AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

154TH ANNUAL MEETING
CHICAGO, ILLINOIS
June 18-22, 2005

CALL TO ORDER AND MISCELLANEOUS BUSINESS

CALL TO ORDER: The House of Delegates convened its 154th Annual Meeting at 3:00 p.m. on Saturday, June 18, in the International Ballroom of the Hilton Chicago, Nancy H. Nielsen, MD, PhD, Speaker of the House of Delegates, presiding. The Sunday session, June 19, Monday session, June 20, Tuesday session, June 21, and Wednesday session, June 22, also convened in the International Ballroom.

INVOCATION: Father Damian Charboneau, of Assumption Church, Chicago, delivered the following invocation on Saturday, June 18:

Gentle and gracious God within us and beyond us, standing here in your presence this afternoon, our physician members of the American Medical Association, dedicated as their motto proclaims to the health of America, the task you have set for this House of Delegates, O God, in dealing with some of the challenges facing their constituency is truly serious and sensitive.

Amid the ever growing complexity of bioethical, technological and social responsibility issues, the reliance upon your healing presence must be keenly felt as these women and men go about the practice of their most exalted, yet humbling profession. The road ahead leads beyond what Hippocrates could possibly have envisioned, yet the core of his oath still holds true: "May I care for others as I would have them care for me."

As you begin your deliberations, I leave you with the words of Abraham Joshua Heschel: "Just to be is a blessing. Just to live is holy." And I invoke upon you, your spouses, medical students and invited guests in the audience for this session, the blessing of the Almighty, for whom all life is sacred, even those pain wracked and broken. We ask God's blessing as well for your colleagues serving as healers in areas of conflict overseas, especially in Iraq. Amen.

CREDENTIALS: The Committee on Rules and Credentials reported that on Saturday, June 18, 493 out of 543 delegates (90.8 percent) had been accredited, thus constituting a quorum; on Sunday, June 19, 511 out of 543 delegates (94.1 percent) were present; on Monday, June 20, 531 out of 543 (97.8 percent) were present; on Tuesday, June 21, 533 out of 544 (98.0 percent) were present; and on Wednesday, June 22, 536 out of 544 (98.5 percent) were present. (On Monday, one additional national medical specialty society was granted representation in the House of Delegates.)

REPORTS OF THE COMMITTEE ON RULES AND CREDENTIALS: The following reports were presented by Mary T. Herald, MD, Chair:

Saturday, June 18

HOUSE ACTION: ADOPTED

1. House Security

   Maximum security shall be maintained at all times to prevent disruptions of the House, and only those individuals who have been properly badged will be permitted to attend.

2. Credentials

   The registration record of the Committee on Rules and Credentials shall constitute the official roll call at each meeting of the House.

3. Order of Business

The order of business as published in the Handbook shall be the official order of business for all sessions of the House of Delegates. This may be varied by the Speaker if, in his judgment, it will expedite the business of the House, subject to any objection sustained by the House.

4. Privilege of the Floor

The Speaker may grant the privilege of the floor to such persons as may be presented by the President, or Chair of the Board of Trustees, or others who may expedite the business of the House, subject to objections sustained by the House.

5. Procedures of the House of Delegates

The June 2004 edition of the "Procedures of the House of Delegates" shall be the official method of procedure in handling and conducting the business before the AMA House of Delegates. Your Committee also recommends that the Procedures be revised on page 5 to allow the Speaker to appoint up to 3 alternate delegates on a reference committee. The revised language in the first paragraph under "Composition" would read (additions underscored, deletions stricken through):

> Reference Committees are groups of 7 ~~physicians (5~~ delegates and ~~2~~ alternate delegates~~)~~ selected by the Speaker to conduct open hearings on matters of business of the Association. Reference Committees may include up to 3 alternate delegates. Having heard discussion on the subject before it, the Committee prepares a report with recommendations to the House.

6. Limitation on Debate

There will be a 3-minute limitation on debate per presentation subject to the Speaker, who may waive the rule for just cause.

7. Nominations and Elections

The House will receive nominations for President-Elect, Speaker, Vice Speaker, Trustees, and Council Members on Saturday afternoon, June 18. Speeches will be limited to candidates for Officers and Trustees with no seconding speeches permitted. The order will be selected by lottery.

The Association's 2005 annual election balloting shall be held Tuesday, June 21, between the hours of 7:30 a.m. and 8:45 a.m. as specified in Sections 3.40 and 6.90 of the Bylaws, and the following procedures shall be adopted:

Accredited Delegates may vote any time between 7:30 a.m. and 8:45 a.m. by reporting to the Polls in the Normandie Lounge of the Hilton Chicago. The Committee on Rules and Credentials will certify each Delegate and give him/her an "authority to vote" slip. The slip will then be handed to an election company technician, who will direct the voter to a voting machine and provide any assistance that is requested.

The announcement and confirmation of the election results will be called for as soon as possible and appropriate.

In instances where there is only one nominee for an office, a majority vote without ballot shall elect on Saturday.

8. Conflict of Interest

Members of the House of Delegates who have a substantial financial interest in commercial enterprise, which interest will be materially affected by a matter before the House of Delegates, must publicly disclose that interest before testifying at a reference committee on the matter or speaking on the floor of the House of Delegates on the matter.

9. Conduct of Business by the House of Delegates

   Each member of the House of Delegates, and the AMA Officers and Board of Trustees resolutely affirm a commitment to be courteous, respectful and collegial in the conduct of House of Delegate actions, characteristics which should exemplify the members of our respected and learned profession.

Supplementary Report, Sunday, June 19

HOUSE ACTION: LATE RESOLUTION 1001 (446) ACCEPTED

EXISTING POLICY REAFFIRMED IN LIEU OF RESOLUTIONS 104, 107, 108, 109, 110, 204, 206, 208, 211, 215, 216, 221, 222, 301, 402, 410, 523, 531, 536, 702, 706, 707, 708, 709, 710, 712, 713, 716, 717 AND 718

RESOLUTIONS 101, 111, 113, 114, 209, 210 AND 312 EXTRACTED AND REFERRED TO APPROPRIATE REFERENCE COMMITTEES

The Committee on Rules and Credentials met Saturday, June 18, 2005 to discuss Late Resolution 1001. Sponsors of Late Resolutions that are received prior to a week before the opening of the House of Delegates are informed of the time the Committee on Rules and Credentials meets to consider Late Resolutions, 10:00 a.m. on Saturday, and the opportunity to present for the Committee's consideration the reason the resolution could not be submitted in a timely fashion and the urgency of consideration by the House of Delegates at this meeting. The sponsor of Late Resolution 1001 appeared to discuss their resolution.

