

Trauma funding for Tennessee:



The incredible journey

by Julie A. Dunn, MD, FACS

In a noteworthy and timely *Bulletin* article, C. Suzanne Cutter, MD, urges us to develop a broader perspective and to build “such skills as negotiation, public speaking, coalition building, and the art of persuasion.”* At my state’s recent chapter meeting, Barrett G. Haik, MD, FACS, a Regent of the College, and J. Wayne Meredith, MD, FACS, Medical Director of the Division of Research and Optimal Care and former Chair of the Committee on Trauma, reiterated this concept: caring for our patients is only half of our duty, and the other half is to take care of our profession. Adoption of this view of the profession has never been more imperative than in the current era.

*Cutter CS. Removing our loupes: Encouraging surgeons to develop a broader perspective for the future. *Bull Am Coll Surg.* 2007;92(7):11-13.

In May 2005, when I was a newly minted State Chair for the Tennessee Committee on Trauma, stakeholders across our state met in beautiful but sparsely populated Bell Buckle, TN, to discuss threats and challenges to the Tennessee trauma system. This stakeholders meeting gave sharp focus to our needs and priorities. A host of issues were debated, but what clearly rose to the top was the dire need for system funding. Over the next year, more and more patients in our state, especially those exposed to trauma, joined the ranks of the uninsured. The difficulties in maintaining top-notch trauma services were compounded by subspecialty call problems. Again, uncompensated care was the predominant driving force.

With this charge from my stakeholders, I began my informal education in the political process. The chair of my department was firmly convinced I was tilting at windmills. Many others were skeptical. I had several factors in my favor: First, both Texas and Florida had recently won this battle for system funding, so I *knew* it was possible to succeed. Second, our trauma hospitals were willing to mobilize their government relations departments to assist us, both at the legislative and local levels. Third, several legislators were willing champions of our cause. And, lastly, telling me something is impossible is like waving a red flag in front of a bull.

Over the next two years, the stakeholders in our state launched what we knew would be a pitched and cohesive battle. The first year, we made our presence palpable. The second year, we began with a splash, hosting trauma center tours for legislators in Knoxville and Nashville. I have always maintained that “it takes a village” to care for a trauma patient, and never is this more evident than when experiencing a trauma code. Our legislators got to witness this experience firsthand and developed a new appreciation for the tremendous cadre of personnel and resources essential to providing care to the critically injured patient.

These visits were followed by a publication by the Tennessee Trauma Alliance (www.tntrauma.org), *Pending Crisis for Tennessee’s Trauma Network: A Report to the General Assembly—2007*. By mid to late session, I began weekly trips to Nashville, to talk to our legislators, to give testimony in a multitude of committees, and generally to provide additional presence as a constituent rather than

relying solely on the presence of our lobbyists. My ability to make meaningful contacts was made possible by our knowledgeable hospital government relations members. While busy in Nashville, trauma surgeons, program managers, and other stakeholders across the state maintained a steady stream of letter writing, visits, and educational efforts in their own regions. It had to be crystal clear that this was a *statewide* endeavor.

Key points were driven home to the General Assembly. First, although on many, many occasions, Tennessee holds the dubious distinction of being near the bottom in many categories—health, education, and income—in terms of trauma quality of care, we excelled. As a representative of the state on a national level, I have come to appreciate that, because of the hard work of my predecessors, trauma surgeons who helped build the current system—Tim Fabian, MD, FACS; John Morris, MD, FACS; Phil Burns, MD, FACS; Don Barker, MD, FACS; Blaine Enderson, MD, FACS; and Martin Croce, MD, FACS—Tennessee has a level of trauma care that meets or exceeds any other state in the country. Also, regardless of the day, the hour, or the need, trauma services remained at the ready to meet the needs of the injured patient. The crowning information provided to the General Assembly was in the form of a statewide map of Tennessee, used on the House floor during the final voting hours, that showed that *every single county* in the state of Tennessee used the services of a trauma center in the past year. Our rural legislators came to understand that it was in the best interests of their communities and hospitals to keep this vital safety net alive and viable.

Lessons learned

I learned many critical lessons over the last two years. Our sponsor, Sen. Tim Burchett (R-Knoxville), advised me to “trust my quarterback”: I learned to test all my messages on my government relations contacts, as they far better understood the legislators’ mood of the day (and sometimes the mood of the minute). I learned that a simple message was best, and that message must be predicated on what was absolutely best for our patients and, hence, our elected officials’ constituents. I learned that working at the political level was like walking on a mossy rock—it takes only a fraction of second to lose your footing.

And, finally, I learned and was fortunate to have a legislator on our side with great political acumen and intestinal fortitude.

The process was difficult, tedious, and frustrating but sometimes fun and definitely educational. It is a process confounded by the fact that, comparing surgeons and politicians, we dance a different dance and our approaches to our daily issues are diametrically opposed: At the end of the day in the operating room, the offending organ will be in the bucket. At the end of the day at the legislature, the issue will have four addenda. At the end of the day in the trauma bay, a life will be saved...or a life will be lost. At the end of the day at the legislature, a slightly different deal will be brokered than was originally intended. Surgeons deal with one life at a time. Legislators deal with hundreds of (often competing) issues at a time. For both of us, the balance is quite delicate.

As our bill moved through committees, it was clear that almost all legislators supported the idea of a trauma fund, but few could really agree on a source of funding. Should the funding come from fees? Fines? What would their constituents say? In May, Sen. Rosalind Kurita (D-Clarksville) suggested what she called a “friendly amendment” to add a 2-cent tax on cigarettes. Frankly, I was stunned and I thought our bill would be dead. This occurred during a year of budget surpluses, and the Republicans were *not* keen on the cigarette tax or any raise in taxes for that matter, even if they were in support of trauma funding itself. In addition, there was no obvious connection between smoking cigarettes and being involved in trauma. And then our bill seemed to take on a life of its own.

In late May, our bill passed in the Senate, albeit narrowly. The amendment for a 2-cent tax increase on cigarettes, explicitly for the trauma fund, passed the Senate by one vote.

I made my final trip to Nashville the second week of June. I knew the time for talking was done, the time to meet with legislators passed, but I retained the outside hope that the issue would come up during the House session and my testimony might be of worth. So I went, and the day went by, and at 7:00 pm, we began to leave the capitol, downcast, only to find out the House had reconvened and were debating the cigarette tax. Two-and-a-half hours and 22 attempted amend-

ments later, the bill passed unmolested, 59-35.

I must admit, I haven't always enjoyed the process and I can't say I even completely understand it. But I am deeply appreciative of the fact that we do have a process. It is by no means perfect, and by no means do we always get it right, but there is a process—and for that the citizens of this country need to be deeply grateful.

As Dr. Cutter so aptly states in her article, “It profits none of us to allow the challenges we face to become paralyzing.” Take heart, value and use the boldness that was inculcated into us during our rigorous training, even though the arena may be different, and charge ahead with the zeal we undertake daily as though a life depended on it—because, in fact, it does. □

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