



## March 2014 Report

This has been a year of big changes for the Benjamin Rush Society. After five years operating as a project of the Pacific Research Institute, BRS incorporated as a separate entity on January 14, 2013. We obtained IRS recognition for 501c3 non-profit status on April 17, 2013, and began independent functioning July 1, 2013. On August 27<sup>th</sup>, 2013, we received the final transfer of funds from PRI to complete the separation process. Sally Pipes, founder of BRS, is continuing her leadership as Chair of the Executive Board. The Board has four additional members, all of whom are prominent physicians and strong supporters of markets in medicine and the primacy of the doctor-patient relationship: Drs. Richard Armstrong, MD; Jan Breslow, MD; Robert Hertzka, MD; and Neil Minkoff, MD.

On February 2, 2013, we signed the final agreement with Rush Medical Center on its objection to our application to trade mark the name "Benjamin Rush Society." Rather than fight a lengthy, expensive battle over the rights to the name, BRS volunteered to change our name to the Benjamin Rush Institute (BRI). We have been preparing for this transition for quite some time so this name change should have negligible effect on the successful pursuit of our mission.

### Chapter Development

BRI began the 2012-2013 academic year with ten active chapters. Previous experience revealed a recurring pattern of establishing approximately 20 chapters by the end of each school year, only to find that half disappeared over the summer months. Last April, we held our first student leadership conference in Philadelphia with 32 students attending from 20 schools. Due to the excitement and commitment generated at the conference, along with improved communications with the national organization, chapter continuity greatly improved. This fall, instead of the 50% attrition experienced in the past, we started the school year with 15 active chapters and 3 affiliates. We ended 2013 with 20 active chapters and affiliates along with seven new chapters in various stages of development.



BRI 2014 Student Leadership Conference

## Current List of Active Chapters

1. Barry University School of Podiatric Med – Miami, FL
2. Duke University School of Medicine – Durham, NC
3. George Washington University School of Medicine – Washington, DC
4. Georgetown University School of Medicine – Washington, DC
5. Icahn School of Medicine at Mt. Sinai – NYC, NY
6. Mayo Medical School – Rochester, MN
7. Medical College of Wisconsin – Milwaukee, WI
8. Ohio State University Medical School – Columbus, OH
9. Ohio University College of Osteopathic Medicine – Athens, OH
10. SUNY Downstate College of Medicine – Brooklyn, NY
11. University of Cincinnati School of Medicine- Cincinnati, OH
12. University of Colorado – Denver, CO
13. University of Louisville School of Medicine – Louisville, KY
14. University of South Carolina School of Medicine – Greenville, SC
15. University of Texas – San Antonio, TX
16. University of Toledo College of Medicine – Toledo, OH
17. Texas A & M, College of Medicine – Temple, TX
18. Philadelphia College of Osteopathic Med – Philadelphia, PA\*
19. UMDNJ - School of Osteopathic Med – Stratford, NJ\*
20. Yale University School of Medicine – New Haven, CT\*

\*Indicates an affiliate chapter

## List of Developing Chapters

1. Chicago Medical School – Chicago, IL
2. Eastern Virginia University School of Medicine – Norfolk, VA
3. Indiana University School of Medicine – Indianapolis, IN
4. Ohio Northern University, College of Pharmacy – Ada, OH
5. University of Iowa Carver College of Medicine – Iowa City, IA
6. University of Texas – Austin – Austin, TX
7. University of Virginia School of Medicine – Charlottesville, VA

## **Program Activity**

We are particularly proud of the growth in our educational programs. Through our lecture and debate series, the Benjamin Rush Institute promotes thoughtful, well-reasoned discourse on health policy and medical ethics. Medical students and faculty are grateful to BRI for providing a forum for open discussion of crucial topics which are sadly either ignored in the official medical school curriculum, or presented with a lopsided “more-government-is-the-solution” focus. Enthusiasm for our programs is present even when attendees disagree with the market-oriented ideas that dominate our events.