LATE RESOLUTION

Recommended for Acceptance:

1. Late Resolution 1001 – Department of Justice Lawsuit Against the Tobacco Industry
   Submitted by American Thoracic Society and American College of Chest Physicians

REAFFIRMATION RESOLUTIONS

The Speakers asked the Committee on Rules and Credentials to review the recommendations for placing resolutions introduced at this meeting of the House of Delegates on the Reaffirmation Calendar. Reaffirmation of existing policy means that the policies reaffirmed remain active policies within the AMA policy database and therefore are part of the body of policy that can be used in setting the AMA's agenda. It also resets the "sunset clock," so such policies will remain viable for 10 years from the data of reaffirmation. The Committee recommends that current policy be reaffirmed in lieu of the following resolutions (current policy and AMA activities are listed in the Appendix to this report):

1. Resolution 101 - Guam's Gross Receipts Tax Discriminates Against Physicians
2. Resolution 104 - Insurance Reimbursement
3. Resolution 107 - Health Care Rights on Guam
4. Resolution 108 - Protecting Patient and Physician Autonomy and Patient Access to Care on Guam
5. Resolution 109 - Improving Women and Children's Health Care on Guam
6. Resolution 110 - Proper Classification of Diagnostic Tests on the Medicare Physician Fee Schedule
7. Resolution 111 - CMS Establishment of Safe Harbor Methodologies Affecting Reimbursement for Medical Director Services in Violation of the Administrative Procedures Act
8. Resolution 113 - Balance Bill for All Payers
9. Resolution 114 - Crisis Commission on the State of Health Care in America
10. Resolution 204 - Capitation of Medicaid Funding for Guam and Other US Territorial Possessions
11. Resolution 206 - Taxation of Cosmetic Medical Procedures and Associated Products
12. Resolution 208 - Cosmetic Procedure Tax
13. Resolution 209 - Opposition to Legislation that Presumes to Prescribe Patients' Preferences for Artificial Hydration and Nutrition

14. Resolution 210 - Frivolous Lawsuit Management
15. Resolution 211 - Vaccine Liability Reform
16. Resolution 215 - United Nations Convention on the Elimination of All Forms of Discrimination Against Women
17. Resolution 216 - Empowering Physicians in Collective Bargaining and Negotiation
18. Resolution 221 - Sham Peer Review
19. Resolution 222 - Peer Review Immunity
20. Resolution 301 - Interstate Reciprocity of Physician Licensure
21. Resolution 312 - Title VII Funding
22. Resolution 402 - Teen Smoking and the Movies
23. Resolution 410 - Clean Air Act
24. Resolution 523 - Regulation of Over-the-Counter Products
25. Resolution 531 - Pharmacy Patient Information
26. Resolution 536 - Prescription Drug Advertising Disclosure
27. Resolution 702 - Guam's Health Insurance Interference with Patient Care
28. Resolution 706 - Physician Choice in Medical Staff Membership
29. Resolution 707 - Standardized Explanation of Benefits Form
30. Resolution 708 - JCAHO Element of Performance 7 for MS.1.20
31. Resolution 709 - Encouraging Patient Safety Innovation in the Ambulatory Care Setting
32. Resolution 710 - Guiding Principles for Physician Profiling
33. Resolution 712 - Unlock the Cabinets
34. Resolution 713 - Advocating for the Portability of Health Information Contained in Electronic Health Records (EHRs)
35. Resolution 716 - Insurance Companies Should Reimburse Physicians for E-Mail Correspondence and Electronic Consultations via the Internet
36. Resolution 717 - Insurance Companies Credentialing Process
37. Resolution 718 - Guam Memorial Hospital Medical Staff Autonomy and Physician Independence

Wednesday, June 22

Your Committee on Rules and Credentials wishes to commend the Speaker, Doctor Nielsen, and the Vice Speaker, Doctor Lazarus, for the outstanding manner in which they have assisted our deliberations by their fair and impartial conduct of the House of Delegates and to commend the members of the House for their cooperation in expediting the business before us.

Your Committee wishes at this time to offer the following Resolution:

> Whereas, The Annual Meeting of the House of Delegates of the American Medical Association has been convened in Chicago, Illinois during the period of June 18-22, 2005; and
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> Whereas, This Annual Meeting of the House of Delegates has been most profitable and enjoyable from the viewpoint of policy deliberations and fellowship; and
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> Whereas, The City of Chicago has extended to the members attending this Meeting the utmost hospitality and friendliness; therefore be it
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> RESOLVED, That expressions of deep appreciation be made to the AMA Board of Trustees for arranging this meeting, to the management of several participating hotels, to the City of Chicago, to the members of the Alliance who always contribute so substantially to our meetings, and to the splendid men and women of our American Medical Association staff who participated in the planning and conduct of this Annual Meeting of the House of Delegates.

APPROVAL OF MINUTES: The Proceedings of the 58th Interim Meeting of the House of Delegates, held in Atlanta, Georgia, December 4-7, 2004, were approved.

ADDRESS OF THE PRESIDENT: The following remarks were presented by John C. Nelson, MD, MPH, President of the American Medical Association, on Saturday, June 18:

WHERE THERE IS VISION

Madam Speaker, esteemed delegates, honored guests, my friends. What a privilege to serve as your President these last 12 months. What a year. All the travel, the lost luggage, lost time waiting on the tarmac, 96 flights since January 1 alone. I don't know how many rads I've absorbed since becoming your president, but my laptop and briefcase both now glow in the dark.

On June 15, 2004, I spoke to you about vision. I did so because of my feelings about that wonderful Proverb: "Where there is no vision, the people perish." And I said, "We need to re-think, re-envision and re-invigorate our future and the future of our American medical system. Finally, I asked, "Isn't it time to turn our vision into reality?"

Well, this House responded. We set a vision. We set a course. So now the question is, "How have we done since then?" Frankly, there are three results, three sets of accomplishments that are turning vision into reality: the issues of disparities, quality improvement and access to medical care.

DISPARITIES

First and foremost in my mind is the launching of the Commission to End Healthcare Disparities. Nowhere has the AMA leadership been more personally satisfying to me than the work we have done, together, to remedy the pernicious effects of disparities.

