA Scientific Sessions Program. Here we see the vision of Samuel Levine fulfilled.

As a council, we embrace the importance of advocacy, and we show this by our actions. Many Council members joined the nearly 400 participants in AHA Spring Lobby Day 2002
We value collaboration and solidarity with our AHA affiliates, recognizing that we are all members of the AHA working to support its mission. We solicit nominations for council positions from the affiliates, and reserve 2 Members-at-Large positions on our Leadership Committee for affiliate nominees. We are grateful to the many council members who serve on affiliate and division-level boards and committees, and are very pleased that several members of our Leadership Committee also serve as leaders within their affiliates. Most importantly, we are working to groom the future of our council, the AHA, and the field of clinical cardiology in supporting our young clinicians and investigators, specifically in the areas of career development and research. Many members of our Young Clinicians and Investigators committee have been invited to moderate abstract sessions and have participated in the development of the Early Career Investigator Forum held at AHA Scientific Sessions 2002. For the 10th consecutive year, in a program initiated by Past Chairman Joseph Alpert, our Council is funding an AHA National Research grant that focuses on clinical investigation.

Our Council has not been complacent with its accomplishments. Our Long Range Planning Committee strives to make the council more efficient, more effective, and more productive as we support the AHA’s mission and its 2010 goals, the new scientific council re-organization, and our own Council goals. Our Council is pleased to have members active in every facet of the new scientific organizational structure, many of whom are serving to lead various committees. Several Council members also played an integral role in the development of the new member benefits packages, which will be implemented in the spring of 2003.

There is little doubt that A. Carlton Ernstene, Samuel Levine, and the other founding fathers of the Council on Clinical Cardiology would indeed be proud if they were reviewing the many accomplishments of this Council — their legacy. As we complete 50 years as the Council on Clinical Cardiology, the state of our Council is great and its future promises to be even better.

References
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