

Correspondence

Re: Social Justice as the Moral Core of Family Medicine: A Perspective from the Keystone IV Conference

To the Editor: Steven Schroeder, in “Social Justice as the Moral Core of Family Medicine: A Perspective from the Keystone IV Conference,” (*J Am Board Fam Med* July-August 2016 29:S69-S71; doi:10.3122/jabfm.2016.S1.160110) highlights social justice as a recurring conference theme and promotes 5 steps for public action that include “speak out on the important social and moral issues” and “make common cause with potential allies.” As a former public health officer for Madison-Dane County, Wisconsin and San Antonio-Bexar County, Texas, I can affirm that both the University of Wisconsin and University of Texas family medicine programs have spoken out, taken action, and worked effectively with local public health to further social justice in very real ways. The 2 exemplary programs, led by Dr. Valerie Gilchrist (previously Dr. John Frey) and Dr. Carlos Jaen are shining examples of what can be accomplished when family medicine and public health work together as allies.

Addressing excessive black infant mortality, University of Wisconsin Family Medicine and Public Health Madison-Dane County collaborated on research, advocacy, and clinical practice to address a grave social injustice and, in turn, contribute to real change. Over a period of several years, local black infant mortality rates, which had for decades been approximately 3 times white rates, were decreased to near parity.¹ In San Antonio, where the crushing burdens of obesity and diabetes are especially severe among the majority Hispanic population, University of Texas Family and Community Medicine has collaborated on population health in a number of ways including allowing department faculty, Dr. Robert Ferrer, to serve as president of the community-based Bexar County Health Collaborative. Dr. Ferrer has played leadership roles designing and implementing the Communities Putting Prevention to Work federally funded intervention that brought local obesity rates down by 18%,² speaking out against sugary beverages,³ seeking ways to provide for long-term, sustainable funding, and fielding a team of a dozen diabetes-focused promotores who intersect in high-risk neighborhoods with local health department community outreach workers.

It is unclear why Schroeder, in his list of family medicine “potential allies,” does not mention public health. Most likely it is because he represents the “lack of a natural alliance between physicians and public health,” identified almost 30 years ago by the Institute of Medicine.⁴ It is unfortunate that the exceedingly “natural” alliance between family medicine and local public health

continues to be overlooked. Family medicine, with social justice at its core, should recognize that, in the words of Dr. David Satcher, US Surgeon General and US Centers for Disease Control and Prevention Director, “social justice, in the application of scientific knowledge, is the philosophical base of public health.” Local public health is a natural ally for any family medicine program that seeks to measurably improve the health of the community. In practice, our 2 disciplines are beautifully complementary. Our moral and philosophical core is the same.

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The above letter was referred to the author of the article in question, who offers the following reply.

Response: Re: Social Justice as the Moral Core of Family Medicine: A Perspective from the Keystone IV Conference

To the Editor: It is good to hear of these examples of collaboration between local public health agencies and family medicine. Given that the Keystone IV Conference focused on health care delivery issues, my “partial list” of potential allies for family medicine was limited to clinical disciplines. I fully agree with Dr. Schlenker that abundant opportunities to improve population health exist beyond those examples, including local public health agencies, state and federal government, advocacy groups, and many others.

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