For decades, AMA policy has been crystal clear on this. I was extremely proud to stand on behalf of you last January when the AMA, the National Medical Association and the National Hispanic Medical Association launched the Commission to End Health Care Disparities. Now, leaders of more than 30 health-related groups have come together to study, analyze, educate and eliminate disparities in all their forms. Many of those leaders are in this room right now.

As the scientific evidence is gathered, recommendations become programs, which become the tools to eliminate inequalities in care. When the AMA Institute of Ethics measured physician awareness and action plans, it found more than half of physicians said they believed minority patients really do get lower quality of care than non-minority patients. Three-fourths said they are in a good position to correct the situation. As the Commission develops tools and techniques, we will work to ensure they get to those who can use them best.

In all of these activities, I have been proud of AMA leadership and the Commission's programs. That is the scientific approach. That is the caring approach. That is the ethical approach. That is the AMA approach.

QUALITY IMPROVEMENT

A second area where our vision took shape was in the area of quality improvement and patient safety. And, again, AMA leadership has been at the forefront in supporting and promoting the Institute for Healthcare Improvement campaign to save 100,000 lives by next June. Not by a radical new program. Not by billions in new funding. Not by revolutionary change. But by doing what we know we should be doing for our patients.

And doing it one patient at a time, one hospital at a time, in literally thousands of hospitals across the country. And in the process, saving 100,000 additional lives. How's that for using evidence-based medicine, professional caring and the ultimate in medical ethics to serve our patients?

ACCESS TO CARE

And a third area of vision becoming-reality is the rainbow of issues surrounding the fundamental question of patient access to care. Working together with Search for Common Ground, we have actively and aggressively sought alternatives to relying on a government solution. Our AMA has been deeply involved from the outset in convening meaningful discussions with other equally frustrated players in finding ways to cover those without adequate health care insurance.

I am not talking just about the 45 million Americans who are uninsured, but also the 10 to 15 million more who are underinsured. A group of organizations often at odds with one another is of one mind in this matter. Our motto is: To cover as many people as possible as soon as possible.

Few of the participants agree 100 percent of the time. All agree on the final goal. All are in search of common ground, trying to find ways to cobble together new social institutions that are mutually beneficial. We have espoused AMA policy and make our case as forcefully as possible.

But we recognize the need for give-and-take. I cannot predict the final outcome. But I can assure you progress is being made in this area, for our patients.

UNFINISHED BUSINESS

As pleased as I am with the results achieved--and I am very, very pleased--we all still have much to do together in the days and weeks ahead. That's why you are here, after all. That's what got you into the car and onto the plane to come here. How, then, should we proceed? How should we approach our multitude of issues, reports, questions and ideas in the next days and weeks?

I think often of the inspiring American poet, Carol Lynn Pearson, and her wonderful lines:

"Some gardeners slash frantically at the weeds' offending shoots;
And others labor steadily, loosening its roots."

Well, we have got a question to ask ourselves: Are we going to continue slashing frantically at the offending shoots? Or are we going to labor steadily at the roots, the root causes of our problems? Shouldn't we be wise enough, caring enough, and ethical enough to use the science and caring and moral underpinning of our profession?

The Number One problem everyone outside of medicine focuses on is, quite simply, dollars. It should not be dollars, but it is. So, what do we do about it? How can we loosen the roots of that problem?

Clearly, one thing we physicians can do, immediately, directly, in our patients' best interests, is to improve quality. Don't get caught up in a false dichotomy of cost or quality. As management guru Jim Collins says in his landmark book, "Built to Last," don't get caught up in the tyranny of the Or. It is not a question of can we have A or can we have B.

No, we can have both higher quality and lower cost. Indeed, many of you have heard me preaching all year long that the only true path to lower cost is, indeed, improving quality. We as physicians have got to be the guarantors of quality and clinical quality improvement for our patients. That's our trump card, our ace, the one thing we can do to silence our critics, to enlist allies in business and government, and to make our vision a reality.

Business audiences readily understand this idea when I tell them about the classic manufacturing process in a widget company. If you spoil one, you can either fix it or throw it away. Either way, it costs resources. The most effective process is the one that produces widgets right the first time. Well, patients aren't widgets. They can't be thrown away. We have to fix them, sometimes at great cost and great time. But how much better, how much more professional and ethical and humane to get it right the first time.

That's the way to control costs, improve quality and build patient trust. And we have to be very specific in what we do. My old professor of pharmacology, Dr. Lewis Goodman, coined the expression: Don't be the first to use a new drug, nor the last to discard an old one.

The less expensive medication, the less expensive procedure that is right for the patient, the right quality that the patients needs is the medication, the procedure to use. And, in so doing, we save the other resources for those who truly need them. Yes, doctor, we are talking about real cost containment. By improving quality. By digging down and rooting out the fundamental cause.

In like fashion, what are the root causes of disparities caused by race or ethnicity? We are excited to have the disparities commission moving forward. We hope to have it fully funded in the near future. We have a grant application in at the present time. But, today, we want to announce that the American Medical Association is going to increase its activities in the area of disparities. We are committing hard dollars to develop a significant report to answer two fundamental questions.

First, why do minorities generally have a lower level of trust in our profession which leads to decreased access, decreased utilization, and decreased patient adherence? Knowing the truth, building the evidence base, we can then recommend to you specific actions. Even actions that might seem hard to swallow at first glance. As hard to swallow, even, as heartfelt apologies and earnest expressions of sorrow for the past so we can go forward.

Second, we need to know what we can do to attract all of our minority colleagues to be members of the AMA. These will require two fundamentally different kinds of research. The first is health services research; the second, marketing research. But, in both cases, we will find out the root causes and have the courage to dig them out, once and for all.

In the third area, access to care: The AMA will continue to work diligently with Search for Common Ground, espousing the policy made in this House as far as we can and, if necessary, making whatever decisions need to be made to get the best care to the most people as fast as possible. And, in so doing, maintaining the concerns that most physicians right have, using the evidence base, the science to guide us. Making sure our concerns are patient-centered. And physician-driven.

We hope to be able to come back to you at the next Interim Meeting with concrete recommendations for your approval, recommendations that deal not with externalities but with root causes.

Now, my friends and colleagues, I am not unaware of the many other issues and problems that face us. Our liability system still languishes in mediocrity or worse, while the crisis continues and worsens across this great nation. We have got to fix that. While a small group of Neros fiddle in the US Senate, the people are fighting the fire in the states. We will continue to be diligent at the state level, helping our colleagues fix the broken system to assure access to our patients--one state at a time.