*“I have really enjoyed attending lunch talks of the Benjamin Rush Society. Although I have tended to*

*disagree with the arguments of the speakers, they have always been thought provoking. The speakers bring up discussions that are important for this country to have so that we can control the rapid increases in healthcare costs. I have appreciated that speakers invite disagreements and debates, because that exchange of ideas is what will eventually lead to solutions. I passionately feel that the government is excellent at providing quality healthcare and that our policy should highly value equality of access to care. I am always excited that the Benjamin Rush Society Lunch talks give me a venue for my voice. “*

--- Medical Student, University of Cincinnati

This past fall, BRI chapters hosted as many events in one semester as in the entire previous school year, effectively doubling our reach. Our December interim report provided detailed information on the four fall debates as well as listing the titles of our Speaker Series presentations. This report contains a brief recap and a few highlights.

## Debate Series

### Fall Debates

October was a busy month with three debates. Rowan School of Osteopathic Medicine (NJ) hosted a panel of five physicians to debate on “US Health Care: Do We Need to Reform the Reform?” Attended by over 100 students, faculty, and community physicians, the event was also live-streamed to another 48 viewers. The same day, the BRI chapter of George Washington University School of Medicine co-hosted a debate with the GWU Federalist Society on the remaining legal questions plaguing the Affordable Care Act (ACA). The very next day, the Icahn School of Medicine at Mt. Sinai



**Do we need to reform the reform?**



**Dr. Jeff Segal and Michael Cannon**

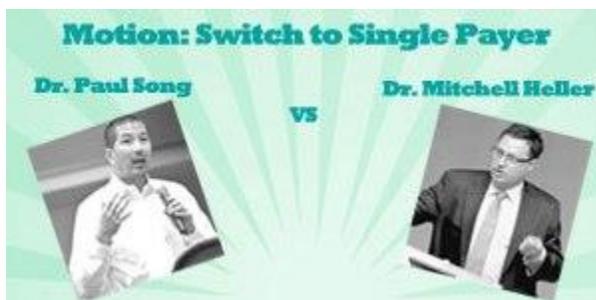
gathered four debaters, including two MD/JD/s and two scholars associated with the Cato Institute to discuss very disparate solutions to problems within our medical malpractice system. A side benefit of this particular debate was facilitating the start of an unlikely collaboration between a liberal plaintiff’s lawyer and libertarian Michael Cannon. That is part of the magic that occurs in the post-debate dinners when people with opposing points of view relate to each other as individual human beings mutually dedicated to improving the lives of patients.

The last debate of the year was in San Antonio, Texas, held in honor of the 50<sup>th</sup> anniversary of Nobel laureate Kenneth Arrow’s seminal paper, “Uncertainty and The Welfare Economics of Medical Care.” This work is still referred to today as proof that medical care cannot be left to markets. This debate was the only one of the fall series with a resolution which lent itself to audience voting. Taking before and after votes to gauge audience opinion, the pro-market team won the debate by swaying the most attendees to switch their votes to support the resolution: “Healthcare markets are not unique and do not require extra government intervention in order to

function.” Given that 80% of medical students support the ACA (even while admitting they do not understand the law), this demonstrates the power of exposing students to counterarguments and facts. When presented with both sides, the ideas of liberty are persuasive. But to persuade, they must be heard, and that is the mission of BRI.

Comments we receive on BRI events are similar to the one below which followed the debate in San Antonio:

*“Thank you [to the] BRI team for putting this great debate on! Clearly this is a hugely important issue, and it’s great that your organization fosters the sort of dialogue that likely is lacking from most med school curricula. I hope y’all put on more of these debate... We’ve been talking about the debate all day... Great stuff!”*



**The Great Debate at Albany Medical College** in two separate events sponsored by Students for a National Health Plan. The debates were both held in New York, one at the Einstein School of Medicine and the other at Albany Medical College. As our reputation for professional and scholarly programs spreads, we expect these opportunities to increase.

An exciting new development for BRI is being approached by other organizations to provide free market supporters for debates they are sponsoring. Last spring, BRI’s executive director was invited to debate before an audience of 500 undergraduate students at the University of California at Berkeley. This fall, BRI supplied debaters to defend markets against

proponents of a single-payer healthcare system

in two separate events sponsored by Students for a National Health Plan. The debates were both held in New York, one at the Einstein School of Medicine and the other at Albany Medical College. As our reputation for professional and scholarly programs spreads, we expect these opportunities to increase.

