AAMC President’s Address 2016:
In Search of Community

AAMC President and CEO Darrell G. Kirch, MD, delivered the following address at the association’s 127th annual meeting in Seattle, Wash., on Nov. 13, 2016.

I thank Dr. Rappley for her kind introduction. And my thanks also to Dr. Laskowski for his heartfelt reminder of the commitment to teaching and learning we all share. Most of all, I thank all of you for being here in Seattle. I realize how privileged we are, in the midst of an incredibly stressful time for our nation, to be part this passionate, caring, diverse community we call academic medicine.

Being in this room has special meaning for me. Some of you may have been here when we met in Seattle 10 years ago. It is hard for me to believe it was that long ago because I remember it so vividly. That was my first opportunity to speak to this group as AAMC president. I was beyond nervous, but you welcomed me with openness and warmth. My talk was titled, “In Search of the Public Good,” and I think it reflected what many of us felt at the time. We all know that academic medicine is central to three public goods that determine the well-being of our society: educating the health care workforce, leading scientific discovery, and caring for our patients. My goal 10 years ago was to reinforce how important it is for these public goods to receive strong support from the federal government, from states, and from our donors. That was not just a speech for me. Our economy was doing well, and I had great hope that we might be on the verge of a major national recommitment to the public good.

I did not know—as I am certain most of you did not know—what would happen in the 10 years that followed our last Seattle meeting. Less than two years later, our country plunged into the Great Recession. In some dramatic ways, the public good went on “life support.” You saw it firsthand. Each medical school and teaching hospital was forced to fight its own battles—with falling state appropriations, donors pulling back, stagnant NIH funding, and constant downward pressure on clinical reimbursement. For the first time in my professional life, I heard speculation about whether some of our medical schools and teaching hospitals might even fail. Instead of achieving a shared national recommitment to the public good, it felt as if we were each on our own.

And 10 years later, we still seem to be “in search of the public good.” We made clear progress with the passage of the Affordable Care Act in 2010, which brought millions of Americans in from the uninsured cold. But today, the future of the ACA is uncertain. On the research front, once we adjust for inflation, support for NIH remains at the same level as in 2001. And our medical students remain burdened with unprecedented levels of debt. This spring, that debt rose to a median of $190,000 for each graduating student borrower.

Then, on top of all this, there was this year’s election. I have spent much of the last 18 months struggling to make sense of what has been going on in our country. At a time when our challenges require unity and resolve, our nation descended into acrimony and divisiveness that
left many of us emotionally exhausted. Even worse, it left many of us wounded and frightened. It was deeply disheartening to hear words and witness actions that tore at our social fabric. Our aspiration to be a national community—a melting pot that transcends race, religion, immigration, class, and political party—seemed to be under siege.

Today, many of us are asking the same question. After months of stunning rancor and division, how in the world do we come back together?

During the heat of the election, *New York Times* columnist David Brooks wrote a piece titled “One Neighborhood at a Time.” He offered an example of how we could go about healing our deep divisions, a process he called “social repair.” He said, “The nation may be too large. The individual is too small. The community is the right level.”

Why is community the right level? When you think about it, communities are the building blocks of our society. They are the places where we work, where our children attend school, where we gather with friends and neighbors in churches, libraries, and parks. In a strong community, we can depend on each other. We share the school carpool. We celebrate milestones together. We drop off dinner for a neighbor in a time of need. Citizens bonded in these ways are more likely to vote, to volunteer, to perform good deeds for one another.

But today, our communities are under threat. Some of you may have read Robert Putnam’s book *Bowling Alone*. He paints a vivid portrait of civic engagement in decline. Americans are spending more time isolated in a personal bubble on the Internet and watching TV and less time participating in community events. The passing of the World War II generation only exacerbates this trend. Just think about our parents and grandparents who were so exceptionally engaged in civic life. We simply do not engage with our communities the way we once did.