The Medicare SGR formula is another issue to be fixed. The Sustainable Growth Rate is a myth. First, it’s not a rate; it’s a made-up calculation that has no bearing on reality. Second, it doesn’t promote growth, it’s a cut. Third, it is not sustainable in any sense of that word.

The only place where I know SGR comes in a meaningful order is in the spelling of the word “disgrace.” And that’s what the SGR is--a national disgrace. So, we must be steadfast so that our patients will have access to use, to the best care we can provide.

And there are myriad other problems, including the litany of public health issues, improving patient safety, and many, many others. We face a huge menu of issues. But we have the responsibility; we have dedicated our lives to set the agenda and to espouse our vision.

This is the vision:

- Access to health care for all Americans.
- The same care for all Americans.
- High quality care for all Americans.
- Affordable to all Americans.
- Care that is evidence-based, patient-centered and physician-driven.

That is the vision.

One of the most moving moments in my years as you President came at the recent World Health Assembly in Geneva, Switzerland. There I heard the health minister of the tiny nation-state, the Republic of Maldives, report on the aftermath of the tsunami last December.

He said he learned two things: First, he said he learned there was no early warning system. What a difference that could have made.

He then went on to describe the beauty of the Maldives. The 1,200 islands, only 200 of which are inhabited. The beautiful white sand beaches, lush tropical vegetation, the flat coral islands that rise--at their highest--about two meters above sea level.

He said his people were told that, when a tsunami comes, the appropriate action to take was to get 100 feet above it and three miles from the shoreline. He said you can walk across the largest island in 20 minutes. There simply was no place, he said, where you can be 100 feet above and 3 miles from such a disaster.

My colleagues, are we not in that same position? There is no place 100 feet above and 3 miles away from SARS, avian influenza, HIV-AIDS, the uninsured, disparities problems, the broken liability system, the flawed payment system for Medicare and many others.

We must be that early warning system. We must bear our portion of responsibility for solving the problems we know are there. We are not doomed by geography or geology or ideology. We must be the early warning system and we must lead to that higher ground. For, where there is no vision, the people perish.

This is our vision:

- Access to health care for all.
- Equal care for all.
- Quality care for all.
- Affordable care for all.

That's the vision. The AMA vision. If not us, who? And if not now, when? With that vision the people--our patients--will prosper.

ADDRESS OF THE EXECUTIVE VICE PRESIDENT: The following remarks were presented by Michael D. Maves, MD, MBA, Executive Vice President of the American Medical Association, in conjunction with Gary Epstein, Chief Marketing Officer, on Saturday, December 4:

GETTING BACK TO THE SOUL OF OUR BRAND

Good afternoon and on behalf of the AMA and its staff, welcome to Chicago.

I'm Mike Maves, and I'm here to say: We at the AMA help doctors help patients, and we've got plans in place to do this better than we ever have before.

Last night, many of you were with us as we celebrated our profession during the AMA brand reception. Yet even if you could not attend, it would be impossible to miss all the changes we have made since December, from our new AMA brand graphics to the high-impact advertisements that can be seen throughout downtown Chicago, to the welcome kit each and that each one of you has received as a member of this House.

However, it's not just the outward "look" of the AMA that has changed. We are doing something a lot more profound than just window dressing. We are addressing fundamental issues of strategy and focus, so we can better serve our members and deliver on what you and what our other members have told us they want:

1. Opportunities for involvement.
2. Focused advocacy on the issues that physicians define as priorities.
3. Clear and relevant communication about the issues facing medicine and physician practice everyday.

These three strategic pillars will help us fulfill our mission of helping doctors help patients. Our strong financial results over the past five years have put us in the position to invest in our AMA brand and to focus on these three pillars of advocacy, involvement and communication in order to improve our service to members.

New programs, like our Member Connect surveys, have made it possible for doctors across the nation to have their voices heard on the matters debated by this House and even to shape AMA advocacy agenda.

Our new grassroots Member Connect Roundtables have provided members with a forum to meet with AMA leadership, face to face, about critical issues such as medical liability reform, access to care for those without insurance and Medicare payment.

Finally, our recent staff-wide Member Connect telephone campaign has allowed us to reach out to more than 26,000 AMA members, one at a time. Through this campaign, we not only urged physicians to renew their membership, we also communicated with them about our advocacy and outreach efforts. I believe that programs like these and others demonstrate our commitment to serving our members and to helping doctors help patients every day.

We have been able to do all this--and more--thanks to the work of our staff as a whole and to the leadership of the three newest members of my executive team: our new Chief Marketing Officer, Gary Epstein, and our new Chief Operating Officer, Bernie Hengesbaugh, and our new Senior Vice President of Professional Standards, Dr. Modena Wilson.

Now I would like to ask Gary, our CMO, whom you met in December, to join me on stage so he can share with you some details of how we will bring our brand to life. Let's all give him a warm welcome. [Dr. Maves called Mr. Epstein to the podium, and Mr. Epstein began his presentation.]

Thank you, Dr. Maves, and thank you ladies and gentleman. Although Dr. Maves has just introduced me, I think it is worth saying again: I'm Gary Epstein, and I'm here to help doctors help patients--just like every member of the extended family that we call the AMA. Yet the only way the AMA can truly help doctors help patients is if all of the different members of this family stand together, because together we are stronger.

It's a point that is made well in a wonderful story that I want to share with you today, a story about the patriarch of a proud family who wanted to teach his children the meaning of true strength. One day, he called to them and gave each a sturdy stick of wood. "Break it," he said. Each, in turn, snapped the stick in half. He explained to his children, "This is what happens when you stand alone."

Then, he turned to them again and said, "Put your sticks together in a bundle and try to break the bundle in half." They did as he asked, but none of them succeeded. "This is what happens when you stand together," he said. "Stand together and you will not be broken."

What was true for this family is true for the AMA family as well. By standing together, we will shape the future of health care. By working together, states with specialties, the Board of Trustees with this House, staff with members, members with patients, we will be even stronger. And we will not be broken.

This truth about organized medicine is expressed most succinctly in the AMA brand statement, which I shared with you in Atlanta: "Together we are stronger. The AMA helps doctors help patients by uniting physicians nationwide to work on the most important professional and public health issues. Together we will play an active role in shaping the future of medicine."

I am here today to talk about how we are bringing this idea to life for physicians and for patients. I am going to share with you our exciting work, which you will soon see and hear all over the country. We are evolving the AMA's proud history and heritage into a new AMA legacy, and we are making this evolution visible to the world through a highly focused health care agenda, improved messaging, new media and member outreach programs and, yes, even new AMA brand graphics. [Mr. Epstein showed a slide of the brand graphic.]

