



2013-2014 End of Year Report

This has been a year of big changes for the Benjamin Rush Society (BRS). 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, 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, 2014, 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 rights to the name, BRS volunteered to change our name to 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. The corporation name was officially changed on May 30, 2014. The IRS will be notified of this change when we file our 990 at the end of the summer.

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,



BRI 2014 Student Leadership Conference

we started the school year with fifteen active chapters and three affiliates. We ended the 2013-2014 school year with twenty active chapters, three affiliates and five new chapters in various stages of development.

Current List of Active Chapters

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

*Indicates an affiliate chapter

List of Developing Chapters

1. Dartmouth College – Hanover, NH
2. Eastern Virginia University School of Medicine – Norfolk, VA
3. Indiana University School of Medicine – Indianapolis, IN
4. University of Iowa Carver College of Medicine – Iowa City, IA
5. University of Texas – Austin – Austin, TX

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 year, BRI chapters sponsored nine debates and participated in two others, and hosted 42 lectures, doubling our achievement from last year. The chart below summarizes our growth since inception.

	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014
Debates	2	5	4	3	5	9
Lectures	0	0	2	11	18	33
Total	2	5	6	14	23	42

Lecture Series

In 2013-14, BRI held 33 lunch and evening lectures, almost doubling the number of events from 2012-13. 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 2013-2014 events is available on request.



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

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.

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

Debate Series

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 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



Do we need to reform the reform?

to each other as individual human beings mutually dedicated to improving the lives of patients.



Dr. Jeff Segal and Michael Cannon

The last debate of the year was in San Antonio, Texas, held in honor of the 50th 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 debates... We've been talking about the debate all day... Great stuff!"

February 13, 2014, Medical College of Wisconsin, "Defined-Contribution Reforms (Premium Support) are Required to Sustain Medicare."

Over 100 medical students and faculty braved the local weather to participate in the BRI debate on Medicare. Onsite were 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. Stuck in a Washington DC snowstorm, Dr. Robert Moffit, Senior Fellow, Heritage Foundation, was able to deliver a passionate argument while projected onto the auditorium's giant AV screen via the internet. 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.

March 1, 2014, University of Colorado, Anschutz Medical Campus, "Is the Independent Payment Advisory Board the way to control Medicare spending?"



Drs. Victoroff & VanderArk defend the IPAB

Four physicians gathered before an audience of approximately 100 students, faculty and community members to argue the merits and detriments of the IPAB. Defense 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.

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

BRI continues to partner with the Yale University School of Medicine Health Care Improvement Group. Over 200 students and faculty attended this year's debate on physician compensation. Just planning this event was an education for the students involved. As a supporter of free markets, BRI insisted that one of the debaters defended fee-for-service in medicine. Student organizers were unable to find anyone willing to extoll

the virtues of fee-for-service— even though fee-for-service is the primary form of exchange throughout our economy. Former

BRI executive director John Graham rose to the task, explaining how government intervention has distorted the normal functioning of markets through its preference for private and public third-party payment of medical care. BRI board member and former Commissioner of the Massachusetts Group Insurance Commission, Dr. Neil Minkoff, MD, explained why innovation in payment best occurs in a free market system. Dr. Zach Cooper, PhD, Yale Asst. Professor of Public Health and Economics, countered that public policy must drive innovation and change. Lastly, Dr. Robert Nordgren, MD, CEO of Northeast Medical Group and a Senior Vice President of Yale New Haven Health System, advocated for the salaried employment model of physician pay. These four points of view stimulated more questions and challenges than time allowed to address. BRI looks forward to co-hosting another debate with Yale next year.



Over 200 students and faculty came to hear the debate on physician reimbursement at Yale Medical School.

George Washington University, April 15 “Be It Resolved: The ACA Can’t Be Mended and Must Be Replaced”

This year’s debate at GWU had an exceptionally talented and informed panel. Jim Capretta, Senior Fellow at the Ethics and Public Policy Center, and Dr. Scott Gottlieb, MD, Resident Fellow at the American Enterprise Institute, teamed up and chose to argue that the ACA is so fatally flawed it must be replaced. Sara Rosenbaum, JD, GWU School of Public Health and Health Services, Department of Health Policy and GWU Emergency Physician and Health Policy Fellow, Dr. Seth Trueger, MD argued the ACA is a necessary step in the right direction that deserves more time to adequately work.



Jim Capretta and Dr. Scott Gottlieb team up to argue that the ACA is beyond repair.

Before an audience of over 75 students, faculty and local physicians, the four debaters presented their cases. Voting before and after the event differed only by a single vote so the debate was called a draw.

