Over the last 18 years, my personal goal has been to keep SGIM a strong organization, even as the field of general internal medicine (GIM) saw most internal medicine graduates going into sub-specialty care. To keep SGIM strong, the key elements have been:

1. The rank-and-file members who kept coming to the national meeting—an astounding 50%—as well as to the seven regional meetings to present their work. These members also consistently paid their dues and continued their commitment to SGIM as their academic home.

2. The volunteers for the many committees, task forces, and work groups who are the backbone of SGIM programs and services. The annual meeting alone has nearly 200 volunteers. Volunteers have long been there when needed to carry on the good cause of keeping SGIM strong and able and representing academic GIM with great programs, services, and publication vehicles (e.g. *JGIM*, *Forum*, and GIM Connect).

3. Volunteer leaders who have thoughtfully guided the organization and responsibly managed scarce SGIM resources. Both Council (12 voting members) and Executive Committee (made up of officers only) meet monthly to ensure that all yearly goals are being met and that new goals are set each year. These committed volunteer leaders have contributed to making the house of SGIM strong with adequate resources to represent the field in all arenas, including other internal medicine organizations and Capitol Hill.

4. Finally, the staff who support all activities of the Society and have a collective history at SGIM of 75 years, excluding my 18 years! Many staff members have been with SGIM for more than 10 years, with some at 16 and 17 years. Along with items 1 through 3, this group of association professionals, fiercely dedicated to SGIM, has allowed me to be successful in my goal of sustaining the strong foundation that was built when I joined the Society’s ranks some 18 years ago. We have built on that foundation and have made SGIM a world-class organization—the academic home of thousands of members. It is an organization that, along with the Association of Chiefs and Leaders of General Internal Medicine (ACLGIM), is prepared to carry on the fight for improving patient care and providing an academic home everyone wants to return to each year. In the case of ACLGIM, which is made up of chiefs and leaders, their contribution to keeping the house of academic GIM growing is another key ingredient in our ability to keep GIM growing and inclusive.

As I retire, I especially will miss the multitude of SGIM members and staff who have made these 18 years of my career the highlight of my life’s work. Collectively, we have ventured on a journey that has made a difference in the lives of members and staff. I am truly pleased and grateful to be a part of the SGIM family—proud to be GIM, proud to be SGIM.