These new graphics serve as a clear signal that the AMA is a contemporary and relevant force for shaping the future of medicine. Our new logo is a vivid and visceral symbol that helps tell the world that the AMA is dynamic, inclusive, and on the move.

The more modern visual of the staff of Aesculapius captures the proactive and aggressive role the AMA will play on behalf of our physician members. The purple color connotes unity and balance, and communicates science, creativity and tradition. Overall, this icon is a vibrant signal of the AMA's evolution and will help us invite and inspire physicians to take a fresh look at the association.

However, getting doctors to reconsider and to give us another look is not sufficient, given that our goal is to increase membership. Growth, specifically, sustainable growth will require the development of lasting relationships with those we serve. This is why a critical component of our strategic marketing plan centers on deepening our core relationships in three important ways.

First, since helping doctors is at the heart of what we do, we must strengthen our connection with our members and potential members, demonstrating real value and becoming more relevant. Simply sending out more direct mail does not constitute a relationship.

Second, we must improve our relationships with our member organization partners in the states, counties and specialty societies. We must reach out to and resonate with the total universe of physicians that we serve.

Finally, we must engage and leverage the AMA's strong brand reputation in the patient community, which will enable us to have an even greater impact with our advocacy efforts, all while generating a dialogue between doctor and patient about the important work the AMA is doing.

Renewing these relationships is precisely what we have set out to do through our fully integrated, brand marketing campaign. A campaign that uses a variety of media to reach the right core groups, at the right times, with the right message. Let's start with the physician target audience: our members and potential members.

In addition to many new involvement programs, like the Member Connect Roundtables and Member Connect surveys that Dr. Maves mentioned earlier, we will be running a series of new membership ads. These ads are designed to communicate directly with physicians to highlight the important work our members are doing with patients in their local community and to show how the AMA has helped doctors like these help patients.

One of the ads in the series features Dr. Monica Wehby from Oregon. [Mr. Epstein shows advertisement.] She embodies the caring and compassion of medicine through her work as a pediatric neurosurgeon in a state where out-of-control insurance premiums have driven 20 percent of Oregon's neurosurgeons from the state.

The copy sends a strong message that the AMA is united with physicians like Dr. Wehby, and that this is just one of the many reasons she is a member of the AMA. She knows we won't rest while patients' lives are at risk. By celebrating her commitment to her patients and her community, we will help strengthen our connection with physicians.

We are also trying to strengthen our one-to-one connections with physicians. One example of this effort is our plan for a dramatic new Internet and web site interface, now under construction. It will allow each member to customize their connection with the AMA and, more importantly, will open an electronic dialogue tailored to the needs of the individual member.

As I indicated, the second component we must work on is improving relationships with our member organization partners in the Federation. We need to work more effectively together, just the way that the traditional corporate world works with their dealer networks or franchisees.

To this end, we have developed an exciting new co-marketing membership tool kit that I will be sharing with your membership executives from across the country over the next few days. [Mr. Epstein showed a slide of kit and contents.] The kit contains sample brochures, membership ads and mailing inserts that will be available for our partners to easily and efficiently use.

Finally, our Member Connect research indicates that one of the most important roles you want the AMA to play is to serve as the unassailable champion for the profession. As the largest and most significant organization representing all doctors, the AMA can and should celebrate the nobility of this profession--your life's work.

We must also seek to engage patients not only with information about the most important issues, but more importantly, to impact those issues. By helping doctors help patients understand the issues facing medicine today, we will create millions of advocacy agents across the country.

Already our patient action network has almost 600,000 patients signed on to work with us on critical issues, and of course this patient media will raise the profile and the importance of AMA membership in the eyes of patients who already hold the AMA in high regard. So how do we reach these patients? How do we engage them in the dialogue?

We will use a fully integrated media approach, including television, radio, print, direct mail and the Internet. In the fall of this year, we will begin running television advertising during high viewing periods. The two concept television ads I am about to show have tested extremely well with doctors and patients, and they'll give you an understanding of the campaign which was inspired by real patients and real stories. [Mr. Epstein showed film.]

We know that America's patients expect a lot from the AMA. Most important, they look to the AMA to provide valuable, credible information about their health, and our campaign will deliver on this expectation as well, once again using AMA members to communicate our messages. Later this month, the AMA will begin airing a segment we call "AMA Doctor Visit" on radio stations across the country.

I would like to preview the first two of these segments that will begin airing the week of June 27. In addition to providing patients "news they can use," these segments are aimed at bolstering the AMA brand by reminding patients of the important role the AMA plays in delivering credible health information. It is a role the AMA has been playing since its creation in 1847, but one that will be given much more visibility in the weeks ahead as AMA physicians share important information with America's patients. [Mr. Epstein played audio clip.]

In addition, patients crave the caring and compassion that becomes so vitally important when they or a loved one is sick. Our print ad campaign launches tomorrow. Through these ads, we will celebrate AMA physicians and the meaningful difference they make in the lives of their patients and the people who love them. You should have received an advance copy of this ad earlier today, in your room.

The ad celebrates the work of a local urologist, Dr. John Garnett, AMA member since 1991. This ad highlights Dr. Garnett's treatment of a young cancer patient and his care and compassion for both the patient and his entire family. The AMA is proud to call Dr. Garnett a member. By celebrating his efforts, our campaign will spotlight the heroic role that physicians play every day across this country. It reinforces the AMA's role as a champion for our members and the medical profession as a whole.

As much as we enjoy championing member physicians and the medical profession, we know there are times when our ads must be even more targeted, taking direct aim at our priority advocacy issues.

So we included in this campaign a series of ads aimed at educating seniors and the American public about how pending Medicare payment cuts could affect access to care and enlisting their help to stop them. [Mr. Epstein showed issue advertisements.] These ads feature the predicament of seniors, like this one. He battled in Korea, raised six kids and beat cancer. He should not have to fight for the health care that Medicare promised him.

I would like to end today with a film that, at the Interim Meeting, was simply a concept. Today it is yours to use as a recruitment tool, featuring AMA doctors and the everyday heroes of medicine. This film portrays the very essence of the AMA and the profession.

It underscores the need for a strong, vibrant and relevant AMA, and it captures why the AMA's mission--helping doctors help patients--is so vitally important. [Mr. Epstein showed AMA brand essence film.]

