This general surgeon is taking his leadership to the next level: running for state representative

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AMA member David J. Welsh, MD, has stepped up to the plate in many leadership and advocacy roles. Now he is running for state representative in Indiana. In this interview by AMA Senior News Writer Sara Berg, MS, Dr. Welsh shares what's led him there as well as his hopes and plans for Indiana.

Speakers

- David J. Welsh, MD, general surgeon
- Sara Berg, MS, senior news writer, American Medical Association

Host

- Todd Unger, chief experience officer, American Medical Association

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Transcript

**Dr. Welsh:** Because of the complex nature of medicine, we need to have physicians involved in the legislative process.
Unger: General surgeon Dr. Welsh has stepped up to many leadership and advocacy roles during his career, including involvement within the state legislature of Indiana. He has now decided to take his leadership to the next level and run for state representative.

Dr. Welsh: I have been working from an advocacy standpoint from the training I got from my state association and from the AMA. It was just logical to continue that on and up the ante, if you will ... It’s like the story of rescuing people drowning in a river. You can go out and you can rescue them, or you can go upstream and find out why there’re falling in. I’m going to go upstream and see if I can’t help ... So when the opportunity became available, I said, “Okay, I’ve got to stop suggesting and telling other folks what to do. I need to go there and do it myself.”

Unger: Interviewed by AMA Senior News Writer Sara Berg, Dr. Welsh discusses the importance of having a physician’s voice within the legislative process and his bid for Indiana State Representative. Here’s Sara.

Berg: Hi, I'm AMA news writer, Sara Berg here with general surgeon, Dr. David J. Welsh, to discuss his decision to run for state representative in Indiana, his leadership experience and the impact he hopes to make. Thanks so much for being with us today. Dr. Welsh.

Dr. Welsh: Glad to be here. Thank you for asking me.

Berg: So you’re running for state representative in Indiana. What was your decision behind running for office?

Dr. Welsh: Well, it actually was a culmination of years of work. It really has been a journey. I started practice just over 30 years ago in a rural setting and very early on, became involved with my state medical association, Indiana State Medical Association, and they started to teach me about advocacy. And next thing I know they’ve got me going to the AMA where I learned even more about advocacy and I learned that we can make a difference. And as I learned more about some of the rules and regulations and legislation that rule our lives and can sometimes make things more difficult, I wanted to get my voice to the legislators.

So, I have been working from an advocacy standpoint from the training I got from my state association and from the AMA. So, it was just logical to continue that on and up the ante, if you will. Years ago, I took on kind of a personal journey with advocacy where I called it, adopting an elected official.

So, I tried to get close to and work with, state and federal officials, congressman, senators, state senators, state representatives and the state representative that I would hopefully replace, I've worked with her for 10 years. And we see eye to eye in a lot of issues and I think that was part of the decision.
When I learned that she was not going to go for reelection, I thought, "I need to stop going to the state house and telling what I think and what my other colleagues think. And I need to go there and tell the other legislatures what we think, what I think."

It's like the story of rescuing people drowning in a river. You can go out and you can rescue them or you can go upstream and find out why they're falling in. So, I'm going to go upstream and see if I can't help. The other thing I learned from advocacy is you can go and testify, you can send letters, you can make phone calls and all those are treated kind of evenly when you're in a session at the state house.

If you're an elected official, there's a higher level of conversation among the elected officials. And I learned that from another colleague who got elected two years ago, Dr. Brad Barrett, who has spoken at the AMA and at the State Medical Association. And I learned from him that if his voice is in that room, it can carry more weight. And I thought, "That's taking advocacy to the next level."

So, when the opportunity became available, I said, "Okay, I've got to stop suggesting and telling other folks what to do. I need to go there and do it myself."

And the things I learned at the state level, and particularly at the AMA, how important it is to listen, how important it is to get the temperature in the room and work with the folks and these different levels in the organization. I love OMSS. The people on those governing councils I've learned so much for and they will do anything they can for you. And that's what I found at the House of Delegates. Our colleagues will go out of their way to help you any way they can.

I've even had colleagues that have reached out to me when they found out I was running, unsolicited, to help, which is fantastic. The Council on Science of Public Health was a special place at the AMA and at OMSS, we were talking about medical staff issues and how to support our colleagues and make sure they had good working environments at the hospitals and groups where they work.

The council kind of took things to the next level. It wasn't just physicians dealing with patients. It wasn't just, how do you take care of your patients in your hometown? It was determinants of health. It was how to make everyone safer, how to make our environment a better place to be, how to help our colleagues deal with crucial, critical, complex issues back home.

