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Discovering Your Brand: Advocacy Beyond ACP Leadership Day on Capitol Hill

A pit in my stomach was slowly forming as I sat through the Leadership Day workshops before marching on Capitol Hill with the American College of Physicians (ACP). Although I was being briefed on how to address the College's key priority issues with my state representatives, I was unsure how I could use my limited biomedical experiences to connect with legislatures and staffers. Physicians clearly play a vital role in advocacy, but what could the other 190 trainees, including myself, offer the next day on Capitol Hill?

I admitted my feelings of inadequacy to the veteran ACP members at my table and received a response that I would contemplate throughout the remainder of my time in D.C. *"What's your brand?"* I soon understood that your "brand" is the defining characteristics and central focus of your career. The members challenged me to first consider my biomedical interests and then distill those interests into a brand that I could easily relate with health care policy and population health. Using this brand, I could genuinely connect my interests with some of ACP's key priority issues in a manner that would more effectively capture the attention of my legislatures.

Addiction is my greatest interest in medicine. The heroin overdose of a friend motivated me to pursue MD-PhD training so I could study and eventually improve the treatment of addiction. Through the Medical Scientist Training Program at the Indiana University School of Medicine, my training and research that address the opioid crisis are funded through the National Institutes of Health (NIH). My friend's story provided a real-life representation of the value in federal investments into these programs, such as the NIH's. My brand—to better understand and improve the treatment of addiction—now seamlessly connected with a key priority issue on Leadership Day: ensuring adequate funding for medical and health research (such as the NIH). The ACP members at my table were right; my representatives and their staffers were engaged as I advocated for greater research funding that could support training and research projects like my own.

While at Leadership Day, I was fully immersed in an environment where individuals were passionate about how their brands were relevant to health care policy. Although I was able to relate my research on addiction to some of the key priority issues on Capitol Hill, I knew my brand more deeply intersected with health care policy. Gliding past the Washington Monument on my return flight, I started to consider advocacy *beyond* Leadership Day. I began reflecting on conversations I have had with frustrated physicians regarding our country's approach to patients with an addiction, an approach largely dominated by

criminalization. I thought about the literature I have been studying that describes a paucity of evidence supporting the policies enacted as part of the “war on drugs.” I recalled the recent stories in the media highlighting how the lack of adequate addiction health care in our penal system perpetuates a vicious cycle of release and arrest. Clearly, our approach to addiction is neither effective nor sustainable. But what if we approached the disease of addiction in a similar manner to our approach to cancer?

In the same year President Nixon declared drugs “public enemy number one” and initiated the war on drugs, the administration also commenced a “war on cancer” by signing the National Cancer Act of 1971 (1-3). The war on cancer was a biomedical war that poured millions of dollars into new cancer centers, training, and research to ultimately find a cure. Nearly 50 years later, we are reaping the benefits of this biomedical investment. Our understanding of cancer biology has exponentially increased, leading to numerous rationally designed drugs and preventive screenings that have improved the lives of patients (2, 3). Now contrast the war on cancer with the war on drugs, an entirely criminal-legal war. The war on drugs has been linked to the spread of transmittable diseases, increased violence, and the prevention of adequate addiction treatment while doing little to affect the availability of illicit drugs (4-7). Imagine if, 50 years ago, our country declared a “war on addiction” and devoted significant funding to improving our scientific understanding of addiction, increasing access to addiction care, and developing screenings to prevent addiction. I suspect that, if we had made this biomedical investment, we would have a vast array of targeted treatments for addiction, stigma would be virtually nonexistent, and the opioid crisis may never have become a public health emergency.

For change to occur, patient advocacy must continue beyond Leadership Day. For my brand, such advocacy means pursuing a biomedical war on addiction while deconstructing the criminalization policies resulting from the war on drugs. Practically, this may include supporting bills and legislatures that promote training in addiction medicine and a biomedical approach to addiction. Advocating for a war on addiction could mean engaging in public discourse to address the failings of the war on drugs, promote destigmatization, and share evidence supporting addiction treatment. Pursuing a war on addiction could even involve writing essays, such as this current piece, to inform my peers of improved approaches to addiction.

There is a line from the Greek poet Archilochus that contrasts two opposing approaches to the world: “A fox knows many things, but a hedgehog knows one big thing.” The strength of the hedgehog, as opposed to the easily distracted fox, is its approach to the world through one central focus or one defining idea. My big thing, my focus, my brand is a passion for addiction at the lab bench, at the bedside, and beyond to health care policy. A multitude of diverse biomedical brands is necessary for the improvement of overall health care. I feel confident that my fellow trainees each have their own big thing or brand that connects their biomedical passions with health care policy, but advocacy begins with first discovering that brand. To my fellow medical students, I challenge you to discover your brand and determine how you can use it to advocate for policies that will improve health care for generations to come.




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