

Speech on Medical Education in Austin
September 20, 2011

It's time for a Medical School in Austin.

That sounds so good.

Such an easy, obvious declaration. But despite the certainty behind that statement and the diversity of people who will chant it like it's a mantra ... it hasn't happened. So we wait. And we watch.

We watch Austin grow into one of the largest cities in the country without a medical school and teaching hospital. We watch the University of Texas at Austin stand as one of only a handful of Tier One research institutions without a medical school.

Meanwhile, we see all the things a medical school, teaching hospital and additional health resources offer. And we watch other cities and regions seize these opportunities and assets that we want and need:

-- We see the medical schools and teaching hospitals ... and the doctors who start in those hospitals and spend their lives working in those communities long after their training and residencies are completed.

-- We see the improved, cost-effective opportunities for medical care open to folks who don't have or can't afford health insurance ... and the cutting-edge treatments and cures that people right here at home need to be healthier, or even need to survive, but that they have to travel to places like Houston and Dallas to get.

-- We see the jobs and economic booms in biotech, health science and medical research that regions with medical schools, teaching hospitals and related assets can jump on ... and the business startups, technology licensing, and tens of thousands of jobs launched by that research and discovery.

We see all of it.

And then we look here at Austin and we see ... Well, we see that we don't have these things.

As of today, as of right now, that's going to change.

Just look at who we have in this room, ready to go.

They're here knowing, and I'm here today to say, that it's time to act. To look forward. To say with certainty and purpose that it really is time to create jobs and boost our economy by building on healthcare and medical research. It's time for a new way of life that will make this healthy community even healthier.

It's time for a medical school and health science center in Austin. And if we look at our history, we'll see that we have a great chance to fulfill this vision.

SECTION: Regional History

I deeply believe we're entering a new phase in Austin's history, one that makes a medical school – and everything that goes with it – both more critical and more achievable than it's ever been. And when we think about transitioning into this new era, it helps to think about the transitions that have come before.

The first began 172 years ago, when Edwin Waller took the lead in laying out the City of Austin – what's still our downtown. They literally put Austin on the map. That's what I call our "Settlement" transition.

The second occurred over the course of the early 20th Century, as our predecessors built dams and infrastructure that kept Austin from washing away, and created beautiful lakes and sources of hydro-electric power. Think of it as a "Stability" transition. They not only stabilized the water but the economy as well, making it stable and secure – a college town anchored by a growing university and state government.

The third is one a lot of us remember well, because a lot of times it feels like we're still in it. Call it the "Smart" transition, dating back 35 years or so, when the intellectual power of our universities – and particularly the University of Texas – was suddenly plugged into the world's knowledge-based economy.

This, of course, is the transition that converted a somewhat sleepy college town into an economic powerhouse. Its dividends are all around us still. And an economy that was once known mostly for its students, professors and government workers is world-famous for the technological devices it builds and the ideas it produces.

SECTION: The Fourth Transition

But it would be a mistake to treat medical education and research like it's some new song from an old band we all liked back in the '70s. You don't just drop the semiconductor wafer, pick up a scalpel, and keep going the way you've been going. This isn't simply another version of something we already know.

This is new, and it's potentially bigger than any of us have ever seen.

By coming together and making a wise investment in medical education and research, we'll dramatically enlarge the scope of our knowledge-based economy. Austin would suddenly be running in a race for discovery and healing that stretches from Houston to Hong Kong.

Our big hometown university up the street likes to say, "What starts here changes the world." Well, these are the areas where the world is changing – health, medicine, life science, biotechnology.

So make no mistake: If we don't start here, right now, the world will change and leave us behind.

But this is about more than economic development. In fact, for years, Central Texans have struggled to align the forces that allow people to work here with the qualities – and, in some case, the necessities – that make them want to live here.

And let's be honest about this:

An individual's pursuit of happiness hasn't always kept up with the region's pursuit of prosperity.

Highways are jammed with traffic. Schools are juggling more kids and less money.

Homes are still too expensive for too many families. Opportunity is still too rare in too many neighborhoods. Water is too scarce for the people we know are coming.

And, of course, healthcare is too inefficient and expensive for a significant percentage of this region to afford.

We cannot – we simply cannot – prosper in this new century unless we remember economic development affects things besides the economy, and act knowing that.

So we have to look for opportunities that will both add jobs *and* make life better for the communities from which those jobs are filled.

In short, a medical school and health science center represent an enhancement, an improvement, of our economic development model by also enhancing people's quality of living—they live better and longer at the same time the economy is stronger and more modern.

