Q&A: Adversity drives medical student’s congressional advocacy

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In the interest of changing the future of medicine, Reilly Bealer left Washington state for Washington, D.C.

Bealer, a rising third-year medical student at the Elson Floyd College of Medicine at Washington State University, is in the middle of a year away from her medical studies working as the AMA’s Government Relations Advocacy Fellow (GRAF). In that role, Bealer interacts with politicians and shapes policy over an entire year working as a full-time, paid staffer of the AMA.

In what has been an eventful year for health care, Bealer shared what her position entails, what shaped her view on health care policy advocacy and offers tips to medical students looking to get involved in policy.

AMA: How has COVID-19 altered the work you are doing?

Bealer: With everything that’s going on nationally, I’ve been heavily involved with [policy related to] COVID-19, working on research projects, assisting with developing the AMA’s communication with Congress or other stakeholders and federal agencies. I’ve also worked to communicate what we are doing in advocacy to our Medical Student Section and ensuring that the priorities of the AMA Medical Student Section [AMA-MSS] are heard within the advocacy realm.

AMA: So much of working with Congress has to do with building relationships, pressing the flesh and so on. What’s it been like to do that during this time of physical distancing?

Bealer: I’m the first GRAF who is fully virtual. I’ve actually never been in the office in D.C. I live there (D.C), but I’ve never been able to be in the office or see my coworkers in person. This poses challenges as I don’t get to go to congressional hearings in person or perform work in office. However, there are also some benefits. I have the opportunity to connect with people in the organization and outside, like congressional members and leaders in federal agencies, through virtual
channels in ways I may not have been able to in the typical GRAF term. That is what makes this experience unique.

AMA: What influenced your decision to apply for the GRAF position?

Bealer: I had a chronic renal condition, and I was in the hospital often as a child, so I became familiar with the inner workings of medicine. As a teenager, I experienced homelessness. I was personally experiencing many of the issues the AMA and medical students talk about when they discuss health equity: a lack of transportation, not knowing ... what I am going to eat? Where am I going to sleep?

When I came into medical school, I wanted to make medicine better for people like me who had similar issues that not too many people in society are aware of or personally experience. I found myself loving the scientific practice medicine, but also loving the nitty gritty policy and advocacy efforts related to public health and health care accessibility. I became involved in MSS leadership and wanted the opportunity to learn more about what it means to be a physician advocate. The GRAF position was a great opportunity to do this.

I applied on a whim, and I had one of my mentors tell me not to apply, to put my head down and finish out medical school. They said you can do advocacy later as a practicing physician. That motivated me to apply. My career is going to be what I want it to be. No one else can determine how I am going to practice medicine and how I am going to advocate for my patients and my community. I think it is important for medical students to be a part of these critical conversations as we are truly the future of health care.

By taking this position, I can learn about the inner workings of health care. It’s so much more complicated than we think it is. There’s many different moving parts and stakeholders involved. When it works, it’s beautiful and when it doesn’t work it can be very frustrating. Having a deeper understanding of all of it can help me navigate the system and better promote policy that will help our system function better and be more equitable for all our patients.

AMA: In medical school admissions, there’s a concept faculty members and admissions staff refer to as distance traveled. It’s not literal. It’s the metaphorical obstacles that applicants must overcome to reach medical school. Going from a homeless teenager to a health care policy advocate and medical student is quite a distance traveled. Can you tell us about that journey?

Bealer: It can be painful to reflect on those difficult experiences. Experiencing homelessness changed my perspective of the world. In undergrad I had to work full-time (50 hours a week), plus doing these very complex classes. I recognize that those experiences make me stronger. It’s important to have a diverse group of students who have dealt with trials and tribulations, so we can...
get so many different personalities, experiences, views of the world and different types of thinkers to medicine. That will make it better and more reflective of our patient population.

For me, thinking back on my experiences, I’m so grateful for the life lessons I learned. It has shaped me to be a better future physician and a better advocate. During hard times, when people make mistakes and experience hardships, the best thing you can do is move forward and get a lesson out of it. Even if you don’t recognize it for years to come.

AMA: What are your responsibilities day-to-day as the GRAF?

Bealer: I work closely with the AMA’s division of legislative counsel in D.C. on a multitude of projects. Primarily, immigration and graduate medical education are the two policy areas the GRAF typically works on, but you can expand and be involved in several issue areas. The two big planning responsibilities the GRAF has are Medical Student National Advocacy Week [held in October], and then the MAC conference—the Medical Student Advocacy & Region Conference—which typically occurs in March.

AMA: What would be your advice to medical students who want to get involved in advocacy?

Bealer: Sometimes medical students may just look at advocacy, particularly those who may not understand the work of the AMA, as solely resolution writing. But our Medical Student Section is incredible in all of the work that they do. These are very critical in advocacy and lobbying. We have had students launch efforts surrounding changing the face of medical education, fighting for recognition of our tribal communities, serving as leaders in vital conversations both inside and outside of the organization. I am in awe of the work that our students do and I feel honored to be able to highlight some of their efforts.

Talk to lawmakers, they want to hear from medical students. They want to know what the priorities are from the people who will be the future of medicine. They realize that we will be the ones taking care of them and their constituents. It can be scary and time-consuming to reach out to your lawmakers, but they want to hear from you, and you can make a difference.

The first step to getting involved in these conversations is putting yourself out there. The worst thing that can happen is someone can say no. One voice is strong. A group of voices collaborating on an issue is thunderous. I’ve seen that it’s so powerful.