### Spring Debates

Two spring debates have already taken place and three more scheduled.

**February 13, 2014, Medical College of Wisconsin, “Defined-Contribution Reforms (Premium Support) are Required to Sustain Medicare.”** with Dr. Robert Moffit, Senior Fellow, Heritage Foundation, Dr. Richard Armstrong, MD, general surgeon and COO of Docs 4 Patient Care, Jonathan Cohn, Senior Editor of the New Republic, and Dr. Cyril “Kim” Hetsko, MD, medical internist and former trustee American Medical Association. Over 100 medical students and faculty attended the debate. Stuck in Washington DC due to a snow storm, Dr. Moffit participated live via the internet, projected onto the auditorium AV screen. Even with this handicap, the defenders of the resolution prevailed, persuading a greater number of the audience toward the idea of defined contributions.



**Dr. Kim Hetsko, Jonathan Cohn and Dr. Dick Armstrong agree on the need for Medicare reform – just not which type.**



**Drs. Victoroff & VanderArk defend the IPAB**

**March 1, 2014, University of Colorado, Anschutz Medical Campus, "Is the Independent Payment Advisory Board the way to control Medicare spending?"** Four physicians gathered before an audience of approximately 100 students, faculty and community members to argue the merits and detriments of the IPAB. Defence of the various viewpoints were passionate, yet always civil and sometimes humorous. Students left with a much better understanding of the issues involved. Pre- and post-debate voting revealed

that the audience as a whole developed greater skepticism about the ability and propriety of the IPAB as a mechanism to control Medicare spending. This debate was held in conjunction with the BRI Second Annual Student Leadership Conference, allowing the attendance of thirty BRI student leaders from medical schools across the country.

Up-coming Debates:

**April 7, 2014 Yale University School of Medicine: "How Should Doctors Be Paid? The Future of Physician Compensation and the Role of Government"**

Taking four different points of view, participants will debate on how best to pay doctors.



Robert Nordgren, MD, MPH, MBA, CEO of Northeast Medical Group and a Senior Vice President of Yale New Haven Health System: salaried models work well in healthcare

Dr. Zack Cooper, PhD, Yale Asst. Professor of Public Health and Economics: public policy must drive payment innovation.

John Graham, Senior Fellow, National Center for Policy Analysis: Fee-for service works well when not tied to the 3<sup>rd</sup> party payer system.

Dr. Neil Minkoff, MD, former Commissioner of the Massachusetts Group Insurance Commission: innovative payment models should develop through the free market system.

**April 15<sup>th</sup>, 2014 George Washington University School of Medicine: "Be It Resolved: The ACA Can't Be Mended, and Needs to be Replaced."**

Opposing the Resolution: Sara Rosenbaum, J.D. GWU School of Public Health and Health Services, Department of Health Policy; Seth Trueger, MD, GWU Emergency Physician and Health Policy Fellow.

Supporting the Resolution: Jim Capretta, Senior Fellow, Ethics and Public Policy Center; Scott Gottlieb, MD, Resident Fellow, American Enterprise Institute.



**May 22, 2014, Ohio State University School of Medicine, “Be it Resolved: Allowing a market for organs would benefit both patients and donors.”**

Affirmative: Dr. Mark Cherry, PhD, Professor of Philosophy St. Edwards University, TX; author of "Kidney for sale by owner: Human Organs, Transplantation, and the Market"

Opposed: Dr. Amy L. Pope-Harmon, MD, Transplant Pulmonologist, Associate Professor Clinical Medicine, Ohio State University

Moderator: Dr. Ryan R. Nash, MD, Director of Medical Ethics for The Ohio State Wexner Medical Center

## Lecture Series

In 2013, BRI held 29 lunch and evening lectures, a 50% increase from 2012. Topics have spanned from medical ethics, to free market practice models, to medical economics and more. Speakers have included physician politicians like US Senator Rand Paul, and physician authors like Dr. Marty Makary