Establishing a medical school and health science center stands as a unique chance to simultaneously fulfill the vast promise of our intellectual economy while meeting the real healthcare needs of Central Texans.

In this way, I think it represents the pillar of what will be a fourth transitional period for our region. We've had our Settlement, Stability and Smart transitions – think of this one as "Synthesis."

SECTION: The Assets We Have

Think for a minute about the inventory of assets this community can bring together to help us create a medical school and health science center in Austin:

-- We have a world-class research university that already trains students in basic sciences, pharmacy, nursing, public health, healthcare policy, social work, and other disciplines that complement comprehensive medical training and that's growing commercialization.

-- We have a healthcare district that's matured from start-up to successful, and because of that success, it's positioned to address its deeply held mission – to ensure that every Austinite has access to adequate healthcare – from innovative angles.

-- We have partnerships between the Seton Healthcare Family, UT-Southwestern and the UT Medical Branch in Galveston, through which Austin receives 200 medical residents in 11 different programs, as well as 100 third- and fourth-year medical students, to train in our hospitals.

-- We have more than 200 biotech and life science companies, which employ an estimated 7,000 people in the region.

-- We have the Dell Children's Medical Center, a truly one-of-a-kind place offering Central Texas families an incredible range of healthcare services and a unique, family-centered approach to healing.

-- There's the Dell Pediatric Research Institute, created by the Dell Foundation and the University of Texas –a state-of-the-art facility devoted to understanding and ending childhood diseases and disorders.

-- And we have growing healthcare services for veterans, including a new facility – now under construction – that will have space for significantly expanded services and more than 300 employees.

That's a very small part of the list. It all adds up to the gradual, almost organic growth of medical education and research in Austin.

What we need is a spark, a catalyst, real goals – a focused community effort. It's time to go from incremental to transformational.

SECTION: 10 Goals in 10 Years: The People

Let's set 10 goals. 10 steps that lead to a teaching hospital, medical school and health science center.

Let's reinforce an Austin way of life built around intelligence, inclusiveness and community well-being.

I've met, consulted and worked with a large group of dedicated people – many of you in this room – to come up with these 10 concrete outcomes. Achieving them will require hard work, targeted work and responsibility. So Central Texas business and community leaders will form an organizing committee to create Austin's medical school and health science center.

This is the group that Austin should look to and hold accountable for achieving this community vision and goal.

I'm proud to tell you that the response to this call-to-arms has been great. The initial organizing committee will consist of experts, visionaries and committed community leaders from:

- The University of Texas System, represented by Chancellor Francisco Cigarroa and Executive Vice Chancellor Ken Shine;
- UT-Southwestern Medical Center, represented by Dr. Sue Cox, the regional dean for Austin programs;
- The University of Texas at Austin, represented by President Bill Powers and Executive Vice President and Provost Steve Leslie;

- The Seton Healthcare Family, which will have will have its President and CEO, Charles Barnett, at the table
- St. David’s Healthcare will be represented by its President and CEO, David Huffstutler;
- Current Board Chair Dr. Tom Coopwood and incoming Board Chair Rosie Mendoza will serve on behalf of Central Health;
- The Austin Community Foundation, in the person of its President and CEO Jeff Garvey, will represent the philanthropic community and groups;
- The Greater Austin Chamber of Commerce will represent the business community – incoming Chair of the Chamber, Clarke Heidrick, will serve on the organizing committee;
- The Travis County Medical Society will represent members of the medical community;
- We will have at least one representative from other local healthcare clinics;
- The Livestrong Foundation will be represented by Doug Ulman, its CEO;
- Mayor Lee Leffingwell;
- and Judge Sam Biscoe also will serve.

SECTION: 10 Goals in 10 Years: The Goals

This impressive group will focus on achieving, over the next 10 years, these 10 transformative and interlocking goals:

1. Build a medical school.

After 20 minutes of talking about a medical school, I guess you could say this is the most obvious one.

The University of Texas System has already committed to expanding medical education and research in Austin. President Powers just last week pointed to all that the University of Texas currently adds to the community’s assets. And I think speaking for the community, he said, “We do need to continue to push forward to bring all this together in a medical school.”

Now let me say here that a medical school is far more than some square – probably beige – building with the words “medical school” written on the side of it. Yeah, there will be an education building, designed for the specific purpose of teaching medical students.

But a medical school also means the specific creation of a four-year medical degree and includes housing for students, joint post-graduate programs developed with UT Austin and UT Southwestern, and the recruitment of professors and specialty doctors who can teach at UT and at the medical school, and also treat people in the community.