So as you debate the issues facing health care over the next few days, I ask you to consider the following....As a House, you may sometimes disagree, and you may sometimes be vocal about your differences. Indeed, your passion and conviction in this democratic process are why our health care system is so strong.

However, the true gift of the AMA--and all of you--is how you can transform this impassioned debate into a form of consensus, so physicians can unify around the issues that really matter, such as what's best for patients. Throughout the course of the week, as you discuss and debate the issues, there is one thing that is not debatable. Together we are stronger.

In this room I look out upon the proud leaders of organized medicine, from every state and every specialty society. You have come together to unite under one powerful organization: The American Medical Association. Thank you.

REPORT OF THE AMPAC BOARD OF DIRECTORS: The following report was submitted by David M. Selby, MD, Chair of AMPAC:

On behalf of the AMPAC Board of Directors, I am pleased to present this report to the House of Delegates regarding AMPAC's activities. Since its creation in the early 1960s, AMPAC has been an innovative leader in getting physicians involved in the political process that so profoundly affects our profession.

AMPAC has a proud history of working closely with state medical political action committees to elect in a bipartisan manner federal officeholders who support the legislative agenda of organized medicine. As former House Speaker Tip O'Neill once said "all politics is local," and AMPAC's mission is guided by the same spirit. Every single financial contribution to candidates' campaigns and partisan communication conducted on behalf of candidates are coordinated with physicians in the state medical societies. This cooperative effort, which harnesses the contacts and the talents of physicians at the local level, has enabled AMPAC to be one of the largest and most successful political action committees in America.

In the 2004 election, the *National Journal* ranked AMPAC the fourth most effective PAC in America. As measured by involvement in the most competitive races, AMPAC scored more victories than any other top PAC, according to the publication. But perhaps AMPAC's greatest successes can be seen in the Independent Expenditures (IE) conducted on behalf of candidates. AMPAC's IE program helped increase the number of pro-medical liability reform US Senators and House members in the 2004 election. AMPAC's goal is to increase the influence of organized medicine in the US Congress. I would like to let members of Congress speak for themselves:

> AMPAC has been so incredibly helpful to me. They were helpful in organizing physicians who were interested in getting involved in my campaign, and helpful from a financial standpoint. I could not have won this race for Congress without AMPAC's support. AMA and AMPAC are the voice for medicine in Washington, and everybody knows it here, and that's why it's important for doctors to be involved. - Rep. Tom Price, MD (R-GA)

> To have their assistance behind my campaign provided a great boost. It was very invaluable to me. Use the AMA. Use AMPAC to help you get the message out, to help educate us in Washington. - Sen. Lisa Murkowski (R-AK)

> In AMPAC physicians have a tremendous opportunity to make their voice heard, to influence the process. For someone in the middle of a fight, it's like the cavalry coming over the hill, and I was deeply appreciative for everything AMPAC did. - Rep. Earl Pomeroy (D-ND)

All in all, AMPAC spent nearly $5 million in 2004 and we look forward to continuing to be a potent bipartisan force in the nation's political arena in the 2006 elections. The very issues we discuss in the House of Delegates such as medical liability reform, physicians' Medicare reimbursement, patient safety, and helping the uninsured manifest themselves in the candidates AMPAC supports. One of the best investments physicians can make in their professions is your AMPAC membership.

AMPAC MEMBERSHIP

As of June 15, 2005, AMPAC membership stands at 34,508. This compares with year-to-date membership of 36,676 in 2004, a difference of 2,168. This decline is due to a fall-off in members transmitted to AMPAC in several states, a delay in monthly transmittals by numerous states, as well as the impact of the introduction a new direct solicitation vehicle. We anticipate overall membership in AMPAC will increase in 2005.

The states with the highest attainment of AMPAC members to potential are Mississippi (35%), Florida (27%), and Missouri (24%). The states with the highest number of student members of AMPAC are: Florida (134), New York (42), and Texas (33).

As of June 15th, AMPAC Capitol Club membership stands at 380 members. This figure is equal to 2004's year-end total and an increase of 318 members over 2003's year-end total. Following AMPAC's meeting in Washington, DC in March, the AMPAC Capitol Club held an exclusive member-only luncheon in conjunction with the AMA's National Advocacy Conference. The featured speaker was former Sen. John Breaux (D-LA). The next scheduled AMPAC Capitol Club luncheon event is June 21 in Chicago featuring Gov. Mark Warner (D-VA), chair of the National Governors Association.

As the most prominent level of political participation within AMPAC, we encourage all members of the House of Delegates to become 2005 members of the AMPAC Capitol Club. Please visit the AMPAC booth to become a member today.

POLITICAL EDUCATION PROGRAMS

Twenty-five attendees participated in the AMPAC Campaign School held April 13-17, 2005. Attendees included a state medical society president, a state legislator and a candidate for the US House. AMA members and their spouses from California, Colorado, Florida, Idaho, Illinois, Indiana, Maryland, Mississippi, Ohio, Oklahoma, Texas, Vermont and Virginia all graduated from the school. AMPAC will be offering a Regional Campaign & Grassroots Seminar in the Fall of 2005. The Connecticut State Medical Society will be hosting the AMPAC-sponsored event and surrounding states will be invited to participate.

BELLE CHENAULT AWARD

Darlene Medlock of South Carolina was selected as the 2005 Belle Chenault Award winner. The outstanding nominees also included Nancy C. Swikert, MD of Kentucky, Annette Mohs of Nevada, Dee Talmage of Ohio, and State Sen. Susan Paddack of Oklahoma. Mrs. Medlock will be presented with the Belle Chenault Award at the Alliance breakfast sponsored by AMPAC on Monday, June 20, 2005 at The Drake Hotel.

CONCLUSION

On behalf of the AMPAC Board of Directors, I would like to thank all of our members for their continued involvement in political and grassroots activities. Through this support and leadership we positively impact public policy decisions that are beneficial to our patients and our profession. Just as we have a responsibility to care for our patients, we also have a duty to our profession and to our patients to assure the interests of medicine are properly represented in the halls of Congress.

DISTINGUISHED SERVICE AWARD: Dennis S. O'Leary, MD, was nominated by the Board of Trustees and confirmed by the House of Delegates as the 2005 recipient of the AMA Distinguished Service Award, which will be presented at the 2005 Interim Meeting. The following report was presented by J. James Rohack, MD, Chair, Board of Trustees:

Dennis S. O'Leary, MD, Oakbrook Terrace, Illinois

Dennis S. O'Leary, MD, a longtime member of the American Medical Association, has served the profession with great distinction. During his 19-year tenure as President of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), he has become a world-recognized leader and advocate for health care quality and patient safety.