That's kind of what I've learned from the AMA. That's the leadership things that I've learned and connecting, and you get the best outcomes. You get the best results working together with these other engaged and motivated leaders. So, each thing I've done at the AMA I've just been amazed with and it's encouraged me to try that next step. And each next step goes beyond my expectations but it helps me do my other work, whether it's taking care of patients, whether it's working with folks at the state level.

So, it's an ongoing process. It's an ongoing leadership program, if you will. And very appreciative.
Berg: That's really wonderful. It sounds like not only is it a tight-knit family that everyone’s there for each other but these experiences will be extremely beneficial for your role, as you run for state representative.

Dr. Welsh: Oh, I agree wholeheartedly.

Berg: Why is it important to have a physician or physicians in higher leadership roles like this?

Dr. Welsh: We're dealing with a lot of complex issues. The last two years has shown us that if people are making choices and making decisions for the rest of us and they don't have up to date and accurate information, they're not going to make the best choices for us.

Berg: Right. And I think we’ve seen that too with the COVID-19 pandemic. I read something about it where a lot of the decisions that are being made are without the physician’s voice.

Dr. Welsh: I mentioned earlier a friend of mine, Dr. Brad Barrett, who was elected two years ago to the State House. He's a general surgeon also and I can tell you, from his experience, he was able to change several bills because of his level of expertise that he was able to add to the conversation. And I can only hope if I'm fortunate enough to be successful, that I can lend some of that same advice and instruction to the other elected officials.

Berg: Absolutely. And you mentioned one goal is to increase access to rural WiFi, which helps schools, businesses compete and improve access to care such as mental health and specialists. How do you plan to accomplish this?

Dr. Welsh: Well, I've always been told that the squeaky wheel gets the grease. And also, the person who raises their hand often in the classroom gets called on. So, one of the things that I will make sure I do is to look at what resources are available and make sure that I work overtime to connect the local stakeholders with those resources at the state level. I've actually been able to do that in my role as county health officer, these last few years.

When COVID broke out and a lot of people were short of PPE, we were able to get it for our local first responders. When people were having trouble after a tornado hit Southern part of my county, a number of years ago, by reaching out and being vocal and persistent, we were able to get additional resources to the area more quickly so that we could complete search and rescue and recovery. That we could help those affected by the destruction of the tornado, get things cleaned up quicker, and move on for reconstruction.

So sometimes it's not just having resources. It's knowing where to look and then channeling those resources to the folks who need it.
Berg: What are some other of your goals that you hope to accomplish or address with this position?

Dr. Welsh: I hope to try to help the citizens of my rural community. There's a big cross section and in the community, some very poor areas and some more affluent areas. And in some cases, you mentioned the WiFi connectivity before, I've been at this long enough when cell phones were just coming into the area. And there was only certain places where you could get good reception. And now we're kind of reliving that with the WiFi. So, I know it can be done. And if I can get that pushed out to the rural communities, that's going to help the schools, that's going to help the businesses.

But because it's a poor area, there's a lot of determinants of health that need help in this area. As county health officer, I know of some of the challenges. I know of some of the deficits in the area that need to be addressed. Flint, Michigan, isn't the only place dealing with clean water issues. There's also land management. There's dealing with sewage treatment plants. There's a lot of basic living needs and necessities that need help in some of the rural areas. And trying to connect those citizens to those.

And the second thing is to find out what their needs are. So, I might think it's a great idea to bring in this big factory in this small community, it's going to give jobs. It's going to increase tax revenue but I need to listen to the community. What do they want? They may not want a big factory. They may want good jobs and maybe recruiting companies to come in. And I've actually already talked to some members of different companies that are always looking for new places to set up shop. And I think my state is very receptive to folks who want to do business.

Of course, we want to make sure they do it safely and that they're good stewards of the environment and that they're good community partners. So, part of it is just to try to improve the health determinants of health in the area so that however they decide to live their lives, it's the best possible for them.

Berg: I love it. Can you tell us more about your passion to put the patient first and that ripple effect of positive change that can have?

Dr. Welsh: Well, that has something actually that Dr. Bowen had instilled in me from the get-go and it was reinforced the more I practice here in the rural community. Some of it's really practical, where putting the patient first and going that extra mile, pulling them through a serious, sometimes life-threatening situation. It was reinforced to do that extra mile when those same patients could come back 5, 10, 20 years later. And let me know they appreciated the efforts.