2. Build a modern teaching hospital.

The truth is that between the University Medical Center at Brackenridge, our private facilities, including St. David’s facilities, and the Healthcare District, Austin has a lot of

significant hospital resources. But none of them was designed specifically to train 21st Century doctors.

In the University Medical Center at Brackenridge, we have a facility that's geographically close to UT, but also that's aging fast by hospital standards and is on the edge of needing serious renovations or replacement. And that's before we consider what it would take to build a place where students can learn how to be doctors.

A modern teaching hospital will be state of the art, allowing students to learn and Central Texans to heal in entirely new ways. It will provide patient-centric care with larger rooms to allow for family discussions and involvement, and to accommodate a multidisciplinary healthcare team. And it will foster integration of education, research, and clinical missions, setting the groundwork for advancing healthcare, developing new therapies and curing disease.

It's time to figure out where, and how, to build a teaching hospital that will rise with the medical school.

3. Establish modern, uniquely Austin health clinics.

We rightly take pride in the fact that our community is generally a physically healthy one. But whether it's the tens of thousands of uninsured Central Texans or the constant need for better preventative care, we're far from perfect. The future, in terms of both providing medical education and better healthcare, is to connect a medical school and teaching hospital's resources with the broader community.

A medical school and teaching hospital will increase our capacity and let us redesign how we care for our neighbors who can't afford health insurance – while also, at the very same time, improving everyone's health and healthcare. And it'll allow us to integrate a medical school's residents, doctors and other providers into our homes, neighborhoods and community health clinics so future doctors and nurses can work with and learn from real people – valuable experience that benefits them and helps patients be healthy.

Our goal will be to create modern, multi-specialty facilities where patients can get diagnoses, treatment and care before they need to go to the emergency room, as well as specialty and mental health care that isn't available to them now. This will better serve clients, and help reduce both societal costs and healthcare costs.

4. Develop a Research Institute and laboratories for public and private research.

Just as clinics are essential to this effort of keeping the community healthy, research will be our bedrock for economic development and healthcare advancements.

Part of the challenge will be to engage researchers at our universities and in the private sector. So we need a research institute where academic research will wrap into clinical needs, producing products and therapies that can be tested and honed in healthcare settings.

The seeds of such an entity have already been planted through the collaboration of Seton, UT Southwestern, and the UT System. The executive director for the Seton-UT

Southwestern Research Institute in Austin has been selected, and funding's been committed for the first 20 clinician scholars.

Laboratories, where discoveries can be made, developed and commercialized, will be essential to this endeavor. Private businesses also need space for research and development near the smart, creative scientists and doctors who will enhance existing products or come up with new ones.

We know that right now, today, there's a shortage of so-called "wet labs" for bioscience research. We already need more space, and we'll require even more as we grow our healthcare economy.

5. Launch a new commercialization incubator.

The University of Texas has had real success in working with researchers and entrepreneurs to turn scientific discoveries into products and companies that help the region's overall economy.

Three years ago, UT's Austin Technology Incubator created an entity to support life-sciences discovery. It currently has five companies, all based in Austin but developing their products elsewhere in Texas or other states due to our lack of resources in Austin.

And officials are already looking to open another facility, a facility, known as a commercialization incubator, that will help turn innovations and discoveries into products and new therapies. Wherever possible, this effort should plug into research on- and off-campus, as well as work going on in the Medical School, teaching hospital and multi-specialty clinics.

6. Start a comprehensive cancer treatment center.

Austin and Texas have admirably taken to the front lines in the fight against cancer. Austin is home to groups such as the Lance Armstrong Foundation and the Texas branch of the American Cancer Society. And Texas voters in 2007 approved \$3 billion in bonds to fund cancer research through what's known as C-PRIT, the Cancer Prevention Research Institute of Texas. As we develop our resources, we will look for ways to create a comprehensive treatment center where people can receive both the medical treatment and guidance they need to fight this beast of a disease.

7. Provide needed psychiatric care and facilities.

The average wait time for an uninsured person to get basic, state-funded help is five months. For intensive treatment, it's four months. Such a long waiting list for people in so much need is shocking, tragic and unacceptable.

We need services that make house calls and work with patients who don't keep appointments. And preventative services designed specifically around adolescent suicide. We need crisis centers, and a psychiatric ER.

We can't pretend that we're addressing our healthcare issues if the region continues to avoid this problem.

8. Improve basic infrastructure, and create a sense of place.

I've said that this is a transformative opportunity. That means we'll actually transform-- physically change. We need to plan on the front end for the streets, water lines and other basic infrastructure around new facilities.