Academic medicine certainly is not immune to the powerful forces transforming society. But despite all that, AAMC public opinion research shows a broad base of support for our missions to educate physicians, deliver the highest levels of care, and lead discovery. That research also shows that our local communities want us to use our power to drive better health outcomes and improvements in community well-being.

Every time I visit one of your campuses, I see evidence of you tending to the social repair that David Brooks called for. I see how, day after day, you rise above the noise of governmental budget fights, the paralysis of partisan gridlock, the corrosive effects of prejudice. Your cities and states may be divided in many ways, but medical schools and teaching hospitals are transcending those divisions to tackle tough problems and build real, vibrant communities centered on our institutions.

There is no better example than this year’s recipient of the AAMC Spencer Foreman Award for Outstanding Community Service, Michigan State University College of Human Medicine. Yesterday morning, Mona Hanna-Attisha, MD, MPH, joined us to discuss the contaminated water crisis in Flint, Michigan. The college has a longstanding partnership with the community of Flint, and in 2014 established its Public Health Research program in downtown Flint. That partnership was critical to exposing and addressing the crisis. On the heels of a report that
identified dangerous amounts of lead in the Flint water supply and with city officials still insisting the water was safe, Dr. Hanna-Attisha and her colleagues presented results of a study showing that the number of Flint children with elevated levels of lead in their blood had doubled, even tripled, in some areas of the city. But they did not stop at shining a spotlight on this public health crisis. Earlier this year, Michigan State University College of Human Medicine and Hurley Children’s Hospital launched the Pediatric Public Health Initiative in partnership with the community to optimize children’s health and to serve as a national resource for best practices.

Institutions around the country are taking on other issues that do not necessarily make national headlines but that deeply affect the health of our communities. In 2014, Rush University Medical Center in Chicago launched the Road Home Program to support service members returning to civilian life. The Road Home Program provides care and counseling for a range of veterans’ issues, including post-traumatic stress disorder and traumatic brain injury, and serves as a hub for services offered through the local VA medical center and other partners. Just as important, Rush also provides overall support with the difficult transition from military to civilian life, including connecting veterans to job-training programs and community events and extending counseling services to the children and families of veterans. In the last 12 months alone, more than 370 veterans and their families received free care at Rush through this program.

I see efforts to build community every time I visit one of your campuses. Last spring, I was honored to be the commencement speaker for the first class to graduate from the University of South Carolina School of Medicine in Greenville. The school was created in partnership with the Greenville Health System to help address community health needs, and it already shows great promise in doing so. It is one of a handful of our medical schools that trains every first-year student to become an emergency medical technician. These students certainly gain early clinical experience working regular shifts as EMTs as part of an interprofessional team. But the best part of the experience is their immersion in the community. I met with a group of students, many of whom, like many of us, have led relatively privileged lives. They spoke movingly about riding in the ambulance to the homes of people who have been marginalized and whose every day is a struggle. They told me what they saw and learned in those homes. And I saw the understanding and empathy—the bonds of community—they developed through that educational experience.

Later in the summer, I traveled to Texas to speak at the White Coat Ceremony for the inaugural class admitted to the new University of Texas Rio Grande Valley School of Medicine. Despite its location in one of the most economically challenged regions in the country, this first class drew more than a third of its members from the Rio Grande Valley itself. And underrepresented minorities make up a majority of the class. But the school’s community commitment goes far beyond the composition of the student body. Its mobile clinic goes to nearby areas where many community members speak no English and many live in homes that lack even basic plumbing. Clinicians and learners work with promotoras de salud—community-based health workers who do health education in these often neglected neighborhoods. They are engaging people where they live.

Across the country I have seen other examples: the ongoing calls to action made by White Coats for Black Lives, the development of health promotion strategies for LGBTQ persons, workshops
addressing the unique needs of students with disabilities, and outreach to students with Deferred Action for Childhood Arrivals—students often called “Dreamers.” You are showing that the strongest communities are inclusive communities.

