



**Eugene G. Brown, III, MD, RPh**

**Candidate for  
President-elect**

***What is the Academy's greatest challenge and how would you address it?***

***What do you see as the most important items for the Academy's 2025 strategic plan and why?***

The American Academy of Otolaryngology–Head and Neck Surgery is the home for the specialty of otolaryngology and the voice for otolaryngologists across the world. It is imperative that we stand together and support our Academy through membership and volunteerism. Specialty unity is the most important issue for the Academy today as we are simply too small of a specialty to be splintered into weaker factions.

Numerous threats are present that challenge unity, and the membership dollar for medical societies is more competitive today than ever. Our field is more subspecialty driven with each graduating residency class; and each subspecialty has its signature organization. Gender, racial, and cultural differences that make our specialty stronger and more reflective of the patient population we treat can at times detract from alignment. Dividing circumstances need to be addressed and stronger bridges built to continue to allow for otolaryngologists to come together under one unified organization.

The Specialty Unity Summit, where subspecialty otolaryngology organizations meet with Academy leadership twice annually, is an excellent model. We need similar dedicated, scheduled outreach with the Academy's different sections and representatives from current special interest groups, such as DEI and international members, as well as those that will emerge over time. Increased involvement from representative groups will yield an atmosphere of collaborative energy and unity. Specialty unity is our greatest challenge and strengthening member relationships through collaboration should be a cornerstone of future strategic planning.

I have had the honor of being a stakeholder at the last two Academy strategic planning sessions in 2017 and 2021, and these experiences have sharpened my focus on vision and leadership. A plan is vital as we consider strategies to optimally position the Academy and specialty for the future. We must keep abreast of changing healthcare delivery models, monitor our evolving workforce, and ensure that we are

delivering quality care, while also meeting the diverse and cultural needs of our communities. I am excited to perhaps again be a member of this task force and to shape the future of otolaryngology with the goal of restoring the joy associated with the practice of medicine.

We entered medicine to care for patients, but along the way have encountered many obstacles that lessen the satisfaction that we experience from this pursuit. These obstacles include administrative burdens and cumbersome electronic health records. Medicare participation now creates philosophical challenges as physicians must start to balance patient access versus financial viability. An increasingly employed workforce requires representation and support so physicians themselves can continue to direct and deliver care. These issues persist while burnout and physician wellness are ever more prescient concerns. We need strongly focused advocacy efforts by our Academy to work to overcome these obstacles and preserve the practice of medicine.

Otolaryngology needs a strong Academy. Medicine continues to be commoditized, more complicated and less doctor-driven. Member collaboration, specialty unity, and forward-thinking strategies will position us best for future success. It is these initiatives that will guide my presidency.

**Please provide a personal statement as to what is your vision for the leadership role for which you are applying, why you are pursuing the elected position, and why you should be chosen.**

**2024**

I am humbled to be nominated for President. While this position is not something I actively sought, my passion for this specialty and its members is unparalleled and uniquely qualifies me for the job.

My journey in leadership has its roots in the creation of OASIS, a regional network in the Southeast whose foundation was the support of the practice of otolaryngology. In 2019 I was elected to the Board of Directors of the AAO-HNS and am currently serving on the Executive Committee. I have participated in the last two strategic planning sessions and have served on the Financial and Investment Subcommittee (FISC). I am actively engaged in the Physician Payment Policy (3P) Workgroup, and currently serve on the CEO/EVP search committee. OASIS demonstrated how physicians working together can accomplish great things, and I am most proud of championing this same momentum to seed the new Otolaryngology Private Practice Section with other Academy leaders.

If I am honored with being elected President, my vision involves three interested parties: the patients, the physicians, and the specialty. While otolaryngology continues to diversify and sub-specialize, the Academy serves a critical role of fostering an environment in which the specialty and each of its components can work together and excel. In a dynamic world where disruption is a true constant, we need the Academy more now than ever.

As our true passion is taking care of patients, we need leadership that will prioritize this. Our communities need culturally diverse otolaryngologists to provide care and be local role models. The changing workforce requires attention so that we are positioned to construct appropriate care models to best serve patients. As investor monies pour into the field, as employers ramp up production pressures, and as administrative burdens present barriers, we need our Academy to champion patient care.

While the Academy excels in creating and providing educational content for members, we need more. Disconnected EMR's, administrative burdens, and revenue pressures are drivers of burnout. Survey's paint a picture of job dissatisfaction and early retirements threaten patient access. We need to recognize member challenges and advocate at the highest levels for today's otolaryngologist.

Advocacy requires a focused effort and dedication of resources that only the Academy can provide. New technologies, drugs and techniques have advanced the specialty while at the same time obtaining payment for these services is challenging. The No Surprises Act tilts the marketplace toward commercial payors, and the 25 modifier is under constant attack. We need an Academy with increased resources to promote change that improves our ability to provide patient care.

I want to make Otolaryngology stronger and ensure the AAOHNS represents all my colleagues. I understand what this organization does, how it runs and what it needs in its leadership to be most effective. We will soon introduce a new CEO, and the Academy will need a proven, experienced working President who can lead during the transition. This is the role that I am uniquely qualified to fill.

Thanks for your support.