But there's opportunity beyond just updating such things. Obviously, the area around the current University Medical Center at Brackenridge could change if we renovate it to become a modern teaching hospital. That area of downtown has fantastic potential for becoming a uniquely Austin place of meaning – and healing – with Waterloo Park and all of the aspirations for Waller Creek.

Plus, it's location so near I-35 creates the opportunity for this area to be planned in a way that allows old barriers to be torn down, and communities that have been wrongly split – whether by accidents of geography or mistakes of history – to be connected.

9. Bolster the medical examiner's office.

Well, we've talked about helping folks stay healthy and alive. Let's talk about what we do with some of them when they're dead.

Our Travis County Medical Examiner's Office is already stretched beyond its resources. If, as part of this effort, we can locate the medical examiner's department near the medical school, it would help students and doctors for decades. Because, the fact is, autopsies are essential to medical education. And Travis County performs autopsies for 42 counties besides our own, for an average of 1,500 a year.

But teaching represents just a fraction of what we can do by integrating the medical examiner into a medical school campus. Clinicians at a university hospital could get real-time feedback on trauma and other fatal cases. And they could be more active in hospital morbidity and mortality conferences, providing better feedback and education to clinicians.

10. Solve the funding puzzle.

Oh, right. We may need to talk about money. I've saved this most joyful of topics for last.

Basic funding has been a stumbling block to building a medical school for all of these decades. Luckily, the picture looks much better than it has in the past.

Several different entities are involved in the conversation. In addition, we should all thank Chancellor Cigarroa for his declaration last month that expanding medical education – both here and, appropriately, in South Texas – will be among the UT System's top priorities. That creates a lot of momentum for addressing this issue.

Financing a medical school and teaching hospital is a wise investment in the community. It will require a public-private partnership that includes philanthropy and the support of entities such as the Seton Healthcare Family.

Getting there will be a challenge. And I'll tell you now, the solution will not come at the start of this process. We will work diligently to be as realistic as possible about what we'll need, and to be as conservative as possible in figuring out what it will cost.

But let's not literally jump to conclusions. We have work to do even before we can properly and adequately sketch out these funding issues, let alone the resolution to them. Part of the reason we're here today – declaring it's time to organize and set real goals – is that, until now, there's been no clear context or overriding program – no large-scale effort to win community support or to plot the long, complex path that's always essential with a financial, economic and lifestyle investment like this.

But this time is different. I and so many others believe that this time, we'll meet the challenge of making this investment, in part because we all know the inheritance it could create for Austin, Travis County, Central Texas—really all of Texas. By one estimate, this investment in a medical school, teaching hospital and health science center could ultimately translate into roughly 15,000 permanent jobs, and close to \$2 billion in economic activity.

SECTION: Pitfalls and Possibilities

To realize those benefits, however, we'll have to achieve our goals. And don't think for a second that we're going to limit the size and scope of our effort – particularly this early in the effort. Remember, this is about moving from doing the minimum to maximizing our future.

If our focus is solely on teaching and training, we will have failed.

This diverse organizing committee will encounter questions we're not thinking about, challenges we don't expect, and ideas we haven't imagined. As you see from the list, there are a lot of eggs to be laid and chickens to be hatched yet, and it's really OK – it's more than OK – if we have more questions than answers right now.

In fact, it would be a tremendous, potentially fatal mistake to get bogged down in premature details and tangential or even destructive agendas. This is an error that this community has made in the past. I won't let it happen this time. We can't let it happen.

Instead, let's pour our energy, and the community's energy, into meeting these 10 vital goals and embracing this moment in our history. The fact that this list is so comprehensive and varied speaks to the significance of the opportunity before us.

It also demonstrates that this is a program that's much bigger than this committee and even the folks in this room. This is a program for *our community*. It requires the contributions of more people, from more segments of our community, than any single program I've seen in more than 20 years of public life. It will require hard work, creativity, unselfish input and commitment from a truly remarkable group of people, and a truly remarkable *number* of people.

And whatever's required ... is what we must do.

Austin must seize this chance and create this fabric for the health of our neighbors, our economy, and our children and grandchildren. We have to be mindful of the problems and pitfalls of the past, but we must not be intimidated by them.

We've got to be open, honest and accountable, working to create and build, not destroy and tear down. We've got to make new friends, join new constituencies, and form bonds that ensure everyone who can gain from this project really does.

Most importantly, we've got to resist the temptation to keep waiting, watching and wishing. We've got to throw out the past and reject the old excuses. We must not tell ourselves that somehow, sometime, some better deal will come along.

It won't.

This is the moment. This is our chance.

It's time for a medical school, teaching hospital and health science center in Austin. And I'm looking forward to working with all of you to make it happen.