ISSUE #3

Political Affairs Newsletter

March 2026

Resolutions 101

Sierra Bryl, OMS-II

Spring convention just wrapped up, and a House of Delegates means new resolutions. If you have an idea on how SOMA can improve its advocacy efforts, resolutions are a great first step! Resolutions are basically “request” to implement somethinginto SOMA policy.These requests can be regarding how SOMA itself runs, or how SOMA works with groups like the AOA and NBOME.

Resolutions can seem scary with the specific language used, but it is simply research in a special format. Resolutions can be broken up into two parts: Whereas statements and Resolved statements. Whereas statements are where all of the research lives: it is where you provide data/information citing why what you are askingfor is relevant and important. The Resolved sectionis where the requests are stated. Here is where you will write what SOMA should do, or what stance they should take in order to be involved in the topics that were talked about.

First, there is a rough draft submission where the resolution will receive feedback from the Resolutions Committee. It can then be submitted as a final draft where it is taken to an open resource committee for feedback and then further closed reference committee for the Resolutions Committee to give its recommendations. This might resultin some tweaking, but once it is perfected it can be considered in either the spring or fall convention! Resolutions can be approved, approved as amended, returned to author or not approved at the House of Delegates. If this still seems overwhelming there are many resources to help you out!

The most important of which is the list of past resolutions SOMA has passed. Those can be found right on the SOMA website under“Resources”. This is an important place to check before you start a resolution, just to make sure your topic has not been addressed yet. The SOMA website also has example resolutions to help give a better idea on formatting. Finally, a great resource for questions is your regional trustee or chapter leadership. They are here to help and want you to succeed!

Grab a friend, find a cause you care about,and write aboutit! It may just becomea lasting policy that benefits generations of students to come.

Highlights

Resolution 101: What does it take to write a resolution?

Internal News Spotlight

External News Spotlight

The Case of Kratom, what is it?

Check out Page 3 for our Member Spotlight!

Submit a member spotlight!

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SOMA
STUDENT OSTEOPATHIC MEDICAL ASSOCIATION

External News

EMERGING SUBSTANCES, EVOLVING RESPONSIBILITIES: THE CASE OF KRATOM

MITCHELL STODDARD, OMS-III

An herbal product sold in gas stations and online marketplaces is now used by an estimated 1.7 to 2 million Americans each year. Marketed as a natural remedy for pain, anxiety, and opioid withdrawal, it is perceived as safer than prescription medications. Yet kratom acts on many of the same brain receptors as opioids and its rapid rise has outpaced both research and regulation.

Kratom is derived from Mitragyna speciosa, a tree native to Southeast Asia. In the United States, it is sold as capsules, powders, and teas. At lower doses, it can produce stimulant-like effects while at higher doses, it acts more like an opioid, producing sedation and analgesia.

Its primary active compounds, mitragynine and 7-hydroxymitragynine, interact with mu-opioid receptors. Although kratom appears less likely than full opioid agonists to cause respiratory depression, it can produce tolerance and dependence, with withdrawal symptoms including irritability, insomnia, nausea, and muscle ache.

Use has increased steadily over the past decade, driven in part by online marketing and gaps in access to affordable healthcare. Some individuals report using kratom to manage chronic pain or to self-treat opioid withdrawal when other medications are inaccessible due to cost or stigma. Others use it for mood or energy enhancement without medical supervision.

But "natural" does not mean risk-free. Kratom exposure has been associated with seizures, acute liver injury, cardiac arrhythmias, and, in rare cases, death often involving polysubstance use. Because kratom is marketed as a dietary supplement under the Dietary Supplement Health and Education Act of 1994, it is not subject to pre-market FDA approval. Product potency varies widely, contamination has been documented, and labeling remains inconsistent.

Regulatory responses have been fragmented. Federal agencies have issued public health warnings, and some states have enacted laws establishing age limits and manufacturing standards. Researchers continue to investigate kratom's pharmacology and potential risks.

Kratom's rise reflects a broader reality: as healthcare access shifts and economic pressures mount, individuals seek alternative ways to manage pain, stress, and addiction. The social determinants of health are constantly evolving and so are patterns of substance use.

For current and future physicians, this matters. Training often overlooks emerging supplements and novel psychoactive substances, yet patients may be using them regularly. Education must keep pace with epidemiology. Clinicians should be prepared to ask informed, nonjudgmental questions and recognize both dependence and withdrawal.

Kratom is only one example, but it underscores a larger truth: public health policy, research, and medical education must evolve as quickly as the products appearing on everyday shelves.

SOMA members wishing to get more involved can draft pertinent resolutions and contact their local representatives.

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Member Spotlight

Alena Khalil OMS III

This month's member spotlight is **Chirag Shah, MPH, OMS IV,** Senior Resolution Committee Member & Political Affairs Newsletter Editor-in-Chief

What is your advocacy passion? My advocacy passion centers on improving access to healthcare. I spent time in my 2nd year of medical school working with the Venezuelan/Colombian refugees and migrants in Chicago through the Schweitzer Fellowship. The fellowship involved designing and implementing a public health project in the community. Through this work, I gained firsthand insight into the barriers many immigrants face when trying to access healthcare. It was one thing to read about it, but another to help people navigate and connect with available resources. From there, I became involved in multi-channel advocacy through contacting legislators, educating peers and participating in community initiatives. All these efforts stem from a desire to provide more people with access to healthcare. Every human deserves to live a healthy life and, although I am excited to play a role in that as a future physician, clinical care alone is not enough for me. Expanding our role outside of the clinic and hospital is imperative for the future of both our profession and our patients.

How did you get involved in advocacy? My initial exposure began during my Master of Public Health training, while learning the fundamentals of how to do advocacy and the issues in our communities. For my practicum, I worked with the Catholic Charities of Archdiocese of Chicago to develop a program around mental health and trauma in one of our local communities. The project allowed me to see the importance of direct action in the community while my education taught me about the upstream factors impacting health outcomes. My first voyage into legislative advocacy came about with DO Day on the Hill in 2023. As a bright eyed and bushy tailed first year, it was a foundational experience to how I see and want to practice medicine in the future.

What advice would you give for someone who is interested in advocacy? Advocacy is all about stories. Data is important and can strengthen your position, but people connect with something they can understand. For example, a long-term health risk associated with housing policy is an elusive concept for many legislators. In contrast, the story of a five year old boy who is intubated in the PICU requiring significant life support because of an asthma attack caused by his living conditions is more tangible. Stories are even better when they are your own or directly relate to you: what patients have you taken care of? What have you or your family experienced in healthcare? What is your emotional attachment? Another thing to consider is how the story is relevant to the politician and how it affects their district/municipality/state/etc. When policymakers can see how an issue directly impacts the people they represent, they are more likely to engage. Change takes time in our system. While it is frustrating and demoralizing at times to see things continue at their status quo, perseverance and diligence in your advocacy work will be rewarded. Even if we do not get to see the day the fruits of our labor come to light, "society grows great when old men plant trees in whose shade they shall never sit."

Nominate an outstanding SOMA member for Member Spotlight HERE

Thanks to our Newsletter Committee

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