I had been blessed along my journey in my medical profession with many chance meetings and opportunities that if I wrote a script, I probably wouldn't have come up with it. And one of them started one day on the campus of Indiana University School of Medicine. And I met this very distinguished figure, Dr. Bowen, Doc Bowen, as they say in Indiana. He's past governor and at that time he had just...
completed his tenure as the Secretary of Health and Human Services for Ronald Reagan. And he had come back to IU to help them with a number of issues. And I met him, introduced myself and I asked him some questions at that point. I wasn’t sure what area I was going to go into. And we talked for about 30 minutes and he had to excuse himself. And he said, he enjoyed talking with me but he had to get on to a meeting, but he invited me to come by his office to meet with him anytime.

Well, I took him up on that. And while as a medical student, I had a regular mentor, he became my unofficial mentor and was very encouraging. Even though he is a family doctor, he was okay with me doing general surgery. He did ask me if I could do some general medicine rotations where I had options in my third and fourth year. So, I did that.

And that has served me well, especially in a rural setting because general surgeons in a rural setting, tend to do a little bit of primary care with the help of their primary care colleagues. After I left IU and went into surgery training at Cincinnati, I still kept in contact with Doc Bowen and would run into him occasionally at Indiana State Medical Association meetings.

And then I got to do that more so when I became involved in the State Medical Association. One of those meetings, he had written a book about his experience as a physician and being involved the public sector and working in the legislature and being governor and working for President Reagan. And he came to my district meeting and signed my book that he had written, for me and we had another great conversation. And we exchanged letters from time to time. And when I was doing my work with at AMA and we had different trips, that gave me a good time to pull down some books I had read, including his, that I read cover to cover on one of my trips. And after I completed his book, I sent him another letter, letting him know how much I enjoyed the book. And it motivated me to do more in public sector, along with my medicine work.

And then the best part of the story was when he turned 90-years-old and there was a big birthday party for him in Indianapolis. The State Medical Association knew of my connection with him and asked if I would go and represent the association for Doc Bowen's birthday. And I said, "I would love to." I went there and here's Doc Bowen. He's in the middle of all the hoi polloi of Indiana, all the big shots. And I noticed his wife, who I met before from all our different meetings. And I wanted to let her know that after I sent him a letter about his book, he sent me the nicest letter, handwritten back, giving me more and more encouragement to continue my work.

And I wanted to let her know to have him know, I took his words to heart and I was going to continue my journey and try to emulate some of the things that he had done. And she said, "Wait a minute." She takes me by the arm. She goes up to this big crowd around Doc Bowen, parts the waves, taps him on the shoulder and goes, "Oh, this is the guy that wrote that last letter. You want to talk to him."

He turns around, talks to me for about 15 minutes, with all the big shots in Indiana were waiting to talk to him. And that just wore my heart and made me want to be more like Doc Bowen and help, not only
patients across the room from me in the exam room, across the operating table from me but also those in the community across the state.

Berg: Wow. That's truly inspiring. And it sounds like he played a big role and had a big impact on your career trajectory and your getting into leadership.

Dr. Welsh: Absolutely. He showed me that you can take care of patients and you can help the community in general at the same time. The other thing that I saw, if I put a patient first, it would not be unusual for years later for another family member or friend to come to me with a difficult problem. And tell me, "You took such good care of my family member or a friend, he said, I need to come to see you." Because they expected and they knew that I would go that extra mile to try to get them the help and care that they need.

The other thing of putting the patient first, that I see real time, is when I first came to this rural setting, there was a lot of work needed to be done, to bring things up to speed. Fortunately, when I came, I came with several other young colleagues and we all had a like-mindedness to put the patient first and to give the best care we possibly could. And now I think because of everyone's efforts, I work at several hospitals that I would be comfortable getting my care there or having anyone get their care there because putting the patient first is a mantra that resonates in the medical community.

And that also helps with my work in organized medicine because if there's a difficult issue and it's like, "Well, do we do A or B?" So, which one's going to be better for the patient? Well, we better do A because that's better for the patient. That can direct policy. So, it's not just taking care of an individual patient and then getting told that they were grateful later, or that they send a family member or friend but it's getting a healthier community.

It's getting people to trust the community hospital setting to get their care because they know that we like to put the patient first. That we work to put the patient first.

Berg: You mentioned trust, which that we've seen over the past two years now has been so important to reaching patients, is having that trust with their physician because that's what's going to go the distance and help them.