Let me share just one more example with you. In June, our country was deeply shaken by the violence at the Pulse nightclub in Orlando. Forty-nine people were killed. Fifty-three were wounded. The shooting rocked our nation—especially our LGBTQ and our Latino communities. In the aftermath of that violence, two teaching hospitals—Florida Hospital Orlando and Orlando Regional Medical Center—cared for badly wounded victims of the mass shooting. These two teaching hospitals then went on to make all that care free. They donated more than $5.5 million of services. The head of Florida Hospital simply described this as a “gesture” to “add to the heart and good will that defines Orlando.”

And in the aftermath of that tragedy, I was proud to see the AAMC Board of Directors affirm its support for treating gun-related injuries and deaths as the major public health issues they are for our communities. The AAMC Board called for an end to the ban on federal funding for research on gun violence. Enough is enough!

I know we are all feeling the stress. Everyone who works in a medical school or teaching hospital is subject to the same forces of change as our communities. We face the same pressures that lead to disengagement and social isolation. We need to be certain we are caring for our own community. Two years ago, at our annual meeting in Chicago, I spoke about the crisis of burnout, depression, and suicide in academic medicine. In the last two years, I have seen more and more of you working to strengthen the community inside your institution, as well as the community outside your walls.

There is no easy fix for these problems. But the AAMC is committed to working with you to bolster resilience and build cultures of wellness for our learners and colleagues. Last June, the leaders of AAMC councils, organizations, and groups gathered at our headquarters in Washington to discuss this challenge and learn from each other about possible solutions. We are sharing your ideas and programs on our website at aamc.org/wellbeing. And now, with support from the AAMC and other organizations, the National Academy of Medicine is launching a collaborative of organizations to promote resilience and well-being for all clinicians across the entire continuum of their careers. We simply cannot afford to let our own colleagues suffer in isolation. More than ever, we need to be a community for each other.

I have mentioned only a few examples, but I have seen hundreds. Please forgive me for not speaking about the work each and every one of you is doing. You are building stronger, more resilient, and healthier communities for all those who work and learn on your campuses and for all those outside your walls who you serve so well.

Despite what has happened in the 10 years since I stood in this room and called for a strong national recommitment to the public good, please know that I have more hope than ever. We should never abandon our focus on the public good. To paraphrase something I once heard a wise woman say, “When others go low, academic medicine goes high.” We will always seek to be a uniting force in our nation—to heal and repair our communities, and to call on the
government to fortify its commitment to the public good. The AAMC is already working to educate the new presidential administration and the new Congress. We promise to push them to strengthen our national investment in education, research, and care and to help us achieve the social repair our nation so desperately needs.

And despite all the bitterness of this election, I see clear, encouraging signs. A few weeks ago, on a glorious fall weekend in late September, in a dramatic building sitting in the shadow of the Washington Monument, the new National Museum of African American History and Culture opened. Presidents Barack Obama and George W. Bush came together to preside over the event. To signify the opening, a church bell rang over the crowd—a bell from one of the first black churches in America, established in 1776 by free and enslaved black people. The bell was rung by Ruth Odom Bonner. Ruth is the 99-year-old daughter of Elijah Odom, a man born into slavery in Mississippi but who escaped to freedom as a child. The beautiful grace note on this story is that Elijah Odom then went on to graduate from Meharry Medical College. He became the physician for—and an anchor of—his own community in Biscoe, Arkansas.

In his remarks that day, President Obama reminded us that our national history frequently has been one of struggle. At times that struggle has torn us apart. But President Obama also quoted President Lincoln, who called on “the better angels of our nature” to come together and transcend that struggle. This election has been a struggle. But at each and every medical school and teaching hospital I visit, I see the better angels of our nature at work—strengthening community bonds with learners, with colleagues, with patients, and most of all, with the people living just beyond your doorstep.

I thank you so much for being here in Seattle to move this national discussion forward. And most of all, thank you for being there for your communities.