

## Francis Miller, MD AFMR President, 2010–2011

The AFMR has undergone a sea change since its inception 75 years ago - growing in membership and eminence through the 1970s and 1980s and then over the past 20 years witnessing a conspicuous decline. I believe this recent trend resulted mostly from the growth and competition of subspecialty societies, combined with the increasing time demands of clinical work, institutional requirements and limited funds. As the prominence of the national meeting waned, the lifeblood of the society became the regional meetings. For many investigators, including myself, the AFMR regional meetings were an introduction to the culture of a biomedical research meeting and the place where they gave their very first formal research presentation. In my case, I was a medical student from Iowa in 1987 and it was my first time visiting Chicago. I remember being awed at the sights of the city and the elegant décor of the historic Drake Hotel where the meeting was held. Dr. Frank Abboud, the Chairman of Medicine at the University of Iowa at the time and past-president of the AFMR, always championed Iowa as being the best represented university at the Midwestern meeting. He would host an Iowa reception in the hotel and I enjoyed watching him savor the camaraderie of colleagues, alumni, and friends. This experience was one of many factors that influenced my decision to pursue a career as a physician-scientist.

It was several years later, as a faculty member at the University of Iowa in 2002, when I became actively involved with the AFMR as Secretary-Treasurer of the Midwest Region. The National Council Meeting that year was held at Amelia Island and I remember anticipating future annual escapes to similar destinations outside of Iowa. Unfortunately for me, during the ensuing ten years that I was involved with AFMR, the National Council Meetings were relegated to Washington DC or the airport hotels of Chicago. I suppose it was fiscally prudent given the direction of the society. In 2002, the total membership was ~3,650, as compared to over 10,000 members only ten years earlier.

During 2002, less than a month into my first year as Secretary-Treasurer with the Midwest Region, some of the partnering societies of the Combined Midwest Meeting decided to withdraw from future combined meetings and so, after many years of an October meeting at the Drake Hotel, the future of the Midwest Region meeting was in question. Although I knew a little bit about being a physician, and about running a research lab, I knew nothing about organizing a meeting. These types of experiences (and challenges) provided the first taste of leadership for many of the former AFMR members that now populate the offices of deans, department chairs, and program directors. We eventually partnered with Central Society for Clinical Research (CSCR), restructured the format of the meeting, and have

been having the Combined Midwestern Meeting at various venues in Chicago during the spring.

The fundamental goals of the AFMR over these past 75 years have endured: 1) provide the environment and support for young biomedical investigators to present their research and interact with more senior scientists; and 2) influence public policy to foster medical research and improve health. But the approach to achieving these goals has had to adapt to the times. For example, in 2002, we were paying \$160,000 per year for lobbying efforts. We were forced to discontinue this expense, but it remained important to have a voice in public policy. In 2009, the National Council voted to become a member society of FASEB (Federation of American Societies for Experimental Biology). As a member of FASEB, an organization now with more than 120,000 scientists from 27 member societies, the AFMR provides a voice for the clinical researcher on several committees and in public policy efforts. Furthermore, after the Clinical Research meetings dissolved, the AFMR did not have the presence provided with a national meeting. In looking for a society with similar values, we formed an alliance with the Society for Clinical and Translational Science (SCTS) and Association for Clinical Research Training (ACRT) in 2010 to sponsor the Clinical and Translational Research and Education Meeting. This meeting is now known as the Translational Science Meeting and jointly sponsored by the AFMR. Held in Washington, DC in April, it has the mission of bringing together all disciplines involved in clinical and translational research for the shared benefits of networking and education. It is a good fit for the AFMR and I am optimistic it will be a successful partnership into the future. These two developments, the joining of FASEB and co-sponsoring the Translational Science meetings, occurring during my tenure as president-elect and as president, are the AFMR accomplishments for which I am most proud.

The AFMR today is not the same AFMR that Henry Christian organized in 1940, or even the one that existed when I gave my first oral presentation at the Drake Hotel in 1987. But the AFMR continues to do several things well. It is one of the few remaining multi-disciplinary organizations representing investigators in all areas of biomedical and patient-oriented research. The regional meetings continue to provide a collegial cross-discipline environment to discuss research and connect with colleagues. The AFMR supports a journal open to interdisciplinary research and career information. And the society continues to provide opportunities for leadership. Certainly, the highlight of my association with the AFMR has been the good fortune to work with talented and dedicated people from all over the country with a shared goal of keeping the AFMR great.