Under Dr. O'Leary's leadership, JCAHO has successfully modernized its accreditation process to focus on clinical care, the actual performance of individual health care organizations, and the use of measurement to drive continuous improvement. In addition to introducing continuous quality improvement into JCAHO's accreditation process, he has overseen the development of cutting-edge standards in such important areas as patient safety, medical staff issues, and emergency preparedness, and he has also led the formulation of National Patient Safety Goals and associated requirements. He has further expanded JCAHO to encompass the mainstream of the United States health care delivery system. In addition to its traditional accreditation programs for hospitals, nursing homes, behavioral health services, and ambulatory care centers, the Joint Commission now also offers programs for home care agencies, health care networks, critical access hospitals, and office-based surgery centers, among others.

Prior to his tenure at JCAHO, Dr. O'Leary served for nine years as Dean for Clinical Affairs at the George Washington University Medical Center (GWUMC) and Vice President of the George Washington University Health Plan, one of the nation's first academic health maintenance organizations. During his 15-year tenure at GW, he became Professor of Medicine and also served for a decade as Medical Director of the University Hospital. It was during this time that he became widely recognized as the articulate hospital spokesman following the attempted assassination of President Ronald Reagan in 1981. His professional demeanor and calm, knowledgeable delivery during this time was a proud moment for the medical profession. For this, he received resolutions of commendation from both the AMA and the American Hospital Association.

Dr. O'Leary's service to organized medicine began in the 1970s when he became a representative to the AMA Section on Medical Schools from the GWUMC--a position he maintained until he joined JCAHO. He has served as president and board chair of the Medical Society of the District of Columbia, and continues to be a member of the Organization of State Medical Association Presidents (OSMAP). He served as an alternate delegate to the AMA House of Delegates and, since becoming JCAHO President, has not missed a meeting of the House. He is a member of the Institute of Medicine of the National Academy of Sciences, the National Quality Forum Board of Directors, and the National Advisory Council of the Agency for Healthcare Research and Quality.

The Board of Trustees believes that Dr. O'Leary's myriad achievements during his long career in medicine make him an outstanding choice for the AMA Distinguished Service Award.

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* - Alternate Delegate

INAUGURAL ADDRESS: J. Edward Hill, MD, was inaugurated as the 160th President of the American Medical Association on Tuesday, June 21. Following is his inaugural address:

HIGHER GROUND: POINTING AMERICA'S PHYSICIANS BACK TO THE SOUL OF MEDICINE

Years ago, when I was just about ten years old, my father took me and my thirteen-year-old brother duck hunting. We spent the better part of a winter day wandering the Yazoo River swamps. What a thrill it was to explore the wilderness of my home state, Mississippi.

However, at some point in our adventure, we got ourselves turned around. By the time we realized what had happened, daylight was fading fast, and we weren't sure which way to head next. Now, for those of you who don't know, the swamps of Mississippi can be a fascinating place to spend an afternoon, but they're a terrifying place to contemplate spending the night, particularly for a small boy.

There are spider webs that could cover the wall of a large room, and creatures that look like giant rats, called nutria, grow as big as tomcats. What's more, even though you might know that alligators and snakes hibernate during winter, you can't help but think about them sleeping fitfully in their dens, especially since you're surrounded by water.

Oddly enough, though, I wasn't really afraid that day. Because as soon as we realized we had lost our way, my father pulled a compass out of his pocket, got his bearings and pointed us to safe, high ground.

Now I am not going to say that the going was easy. To get to where we wanted to go, we had to wade through cold water, often above our waists. We had to trust that we'd find our way before the eyes of the swamp rodents started glowing back at us in the dark. We had to persist and work hard.

Now my brother's primary concern was making sure the sandwiches I had in my knapsack didn't get wet. If it was up to him--or me, for that matter--we might still be lost in the muck and the mire. Fortunately, my father stayed focused on the critical factors: Finding the right direction, staying on track and getting us all to higher ground. We finally made it out. I'll never forget that day--or the importance of having a compass in the wilderness.

This story reminds me a bit of how we sometimes feel as physicians: Lost in the swamps.

All of us begin the adventure of medicine, much the way my father, brother and I began ours--with enthusiasm, high spirits and excitement. We can't wait to explore the world of medicine and patient care. Yet one day, we find ourselves in an unfamiliar place, with night falling and no clear path to follow.

Some of us focus on the immediate dangers, the spiders, rodents, alligators and snakes that too often plague medicine--like a number of personal injury attorneys. Or the managed "cost" plans that focus more on profits than on patients, or their care.

Or maybe, just maybe, some of us do what my brother did, when he kept asking me about our lunch. In our frustration and our fear, we spend too much thinking about the material aspects of medicine and not enough about where we are headed as a profession, or about our highest social and professional responsibilities.

Now it's true that we have to pay attention to the scary problems out there, just as my father, brother and I had to look out for spiders and swamp rodents. It's also true that we want and need to eat, just like we need to pay our mortgages and our staffs. However, we can't allow these challenges to prevent us from pulling out the compass that each and every one of us carries around in our hearts and minds.

This compass is not a physical tool, but a professional, ethical, social, even spiritual one. This internal compass should have been instilled in us at the very start of our training. Some might even say it should be a requirement for medical school, along with high MCAT scores and good grades.

Why? Because this moral compass will guide us to where we need to go. As individual physicians. As a whole profession.

This compass will always direct us home, back to the very soul of medicine: Healing the sick, comforting those beyond treatment, preventing harm, making life better for others, connecting to a higher cause, and most of all, caring for and about people and populations.

These are the reasons why we became physicians in the first place. This is the soul of our profession, and this is our American Medical Association.

If we get too distracted by the scary eyes glowing in the dark, whether they belong to a swamp rat or a trial lawyer, we will find ourselves in the shadows. If we focus too much on the sandwich in our knapsack, or the price of a given procedure, we will lose our way.

We must take out our professional compass every day of our lives, use it and follow it. Then we will always find our way to safe, high ground.

But what do I mean by finding higher ground? I mean embracing a brave and ambitious vision, focused on patients and public health. A vision that will allow us to create a better world of medicine and inspire trust in the AMA and the profession.

However, such a vision will require us to think and act big, to broaden and balance our focus. Fortunately, we have an agenda, shaped directly by our members, that demands us to do all this and more, particularly in those areas where medicine and public health intersect.