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



Dr. Nash fields passionate inquiries from the audience.

Pope-Harman. Dr. Ryan Nash, an OSU Palliative Care physician and Director of the OSU Center for Bioethics and Medical Humanities was the debate Moderator. The Arthur N. Rupe Foundation co-sponsored this event.

Over 70 faculty, students, and interested parties attended the May 22nd Benjamin Rush Institute debate held at The Ohio State University College of Medicine. At issue was “Be it Resolved: The Sale of Human Organs is Beneficial for Both Patients and Donors.” The debate centered on the ethics and economic feasibility of allowing both live and cadaveric organs to be sold instead of donated, and the two points of view were represented by St. Edward’s Professor of Applied Ethics Dr. Mark Cherry, and OSU Transplant Pulmonologist Dr. Amy

Dr. Cherry, author of *Kidney For Sale by Owner: Human Organs, Transplantation, and the*

Market, spoke in support of the resolution. His main arguments surrounded patient autonomy and the improved availability of organs for dying patients in a market structure. Dr. Cherry contended that organs are already being transferred from donor to recipient, and the government's mandated price of zero for this transaction is unethical on the basis of autonomy.

Dr. Pope-Harman, a transplant pulmonologist, spoke in opposition to the resolution. Dr. Harman refuted Dr. Cherry's position, saying that a policy of allowing the sale of organs would inevitably lead to exploitation of the poor and vulnerable. She also cited data from the organ market in India that donors were no better off financially several years after donation, and were usually in worse health.

BRI partnered with the OSU Center for Bioethics in publicizing the event. Many senior faculty from the OSU Medical School were in attendance, including the retired OSU hospital CMO, three deans, and a variety of faculty from cardiology, pulmonology, and other transplant specialties. The debate was lively, with Dr. Nash allowing an extra ten minutes to accommodate engaged audience members who wanted to pose questions to the debaters.

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."



The Great Debate at Albany Medical College

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.

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 Forum in New



BRI display in the ISFLC exhibit hall

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.

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



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

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.

A new partnership has been forged with the Association of Mature American Citizens (AMAC). This past June, Dr. Haynes was invited to speak at the first national AMAC Health Care Symposium, sharing the stage with Michael Cannon, Doug Hotz-Eakin, Grace-Marie-Turner, John Goodman and others.

She spoke on BRI's work bringing a free market perspective to our nation's future physicians, inviting AMCA members to support BRI and spread the word to young people considering a career in medicine. Along with live-streaming, the conference was robustly covered by Fox News.

Growing BRI

On-line Presence

Now that the trademark dispute is settled, we are aggressively marketing the BRI brand. We continue to improve our 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 helped us develop a members-only page which serves, among other purposes, as a repository for the BRI Student Leadership Handbook. First published last summer, this 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. An 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. Derek Dye joined our consulting staff in mid-June and will concentrate on promoting BRI and liberty-based healthcare through our social media sites. After one month, we have seen a 40% increase in Twitter followers and a 10% increase in Facebook "likes." In June we launched a bi-monthly email newsletter which will highlight our growing on-line content, announce events, and

communicate on a regular basis with our student leaders, members and supporters.



Website: BenjaminRushInstitute.org



BRI You Tube Channel: www.youtube.com/user/BenjaminRushInst



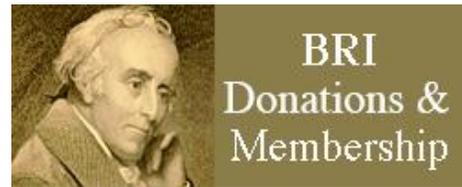
Twitter: @BenRushInsitute



Facebook: www.facebook.com/BenjaminRushInstitute

Membership Growth and Chapter Development

Prominent throughout our website is a button inviting visitors to join and support BRI. We currently have 45 members, several of whom have given extra donations.



The best way to grow membership and strengthen chapters is by providing excellent programs. Our formal Speakers Bureau makes 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.

This coming spring, in order to take advantage of the local healthcare policy thought leaders, we plan to hold the student leadership conference in Washington DC. The program will combine sessions on running a chapter interspersed with presentations on healthcare policy.

Educational Projects

Our student leaders are constantly asking us for educational materials from which they can learn as well as disseminate to their peers. One project under construction is a series of 60 minute podcasts which will cover health policy topics in an interview format. We also are gathering pre-existing pamphlets into a Healthcare Freedom Toolkit to provide to our student leaders. Our eventual goal is to create a series of original brief fliers (two to three pages in length) explaining our current healthcare system as well as introducing key economic concepts as they relate to medicine.

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.