Dr. Welsh: Absolutely. And the trust, that physician patient connection, that trust that's ensued, that helps us get our job done most effectively.

Berg: That's really great. What do you think are your community's biggest health needs given the pandemic and how do you hope to make an impact with the position of state representative?

Dr. Welsh: In no particular order mental health issues that have been compounded by COVID would be number one. Number two would be substance use disorder, again, compounded by COVID and
because of some of the economic conditions in the area. Number three would be some of the basics that the AMA has been working so diligently on: obesity issues, nutrition issues, hypertension issues, diabetes. So, it'll be important to try to get better access to care for mental health and for counseling for substance use disorder. Increasing the WiFi connectivity in the area, so that telehealth can be more effectively used, will help with a number of those issues.

If the economic situation in the area can be improved, that will increase people's desire to come here and set up medical practices or to set up outreach programs so that people can get the basic care that will help them live a better life and a safer, healthier life. So, we need to work on the basics and help people through their crisis situations that many times are no fault of their own.

**Berg:** I've heard of your work with the public health commission. Do you have any goals that you're trying to push through legislature coming up?

**Dr. Welsh:** Thank you for asking. That's a great question. So, you probably are familiar that the Council on Science of Public Health put out a report on improving the public health infrastructure in the United States. Since I'm involved with that commission, I've been able to take that report to the commission. The commission is working on how to improve the public health delivery system in the state of Indiana. That commission will be putting out a report in August or September with actionable items that will need legislative action in order to be implemented.

If elected one of my first goals will be to work with legislative colleagues and work with the public health colleagues to enact a bill for those actual items. So this is coming full circle of my journey, starting with my work at the AMA, working with my local colleagues in Indiana, and hopefully taking those items to the legislature and having and enacted in law so we can help the communities across the state.

Some of the big areas are dealing with data and how to get information from that, that can help the communities. The second is to improve the public health workforce so that these small counties can fill the needs that they have for environmental specialists, for public health nursing, for things to keep them safe, inspecting restaurants, inspecting schools, making sure that water is safe.

Right now, it's very difficult for these small counties to recruit and retain these specialists because they don't have a very big budget. So, the public health commission is looking for alternative ways to meet the needs of these communities, separate and different from what we're currently using, so that all citizens of the state have access to good public health.

**Berg:** All great points. Is there anything else you'd like to share with our physician listeners?

**Dr. Welsh:** This has been an interesting journey so far. I've got a long ways to go. There's a lot of basic steps that you have to do just to put your hat in the ring. AMPAC does a really good job with
that. But one of the things I'll plan to do, whatever the outcome, is to kind of put a ... So, I want to run for an Office for Dummies 101, if you will, reminder that you need to get forms filled out at the federal level and the state level, and that there are some scams out there. So, you have to be careful. I've already fallen for one of them and fortunately it wasn't too costly. The second thing is, I think people need to realize that, particularly physicians, can help their community in a lot of ways. Running for office or helping on your local health board, helping at your school board, helping at your city or county can go a long way to helping your community.

And I can tell you those efforts overall are appreciated it. So, I would ask people to consider being involved at whatever level they're comfortable with. And if it seems insurmountable, if it seems they're not sure how you can do that, reach out to your colleagues, reach out to your state and national organizations. The AMA would be great to help you with this. Your state association would be great to help with this. Some counties have strong county medical societies that would be helpful to get you involved.

And once you get involved and you see the results of your efforts, you're going to want to be more involved and more help and more help the folks around you. And that will actually make your job as a physician easier. So, we need it. We need your voice. We need you to speak up. And if you have elected officials, remember they work for you. And it's always a good idea to let the folks that work for you know what you think.

So, I would ask, however, your involvement is, adopt your elected official, let them know what you think. If they're not a physician, be their physician resource because they're going to have questions. And when I talk to the elected officials, they admit to me, they would really like to hear more from physicians, in particular, because there's a lot of complex issues and they would like your help. They would like our help. So, I'd encourage folks to help their community and to speak up. Your voice can carry a lot of weight.

**Berg:** Thank you again for being with us today, Dr. Welsh. We'll look forward to hearing more about your work and campaign in the year ahead.

**Dr. Welsh:** Well, thank you very much. It's been great meeting with you.

**Unger:** You can subscribe to Moving Medicine and other great AMA podcasts anywhere you listen to yours or visit ama-assn.org/podcasts. I'm Todd Unger and this is Moving Medicine.

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