

REPORT OF THE MEDICAL STUDENT SECTION
GOVERNING COUNCIL

Report D
(I-06)

Subject: MSS Involvement with International Health and Policy

Presented by: Ben Galper, Chair

Referred to: Reference Committee A
(Brian Thomas, Chair)

1 Introduction

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3 At the 2005 Annual Meeting, the following recommendations from MSS GC Report G, MSS
4 Involvement with International Health and Policy were adopted:

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6 1. That the AMA-MSS expand GRIP for a trial period in 2006 for medical student interns in
7 non-clinical international health policy programs outside of the Washington, D.C. area.
8 International health policy interns will be selected based upon the availability of slots after the
9 traditional GRIP applicants are selected.
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11 2. That the AMA-MSS Governing Council present a report at I-06 analyzing the effectiveness of
12 this trial expansion of GRIP.

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14 Your Governing Council enlisted the aid of the 2006-2007 MSS Ad Hoc Committee on International
15 Health and Policy to research and complete this report and fully endorses the committee's work.

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17 Background and Update

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19 Since its inception in 1998, the AMA Government Relations Internship Program (GRIP) has provided
20 opportunities for medical students completing summer internships related to U.S. health policy.
21 However, in an effort to expand the role of the MSS and, more generally, of medical students in
22 international health policy, the MSS Assembly adopted policy at A-05 directing that GRIP be opened
23 to students completing non-clinical international health policy (IHP) internships. This expansion of
24 GRIP to IHP internships was to have been tested for one year, with a decision on the feasibility of
25 permanent expansion of GRIP or the creation of a separate IHP internship program occurring
26 thereafter.

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28 A total of seven GRIP applications were submitted for the 2006 installment, none of which were for
29 IHP internships outside of the Washington, D.C., area. It is likely that the lack of applicants was more
30 a matter of limited publicity regarding the available positions than of a lack of interest in international
31 health policy GRIP opportunities. The MSS is currently addressing these publicity difficulties with an
32 expanded GRIP promotional effort that includes a redesigned website, new promotional materials, and
33 increased promotion of the program at all levels of MSS leadership.

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35 Discussion

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37 Because the original trial expansion of GRIP was never fully realized, your GC supports the trial
38 expansion of GRIP for one more year. However, the extended expansion of GRIP to IHP internships
39 should encompass a few important modifications to the original expansion criteria.

1 First, the original trial expansion of GRIP called for the inclusion of non-clinical international health
2 policy programs outside of the Washington, D.C., area, failing to recognize that certain aspects of
3 GRIP are intrinsically related to its locale. The Washington, D.C., experience, including weekly
4 seminars at the AMA's Washington office, remains an integral part of GRIP. Individuals completing
5 internships outside of the Washington, D.C., area would be unable to participate in these activities and,
6 apart from receiving GRIP funding, would not participate in GRIP in any meaningful way. Thus, if
7 IHP internships are to remain eligible for GRIP, they should be limited to internship settings in the
8 Washington, D.C., area.

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10 Second, the original trial expansion of GRIP directed that IHP internships were to be considered only
11 if there were not enough qualified traditional applicants to fill the program. Considering both the
12 planned increase in GRIP publicity and the decrease in total available GRIP positions from fifteen to
13 ten, the likelihood of any international health policy internship being included in GRIP would be
14 severely limited under the existing criteria for the expansion of GRIP. Thus, in order to assure that an
15 expansion of GRIP eligibility to IHP internships actually results in IHP participants, IHP GRIP
16 applicants should be given equal, but not preferential, consideration in the application process.
17 However, recognizing that this expansion is simply a trial, the number of GRIP positions available to
18 IHP internship applicants should remain limited.

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20 Finally, in order to further assure that the expansion of GRIP to IHP internships actually occurs, the
21 expansion should be promoted in conjunction with increased MSS efforts to publicize the overall
22 program.

23 24 Recommendations

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26 Your AMA-MSS Governing Council recommends that the following be adopted and the remainder of
27 the report be filed:

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29 1. That our AMA-MSS extend the trial period of the expansion of the Government Relations
30 Internship Program (GRIP) to international health policy (IHP) internships for one additional year.
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32 2. That the continued trial expansion of GRIP to IHP be limited to non-clinical IHP programs located
33 specifically in the Washington, D.C., area.
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35 3. That all GRIP applications submitted on time, including those of students applying for IHP
36 internships, be considered concurrently.
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38 4. That a maximum of two of the ten available GRIP positions be filled by candidates pursuing IHP
39 internships.
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41 5. That the AMA-MSS International Health and Policy Committee actively promote and publicize the
42 trial expansion of GRIP to IHP over the coming year, with GC report back on the success of this trial
43 expansion at I-07.

44 45 Acknowledgements

46 The 2006-2007 MSS Ad Hoc Committee on International Health and Policy is chaired by Kristie
47 Applegren and vice chaired by Sucheta Sastry. The committee is comprised of Manasa Basavapatna,
48 Srividya Bhadriraju, Julie Bodwell, Parker Fillmore, Elizabeth Kwo, David Miller, Toma Omonuwa,
49 and Sumseet Syan.