**Sen. Rand Paul speaks at the University of Louisville**

*(Unaccountable: What Hospitals Won't Tell You and How*

*Transparency Can Revolutionize Health Care.)* Other speakers include health policy researchers such as Dr. Linda Gorman of the Independence Institute, and law professor Joshua Blackman, who spoke on the inside story of the legal challenge to the individual mandate. A number of physicians discussed the effects of healthcare policy on their private practices, on opting out of Medicare, on running a direct-pay primary care, and the effects of regulation on the quality and cost of medical care, as well as on research and innovation. Speakers are encouraged to limit their talks to 20 to 30 minutes in order to provide students with ample time for questions. Typical lunchtime audiences range from 30 to 60 students providing an intimate yet lively setting for meaningful discourse. A complete listing of BRI 2013 events is available on request.



**BRI brings market ideas to the AMSA 2013 national conference in New Jersey**

One fall event deserves special attention. In October, BRI sponsored Dr. Lee Gross, MD to speak at the national conference of the American Medical Student Association (AMSA). AMSA is the dominant student organization on medical campuses across the country. AMSA officially supports the ACA and advocates for a larger government role in regulating and providing medical care in the U.S. In spite of this philosophical divide, when BRI explained the success of Epiphany Health, Dr. Gross' direct-pay primary care practice, the conference organizers were intrigued by his affordable, free market solution for providing medical

care to the uninsured and underinsured. Dr. Gross spoke to an auditorium full of medical students from across the country and explained how his practice provides primary care at a tenth of the typical cost – and yet this success is endangered by the ACA and the regulations emanating from the law. The students were thrilled by Dr. Gross’ model for low cost medical care and gained a real appreciation of the unintended consequences of government overreach. This collaboration exemplifies the persuasive experience BRI provides, opening medical students’ minds to the power of innovation with in a system of free enterprise.

## Growing Influence

Here’s a heartening report from Sameer, Lakha, a third year medical student at Icahn School of Medicine at Mt. Sinai:

“Every spring the school has a "Health Policy Day." It's organized by a group of first-year students and typically consists of a couple of guest speakers in a lecture format. Attendance is mandatory for all first- and second-year students.

In 2010, there was a "debate" featuring "diverse viewpoints" (the organizers' words, not mine!): someone from PNHP and someone from the Commonwealth Fund talking about Obamacare... This year, after just over a year of BRI activity on-campus, the first-year organizers came to us and asked for suggestions for a non-leftist speaker to bring in. I suggested a long list that began with Avik Roy, whom they duly invited (along with Peter Orzag, who sits on Sinai's board and made an appearance at Health Policy Day 2012).

So today, every single first-year and second-year student sat in a lecture hall while Dr. Roy gave a \*fantastic\* presentation entitled "The Conservative Case for Universal Coverage." It seemed to be pretty well received... A number of students were interested enough to engage him in conversation after the official Q&A had ended.

While this wasn't officially a BRI event, the fact that a conservative speaker was brought in for a mandatory curricular event only happened because BRI has provided funding and resources for us to establish a credible, alternative health policy presence at Mount Sinai. Donors' support for our talks and debates make us the informed, "go-to" health policy people for the younger students, and this is a fantastic example of how it can pay dividends.”

## Collaborations

Our reputation for quality programs is spreading, but BRI is young and still relatively unknown. To address this issue, BRI participated in a number of symposia and conferences. In July, Dr. Haynes introduced BRI to 100 physicians at the OtherCare Conference in Ann Arbor, MI. In September, Dr. Haynes and BRI Board members, Sally Pipes and Dr. Neil Minkoff, spoke at the Managed Markets Summit in San Diego on the detrimental effects of current healthcare reform on medical innovation. BRI sponsored exhibit tables at the 2013 Atlas



**BRI display in the ISFLC exhibit hall**

Forum in New York City and at the International Students for Liberty Conference (ISFLC) in Washington, DC. BRI also participated at the 2014 Heritage Resource Bank.

