

From my perspective

A little more than two years ago, the American College of Surgeons established an affiliate organization with a more flexible 501(c)6 tax-exempt status—the American College of Surgeons Professional Association (ACSPA). This group's first and most significant initiative to date has been the creation of a political action committee (PAC), ACSPA-SurgeonsPAC. This seems like a good time for an update on this restructuring and its achievements.

Why was the PAC formed?

The impetus for establishing the ACSPA-SurgeonsPAC was a proposal from the Board of Governors' Socioeconomic Affairs Committee. The members of this committee believed that surgery needed a representative PAC to strengthen the profession's grassroots advocacy efforts and to bring it in sync with other medical organizations that are attempting to influence health policy.

Over the course of several years, the Governors' committee had attempted to encourage the Board of Regents to form a PAC. During the course of the debate, it became increasingly apparent that surgical practice was becoming more entrenched in politics and that the vast majority of health policy decision makers and advisors were from outside of the surgical community. Hence in 2001, the Regents acknowledged that we needed to make the changes that were necessary to establish a PAC to represent the surgical perspective.

Because of its restrictive tax-exempt status as an educational and philanthropic organization, a PAC could not be established within the College's existing structure. So an affiliate organization with a different tax status was developed, which could work independently to cultivate the resources necessary for surgeons to have greater leverage over the evolving economic and political forces affecting the profession.

Why it's important

Obviously, many of the current dilemmas facing the medical profession, such as the professional liability crisis, reductions in reimbursement, burdensome regulations, and federal funding for trauma systems, to name a few, must be addressed through political activism, either in Washington, DC, or in the individual states. Therefore, our profession must have access to legislators, and we



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must be able to support political candidates who have a health policy agenda consistent with what we believe is necessary to care for the surgical patient. A PAC is one of the most valuable tools available to accomplish these goals.

Surgeons also need to support colleagues who want to run for political office. So far, ACSPA-SurgeonsPAC has given financial assistance to a number of surgeons at the federal level, including Senate Majority Leader Bill Frist, MD, FACS (R-TN), and Rep. Michael Burgess, MD, FACS (R-TX).

How it functions

The ACSPA-SurgeonsPAC is governed by a Board of Directors that determines which members of Congress best represent surgeons' policy objectives and, therefore, should receive PAC contributions. At this time, the board is ably chaired by Andrew Warshaw, MD, FACS, and is composed of 18 members drawn from all of the surgical specialties and all areas of the country (see roster on page 4). In deciding which candidates to support, the board considers their voting record, leadership

positions, membership on key health care committees, and whether they are in the medical profession. Since January 2003, the PAC has donated \$309,000 to 100 candidates and has raised close to \$450,000.

To donate to the PAC, a surgeon must be an active ACSPA member in the U.S. who is still in practice. We anticipate that as surgeons become more comfortable with the PAC and more attuned to the political realities that affect their ability to practice, all of the College's eligible members will become involved in this process.

PAC support

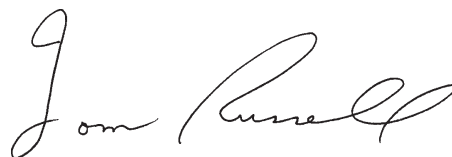
ACSPA has determined that if every eligible member contributes \$250 to the ACSPA-SurgeonsPAC, it will supersede the trial lawyers in their annual giving. Other medical organizations, such as the American Society of Anesthesi-

ologists and the American Academy of Ophthalmology, have found that their success in achieving positive results for their specialties has increased partly because their members have supported their PACs. ACSPA is currently making telephone calls to all its members in an effort to reach this full potential.

All of us can clearly articulate the problems affecting the surgical profession, not only in terms of quality of care, patient safety, and the adequacy of competence of the surgical workforce, but also with respect to the political, economic, and regulatory environment in which we practice. It is appropriate that surgeons point out these problems and the negative results that are associated with them. However, complaining and whining about the state of our profession does not generate positive solutions.

Much of what we need to do today and in the future revolves around influencing the political climate and creating the will to change. To stimulate a dialogue and to effect change, we must be political players. Clearly, the ACSPA-SurgeonsPAC is one of the more persuasive tools available to surgeons. The ACS cannot be involved in PAC solicitations, so information about the PAC is available on its separate Web site, at <http://www.facs.org/acspa/index.html>.

These are turbulent times. Without a robust effort to affect the political process, surgeons will be further disadvantaged. I encourage each of you to become educated about the issues and actively involved in the process in tangible ways.



Thomas R. Russell, MD, FACS

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If you have comments or suggestions about this or other issues, please send them to Dr. Russell at fmp@facs.org.