Consider the AMA's goal of promoting healthy lifestyles. Not too many years ago, I was pushing my three-year-old granddaughter, Virginia, around Wal-Mart in a grocery cart. When we got to the aisle with all the potato chips and snacks, she looked up at me and said, "Grand Doc, I just love those saturated fats."

Virginia could have been speaking for all of America's kids, except that not too many of them would understand, never mind say, the words "saturated fats." But children do need to understand this term, as well as what it takes to stay healthy and fit, before they become an obesity statistic.

So I ask: What if we took this goal of promoting healthy lifestyles and used it as a springboard to improve the health of our nation's most precious commodity, our children? What if all boys and girls, beginning in preschool and continuing through high school, were taught good health habits through comprehensive school health education?

Giving our kids an education like this would help reduce obesity and other public health scourges as well, such as alcohol and drug abuse, STDs and teen pregnancy, violence and suicide--even accidents. The evidence suggests that these programs work. They make our children health smart and health literate. For example, students who get comprehensive school health education are less likely to drink, smoke, take drugs, or ride with a driver who's been drinking than other students.

What's more, comprehensive school health education is not just good for young people; it's good for society. If we could simply reduce by half the preventable health problems I just named, we could save the United States billions upon billions of dollars each year. I do not exaggerate. In the United States, in the year 2000, the direct medical costs of obesity and overweight alone added up to more than 75 billion dollars. That's just one health scourge in just one year.

For precisely these reasons, we also can't forget to promote healthy lifestyles to adults. What if every one of us took seriously the idea that public health is every doctor's second specialty and acted accordingly, in our practices and our communities? What if we physicians, each of us, as individuals, became champions of health by joining in the battle against drug use or violence or mental illness? What if we made sure that all patients have a regular, primary care physician who could help them manage lifestyle and other health issues?

The AMA has developed materials to help physicians help patients facing behavioral problems, such as obesity and violence. We've also convened summits and conferences on many lifestyle issues and created opportunities for dialogue and leadership. Yet change won't happen unless each and every one of us takes out our professional compass and uses it to lead America to a better way of life.

We must also address another public health plague that afflicts our nation: The lack of health care coverage for 45 million Americans. What if we could get coverage for all of our nation's citizens and give everyone greater choice at the same time?

Imagine what a different world it would be....

For uninsured patients, especially for the 18,000 who die each year from preventable diseases. For racial and ethnic minorities, who represent a disproportionate number of the uninsured population. For all Americans, who would be able to select their coverage from an array of choices, regardless of their employment status.

This vision is not far-fetched. The AMA has developed a workable plan, built on a system of patient-owned coverage, income-related tax credits and market reform. However, it's up to us to blanket the country with word of our plan, and to promote it at the grassroots and on Capitol Hill.

It's up to us to be activists. To think big, embrace change and break down barriers that come between us and our patients, and our patients and better health.

Yet improving public health by addressing the crisis of the uninsured is still just a part of what we need to do to reach higher ground and to bring all of our patients with us. There are other public health issues, though we may not recognize them as such, that touch every aspect of our practice of medicine, and every one of our patients. Namely, issues of medical safety and quality.

What if each of us used our professional compass to reduce medical errors and enhance care across every specialty, in every state? Again, the AMA has given us the tools we need. All we have to do is use them.

For example, the AMA has created the Making Strides in Patient Safety program to enhance patient safety in the hospital setting. As part of this program, we are currently working with the Institute for Healthcare Improvement to promote six proven interventions.

We also continue to promote patient safety legislation that would make it possible to collect data on medical errors, data that could teach us how to prevent mistakes.

Finally, the AMA has created five principles for developing true Pay-for-Performance programs. Our goal is to prevent insurance companies from behaving like the proverbial wolf in sheep's clothing--talking about the importance of medical quality, when what they really care about is the bottom line.

We must embrace these initiatives and more, if we are going to change medicine and shape the future. If we don't transform medicine from within the profession, it will be transformed by forces from without--and it won't be pretty.

However, if we do transform medicine from within, using all the tools at our disposal to improve the safety and quality of care, to cover the uninsured and to promote healthy lifestyles, we will make the United States the number one nation in the world in terms of health care status.

Now some of you may be saying to yourselves, what about medical liability reform? What about Medicare payment?

I've hardly forgotten these issues--nor could I. These two problems remain at the top of the AMA's legislative agenda, and I promise to use every ounce of passion and conviction I have to see that these problems get fixed. Yet these two issues cannot be our only priorities.

We need to emphasize a brave, broad vision of health, so both our supporters and our detractors will finally understand this most basic fact about physicians and about the AMA: We help doctors help patients because we care about what's best for the people of America. We are willing and able to embrace change for the better, and when we speak out on health care issues, we speak with the moral authority of professionals who do the right thing for patients--always, everywhere, no matter the cost.

As the famed physician and humanitarian, Albert Schweitzer once put it, “Example is not the main thing in influencing others. It is the only thing.” That’s why it’s so critical that we use our professional, moral and spiritual compasses, all the time, every day, even pushing ourselves into new arenas of action. Most days we do use them, even though we may not know it.

You see, it is this internal compass that enables us to stay up all night with a patient until a heart has stabilized or a child has entered the world. It is this compass that guides us to patiently go over a diabetes regimen or a hip replacement procedure for the third time. It is this compass that inspires us to mentor young physicians or to conduct research on cancer or to work in a free clinic.

What’s more, it is this same compass that will help us to overcome the many challenges we face and to emerge, with our patients, in a better place--much as my father, my brother and I emerged from the Yazoo River swamps on that cold Mississippi evening so long ago.

Now there may be days when we won’t believe this is possible, when the problems of the everyday threaten to throw us off course and lead us away from the soul of medicine. When those dark moments come, I want you to think about a man named Horatio Spafford, who once lived on the shores of this Great Lake.

In 1871, he lost an entire real estate empire to the Great Chicago Fire. Shortly after, he lost all four of his daughters in a steamship accident. But, in 1873, through all his anguish and pain, he still had the faith to write these words:

When peace, like a river, attendeth my way;
When sorrows like sea billows roll.
Whatever my lot--Thou has taught me to say:
It is well; it is well, with my soul.

Fifty-two weeks from now, when I again stand before you, with your help, your prayers and the grace of God, I want to be able to say:

That our vision for American health is burning brightly, that real progress is being made, and most of all, that it is well...it is well...with the soul of the American Medical Association.