In October, the Alexander Hamilton Society hosted the second annual collaboration meeting for liberty-oriented organizations modelled after the Federalist Society. In attendance were leaders from BRI, the Adam Smith Society, Love and Fidelity, the Intercollegiate Studies Institute, and the American Enterprise Institute. Eugene Meyer and Peter Redpath led a discussion on the difficulties FedSoc faced in their early days and the solutions they devised to improve chapter continuity. All left the meeting with fresh ideas to tackle this mutual challenge.



**Dr. Armstrong explains why FDR dropped medical care from the Social Security Act**

BRI was a principal organizer of the November 2013 Physicians Summit in Dallas, a two day conference for doctors showcasing practice models that preserve the doctor-patient relationship and minimize the intrusion of government. This conference brought together leading physicians from the three main free-market professional organizations: the Association of American Physicians and Surgeons, the American Association of Private Practice, and Docs 4 Patient Care. The agenda included several BRI professional members who spoke on a variety of topics. BRI Board member, Dr. Dick Armstrong, spoke on the history of Medicare. Grace-Marie Turner from the Galen Institute was the keynote speaker. Several BRI students received scholarships in order to attend the conference.

## Growing BRI

### On-line Presence

With the settling of the trade mark dispute, we are now able to aggressively market the BRI brand. BRI continues to develop its website, regularly posting recaps of BRI events, health policy commentary, and news about innovations in medicine and health care delivery. The BRI blog will increasingly be a go-to place for students to gather intellectual ammunition to defend freedom in medicine.

Chapter leaders are assisting us develop a members-only page to serve, among other purposes, as a repository for the BRI Student Leadership Handbook. First published last summer, this 110-page document is packed with practical information to support chapter development and simplify event planning. Student leaders have also created a Google Group for inter-chapter communications and exchange of ideas.

Videos of all the debates and several lunch lectures are easily accessed on the website, while the online calendar allows for announcement of future events. A resource page provides reference books and articles on healthcare policy, delivery innovations and medical ethics and economics. BRI is further promoted through our Benjamin Rush Facebook page and Twitter.



Website: [BenjaminRushInstitute.org](http://BenjaminRushInstitute.org)



BRI You Tube Channel: [www.youtube.com/user/BenjaminRushInst](http://www.youtube.com/user/BenjaminRushInst)



Twitter: @BenRushInsitute



Facebook: [www.facebook.com/BenjaminRushInstitute](http://www.facebook.com/BenjaminRushInstitute)

## Membership Growth and Chapter Development

Prominent throughout our website is a button inviting visitors to join and support BRI. Our first membership drive began just a few weeks ago and we already have 45 members, several of whom have given extra donations.



In early February, we emailed the first issue of our newsletter. Written for students and supporters, the *BRI News* will be published monthly and distributed to our growing list of subscribers.

The above developments are important, but the best way to grow membership and strengthen chapters is by providing excellent programs. We now have a formal Speakers Bureau making it easier for students to locate lecturers and debaters for their events. Newly constructed procedures for event planning streamlines communication and provides the infrastructure for scaling up program activity without loss of quality.

At the end of February, we held our second annual BRI Leadership Conference, this time in Denver. Twenty-nine students from 16 schools attended a weekend packed full of brainstorming and work sessions. Students returned to their schools with a sharper understanding of the BRI vision, full of specific ideas for programs and activities. They gained new tools for recruiting members and ways to effectively promote free markets as the best way to create access to quality health care in an age of accelerating innovation and excellence.

## **Conclusion**

The Affordable Care Act is producing profound changes in the delivery of American medical care. Practicing physicians and patients are increasingly aware of the law's destructive, and largely unnecessary, unintended consequences – but medical students remain immersed in a bubble of academia which believes in and promotes centralized, command-and-control medical care. Their diagnosis of what ails our healthcare system is 180 degrees off target, blaming markets and looking to more government as the solution. The Benjamin Rush Institute is needed now more than ever to reach these young doctors-in-training and provide them with the proper antidote. We could not begin to accomplish this task without the very generous support of our donors and members. Thank you so much for the opportunity to tackle this task.