**CURRICULUM VITAE**

**Name:** Eugene Glenn Brown III, MD

**Current Employment:** Charleston Ear, Nose, Throat & Allergy 2000-present

**Place of Birth:** Wilmington, NC

**Education (include institutions, dates, degrees):**

- University of North Carolina at Chapel Hill, 1985-1990, Bachelor of Science in Pharmacy *with Honors*
- East Carolina University Brody School of Medicine, 1991-1995, Doctor of Medicine

**Residency and Fellowship:**

- Internship - Medical University of South Carolina 1995-1996
- Residency - Medical University of South Carolina 1996-2000

**Specialty:**

- General/Comprehensive Otolaryngology 2000-present

**Licensure and Certification:**

- South Carolina Medical License Number 18685. Issued August 15, 1996
- American Board of Otolaryngology – Head and Neck Surgery. Certificate No. 16666. Issued May 7, 2001

**Previous Employment:**

- Eckerd Drug 1990
- Mast Drugs 1991
- Charleston Ear, Nose, Throat & Allergy 2000-present

**Memberships and Offices Held /Academy and other societies:****•American Academy of Otolaryngology – Head and Neck Surgery**

- Executive Committee 2023-2024
- At-Large Director – Private Practice 2020-2024
- EVP/CEO Search Committee Member 2023-2024
- Finance and Investment Subcommittee (FISC) 2020–2023
- Physician Payment Policy (3P) Work Group 2020–present
- Board of Directors Awards Task Force 2021-present
- Future of Meetings Task Force 2021-present
- Future of Otolaryngology Task Force 2017 – present
- *ENThealth.org*, Consumer Health Development Group for General Otolaryngology 2018 – present
- Stakeholder AAO-HNS Strategic Planning Session 2017, 2021
- Program Planning Committee, Otolaryngology Practice Symposium 2018 – 2019
- Ad Hoc Task Force participant - Evaluate the mission, function, structure and relevance of the Board of Governors, Section for Residents and Fellows, Women in Otolaryngology, and the Young Physicians Section 2018
- Private Practice Study Group - Member 2021-2023

- Senior Advisor 2021-2023
- Otolaryngology Private Practice Section – Member 2023-present
  - Nominating Committee 2023-present
- Board of Governors – Member 2017-present
  - Nominating Committee 2021-2022
- ENT PAC member 2017- present
- Lifetime Millennium Society Donor 2021-present
- Otolaryngology and Allergy Specialists – Integrated Solutions (OASIS)**
  - Co-Founder 2015
  - Board of Directors 2015 – present
- Charleston Ear, Nose, Throat and Allergy**
  - Chief Executive Officer 2023 – present
  - President 2013 – present
  - Executive Committee 2013 - present
  - Partner 2000 – present
- South Carolina Society of Otolaryngology – Head and Neck Surgery**
  - President 2019-2023
  - President-Elect 2017-2019
  - Vice President 2015-2017
- American Board of Otolaryngology – Head and Neck Surgery**
  - Oral Board Examiner 2023
- Other**
  - The American Rhinologic Society
  - American Academy of Otolaryngic Allergy
  - American Medical Association
  - South Carolina Medical Association
  - Charleston County Medical Society
  - IndeDocs: Independent Doctors of South Carolina
- Honors/Awards:**
  - CEO Above and Beyond Award 2023
  - 2023 *Healthlinks Magazine* Best in Health Charleston – Best ENT Doctor
  - The Faculty Award (East Carolina University - Brody School of Medicine) 1995
  - The Brody Scholar (East Carolina University – Brody School of Medicine) 1991-1995
  - The Vivian Barnes Pharmacology Award 1995
  - Alpha Omega Alpha - junior year inductee 1994

- Chief Marshall of East Carolina University Brody School of Medicine Graduation 1994
- Bristol Laboratory Pharmaceutical Award 1990
- Fannie Jackson Andrews Award 1989
- Ralph Peele Rogers Pharmacy Administration Award 1988
- Phi Lambda Sigma, national Pharmacy Leadership Society 1989
  - Phi Lambda Sigma Potential Leadership Award 1988
- Burroughs Wellcome Company Pharmacy Education Program Scholarship 1988
- United States Academic All-American Award 1986
- Phi Eta Sigma Freshman Honors Society 1986

**Community Service:**

- Medical University Of South Carolina Master of Health Administration Advisory Board 2023-present
- Mount Pleasant Presbyterian Learning Center Board of Directors 2004-2006
- Dream Center Medical Clinic Board of Directors 2009 – present

**Regional/Local Hospital Participation:**

- Roper St. Francis Hospital - Leadership Training Program 2016

**Summation of Published Works Within the Specialty:**

- Grayboyes, EM; Harmon, GE; Brown, EG. *Antibiotic Prescribing Prior To Head and Neck Cancer Diagnosis – Warning, Detour Ahead. JAMA Otolaryngology Head and Neck Surgery. 149(10):928-929, 2023.*
- *Principal Investigator.* A prospective, multi-center, single arm study of BiZact on children and adolescents undergoing tonsillectomy (Medtronic). 2018-2019.
- Brown, EG; Kilgore, C. *Private Practice Otolaryngology 2018.* AAO-HNS Bulletin. 37(8):10, 2018.
- Sale, K; Brown, EG; Halstead, L. *Post-Myringotomy Hemorrhage Associated with Childhood Idiopathic Thrombocytopenic Purpura.* Archives of Otolaryngology Head and Neck Surgery. 125(12):1383-84, 1999.
- Brown, EG; Klein, A; Snyder, K. *Hearing Aid Processed Tone Pips: Electroacoustic and ABR Characteristics.* Journal American Academy Audiology. 10(4):190-7, 1999.
- Brown, EG; Albernaz, MS; Emery, MT. *Thyroglossal Duct Cyst Can Cause Airway Obstruction.* Ear Nose Throat Journal. 75(8):530-4, 1996.
- McFadden, TC; Brown, EG; Jordan, C; et al. *Improved Survival with Neoadjuvant Chemoradiation Therapy in Surgically Treated Patients with Esophageal Cancer.*
- Brown, EG. *My Future in Community Pharmacy.* The Carolina Journal of Pharmacy, 68:18,1988.
- Honor's Thesis: *Drugs Used in Home Infusion Therapy: Florida Phase I Interim Report.*