For three days in March, a dedicated group of practicing urologists, nurses, researchers, trainees, patient advocates, and patients convened in Washington, D.C. for the first iteration of the Annual Urology Advocacy Summit. Building on the longstanding work over prior years in which members of the AACU and AUA met with Congressional staffers, government agencies, and members of the U.S. House of Representatives and U.S. Senate through the Joint Advocacy Conference, this Summit expanded these earlier grassroots efforts to incorporate key stakeholders of the greater urology community. Representing one of four urology residents generously sponsored by the New England section—rivaled only by the Northeastern section in supporting the greatest number of residents at this year's Summit, I was excited to engage the political process head on.

The Summit kicked off with a welcome address before the first of many breakout sessions designed for fast-tracked immersion into the issues underlying the coalition's legislative targets. As a first-time participant, I began with the aptly-titled “Advocacy 101.” Over the course of reviewing best practices and issue briefs, I was struck by the fact that the room was filled with first-time attendees at all stages of their career. Only moments earlier, a seasoned veteran of the AUA’s advocacy efforts warmly offered that “half the battle is showing up.” If the room full of medical students, residents, fellows, and attending urologists was any indication, the commitment to make the time to be present on behalf of the specialty was on full display. The importance of this commitment became abundantly clear over the course of learning about this year’s policy-related “asks” from each of the passionate speakers taking the podium.

Simply, the case for advocacy crystallizes with the notion that if the urology community does not actively participate in this dynamic process, important decisions that not only impact the profession but ultimately patients will be made by those who may not be best positioned to do so. In what quickly became a regular occurrence throughout the course of the Summit, attendees shared patient stories driving this point home many times over. With many heads nodding along, one urologist spoke of a high-risk patient who had been misguided by the U.S. Preventative Services Task Force’s grade D recommendation for PSA screening presenting with metastatic disease. During one of the most memorable moments of the Summit, one speaker introduced one of his patients on stage so that he and his wife could share their experiences with receiving high quality urologic care. Story after story underscored the true cost of policy limitations and the potential gains to be realized, reinforcing our duty to drive policy changes that would validate the people behind these vignettes.

In addition to USPSTF reform, issues both longstanding and new comprised the agenda during Capitol Hill visits with Congressional staffers. As a California native, I joined my West Coast colleagues in speaking as both constituent and resident advocate about the glaring need to increase GME residency slots to begin to address the shortage in practicing urologists in light of an aging urologic workforce despite growing demand for urologic care. Both private and academic urologists from my team spoke in turn about the need to expand urologic research funding, reduce non-clinical regulatory burdens by way of EMR reform, and support ongoing efforts to reduce practice burnout. After an effective day at the Hill, I rejoined my fellow NEAUA members to reflect on the highlights of our shared experience and vicariously indulge in the rich history of evolving advocacy efforts through the lens of our inspiring Section leadership.

Setting aside white coats and surgical scrubs to engage Congressional staffers and translate not only our personal clinical experiences, but also that of the patients for whom we care impressed upon me the broader implications of collective advocacy that can directly impact clinical practice. If showing up is half the battle, the remaining half surely must be the importance of continuing to pursue the work that remains upon resuming our daily
responsibilities. I returned to Providence resolved to build on this experience locally to cultivate the same passion for urologic advocacy that the Summit seeded in me.

Eric E. Jung, M.D.
Rhode Island Hospital/Brown University
Providence, RI