

Honorable Chair, members of the committee,

My name is Ethan Beckley, and I reside at 5915 SE 15th Ave., Portland, OR 97202. (I can also be contacted by email at beckleye@ohsu.edu). I am a second year medical student at Oregon Health & Science University (OHSU) where I anticipate graduating with the Doctor of Medicine degree in 2015.

I am honored to provide testimony today concerning OHSU and its place in the budget, because this is an organization that I believe in very strongly. I hope by telling you a bit about my story and where I plan to go with my career that I can increase your interest and appreciation in the mission of this organization.

I grew up in Glenn County, California, a part of northern California that shares characteristics with many parts of eastern and southern Oregon that have come under hard economic times. Depending on what year you look at, Glenn county's unemployment rates are typically around twice the national average, college completion rates less than half the national average, one out of four adults never finished high school, and one out of four children are living under the national poverty level. I wanted to share these findings with you because I want you to know that I understand the challenges facing small towns. I suspect many of you have constituents in small towns that have trusted you to safeguard their interests, and I want you to know that they are on my mind as well.

Growing up in a struggling economy, you can hardly blame me for wanting to get out of town and make something more of myself than what I had seen around me. But as I entered college and got some distance from my hometown I found myself wanting to examine that place where I had come from. For example, I had a high school friend whose father gave him cigarettes and allowed him to smoke inside the house even when we were around 15 years old. Why did his family have this attitude toward teen smoking, when public health messages about the dangers of smoking were everywhere? And having met some of his extended family, I knew that poverty followed this family from one generation to the next. Why was it that his family could not break the cycle of poverty?

So even while I was in college, I found myself very interested in understanding why people fail to thrive, and how they get caught in intergenerational cycles of poverty. This is an enormously complex issue, but suffice it to say that a person's education, economic opportunities, and mental and physical health are all strongly interrelated, and deficiencies in one of these domains tend to hold a person back from success in other areas. And further, the conditions surrounding a parent's life tend to set the stage for their children's lives as well. Continuing the example of my high school friend who was allowed to smoke at the age of 15—his father died quite young, around the age of 50 I believe, morbidly obese and with multiple drug dependency issues. Is it any wonder that my friend and his siblings had their own drug issues? Or that most of them were very overweight as children?

So in college I majored in psychology, which interested me because it was a field where I could examine issues as broad as education, healthy lifestyles, mental illness, and addiction. As I finished college, I decided to enter graduate school so that I could continue these pursuits. I was recruited by the graduate program in Behavioral Neuroscience at OHSU, which is a

national leader in studying the brain mechanisms that underlie addiction, especially alcohol and methamphetamine addiction. There, I was a graduate-student fellow of the National Institutes of Health for five years before completing my PhD. This last decade has been a very exciting time in biomedical research, with significant findings in molecular biology, genetics, and biochemistry. But I was torn as a graduate student. Understanding human disease at the molecular level is critically important to improving our health as a nation, and OHSU is a leader in that arena. But I felt my own personal interests evolving to include understanding and helping the individual as well, which is why I eventually decided to enter medical school.

A lot of my classmates have similar ideas. We want to be skillful at diagnosing and treating disease, but we see our role as much larger. Ideally, we want to help people live happy, active, fulfilling lives, where they do meaningful work, have meaningful relationships, and contribute to our society. Not everyone needs a doctor to do these things, but some people do, and that's where many of us see ourselves. We want to be the doctor who can help a man get his diabetes and weight under control so that he can teach his granddaughter how to ride a bike.

Sadly, there are many communities in Oregon with poor access to healthcare, but that's something that I think the State has the power to change.

With my background, I had lots of doors opened to me in medical school. I was granted interviews not just at some of the top schools, but I was also being considered for some select programs within these schools for developing healthcare leaders. Yet after receiving my admissions letter from OHSU, I began cancelling some of my other interviews. For me, OHSU offered a more complete package. For one matter, OHSU offers an education that I think of as being somewhat broader than most schools. An example of this is the required Rural and Community Health clerkship, where students are placed in a rural Oregon community for five weeks to learn what it means to be a physician in a small town. Most important for me was that I see myself spending my career as a physician here in Oregon, and so it only made sense to complete my education in Oregon as well, where I could start meeting people and understanding the issues specific to this state.

OHSU was an obvious choice for me, but it was still a difficult choice. There was one major check mark in the "cons" column for OHSU, and that was the tuition, which is among the highest in the nation. As you may know, first-year medical tuition at OHSU is around \$45,000, almost \$20,000 higher than our nearest neighbor, University of Washington. As I understand it, tuition differences from one school to the next have less to do with the actual cost of the education, and much more to do with the investment that the state puts into that education in the form of public funding.

So OHSU was a top choice school for me, and if tuition was in the minus-column then I suppose one factor that was in the plus-column for OHSU was my girlfriend, whom I might add is a Nurse Practitioner student at OHSU. She's something that UC San Francisco couldn't offer me. Rachael is from the tiny town of Wren in Benton County, Oregon, and after our training is complete we plan to spend our lives serving the people of Oregon. We both have a strong interest in working with underserved populations, especially in rural communities. So aside from what OHSU had to offer me, I also had a very compelling reason to stay here in Oregon. But can all potential medical students say the same?

Every year, close to 4,000 out-of-state applicants apply to OHSU's MD program. So many people want to go into medicine that even without a dime from public funds OHSU would still be able to fill its MD class every year. Even if tuition was set at \$100,000 a year I predict that OHSU could find 160 students just from New York alone who would be willing pay it. But I think a question that OHSU faces, and the question I want to invite you to consider as well, is which students are we willing to lose? Whom are we willing to lose just because they aren't willing to pay the tuition? It is my firm belief that Oregon is losing talented students to other states because of the tuition at OHSU. At many private schools, all the school has to do is offer a small scholarship and their tuition becomes more affordable than OHSU. So we are losing talented students to other states. Some of those students may return to practice in Oregon, but others will not, and that is a loss for the state.

Another question that deserves serious attention is this: Does the high price of tuition discourage medical students from entering some of the fields that are in low supply? All of the big ideas in healthcare reform such as Oregon's "Coordinated Care Organizations" and the Affordable Care Act are based in part on the idea that patients will get most of their services from a primary care provider, such as a pediatrician or a family physician. When I talk to my classmates, many express doubts about their ability to pay back student loans if they enter these primary care fields where physicians earn less money.

In many ways Oregon is a leader in the national discussion on healthcare and healthcare reform, but I believe Oregon is falling behind in supporting the foundation of its healthcare system, which is the educational system that provides the healthcare workforce. We are losing talent to other states, and we are losing students who want to practice primary care to other specialties that may not make as much sense for Oregon's needs.

For these reasons, I urge you to provide increased funding for OHSU's education mission, and also to consider alternative ideas such as loan forgiveness programs that will encourage retaining Oregon's talent and that promote entry into primary care fields. Thank you for the opportunity to testify before you today. I would be happy to answer any questions.