

Lessons from the Front Lines

AAEM/RSA Congressional Elective

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From recent headlines, it seems like we live in a world of escalating incivility in Washington, D.C. From the White House being called an “adult day care center” by a Congressman, to the HHS Secretary resigning over abuse of government funds, to protesters in wheelchairs getting forcibly removed by police, the current environment does not lend itself to collaborative problem solving. In the context of the generalized vitriol it is hard to remember that buried behind the layers of gridlock, there is a busy hive of earnest civil servants, toiling under insurmountable stakes and odds, venturing into the policy weeds, and looking for real solutions.

One such beacon of light is Congressman Raul Ruiz of California. As an emergency medicine doctor with Harvard degrees in public health and public policy, Dr. Ruiz is dedicated to not only representing his constituents but in evidence-based policy with a special interest in the underserved. This real world approach is sorely missing from a dogma driven system which too readily rewards talking points and too regularly misses content. Luckily for me, one of his other interests is in developing and educating a pipeline of leaders. Through a collaboration of Dr. Ruiz’s and AAEM/RSA to create the Congressional Elective, I had the opportunity to serve on the Congressman’s staff as their Health Policy Fellow for one month. Getting to dive straight into a role immersed in a different work environment was a remarkably valuable and unique opportunity to learn how legislation and government works. While it is disappointing that much of the work produced by legislators gets caught in a sticky quagmire of inaction, it was enlightening for me to see the themes that influenced what gets flagged, investigated and acted on: 1) constituents as king, 2) the knowledge economy and 3) priorities as triage.

Though it may seem like big interests have gobbled up much of the D.C. agenda, representation is still firmly rooted in the constituent matters. One of my first actions in acquainting myself to the office was in learning how their constituent opinion tracking software works. Whenever someone calls their local California or D.C. office, the address is checked to confirm their district, and then their opinion is stored under an issue group. During my time there, President Trump’s plans for ending the DACA program and the Graham-Cassidy health reform proposal were making the phones to ring off the hook. Daily totals on how many calls and emails we had received for trending issues were recorded and helped inform a magnitude and direction of the public opinion. Many of the people who called in had been initially contacted by an action alerts from an interest group which then forwarded the call to our office, demonstrating that a strategic nudge can amplify the impact of a specific interest. These constant reminders that real people are watching federal policy help to hold politicians accountable, and reminds them that whenever they take a vote on a bill or amendment, they must ask themselves, “If I am stopped on the street and asked about this, how do I explain in one line why I decided to do this?”

Secondly, in the land of white papers, reports, and pithy statistics that is the knowledge economy of D.C., finding evidence can be a cakewalk for second hand facts, but a much more challenging maze to drill into details. Every day in D.C. there are scores of hearings, think tank briefings, interest group or professional group informational lunches, industry seminars or receptions. Lobbyists come in droves to pass out their one-pagers giving a select sampling of facts. Other members of Congress send out “dear colleagues,” that eloquently request bill co-sponsorship. Senate



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and House hearings invite experts to testify, which is often a soapbox for a Member to go on the record with his/her own statements. Congress commissions studies requesting investigation with party line objectives in mind. Much of the informational stew is steeped in specific agendas, making original inquiry less common. In those scenarios, Congress has its own version of a think tank, the Congressional Research Service. This group of researchers and librarians create general analysis on a myriad of governmental issues and also Member-requested reports as a nonpartisan service to Congress, and is an incredible resource for getting instant access to content experts. Though it is striking and should be thought provoking that Congress has not paid for access to pay-wall protected research journals, the CRS can help pull these articles for Members upon request. Part of the challenge to operating in D.C. is the mountain of institutional knowledge needed about how federal agencies work to even know which levers to pull. The clear reports from the CRS are a boon to a crowded arena of agenda driven information.

Lastly, I was impressed with how much of Congress’s policy prioritizing is like triaging in the emergency department. ED’s across the country are strained by an epidemic of boarding which slows the department flow and

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is a dangerous setting for unstable patients. Similarly, Congress is dealing with an epidemic of bill and appropriation boarding. So many programs requiring government funding are waiting in the purgatory of gridlock, that when the crashing patient (during my month this was hurricane funding, home visiting programs for mothers and CHIP) comes through the door, the departmental resources are already too hampered to give the best care possible or the attention it deserves. Though CHIP funding expired at the end of September, a final decision on the program still has not been made. Helping to stall the decision is the fact that most states still have enough funding for a couple of months. But it is not as if this was a surprise deadline. The problem is that with so many other issues are vying for attention, Congress is by de facto design unable to be proactive. A frustrating feature of Congressional triaging is how much of it is not related to acuity. One might think that the decision process for voting on a piece of legislation would be somewhat merit-based, perhaps influenced by the number of co-sponsors, or if it has been reintroduced and

built a groundswell of support, or a bipartisan bill. However, Chairmen of Committees have no such transparent merit-based system, they can simply choose the bills they want. In the long road of obstacles for legislation to be enacted, almost all are easily thwarted in the opening round by the whims of an opposing Chairman. This frustrating truth makes me even more thankful for our triage nurses and their protocol driven approach.

During my fellowship period, Congress felt like a whirlwind with the end of the fiscal year, health reform "Hail Mary's" and a historic level of hurricane destruction. But in looking forward, recollecting the challenges that the system, Congressmen, and those who seek to influence them face, there is likely little smooth sailing ahead. With that in mind, it is heartening to know that at least for Dr. Ruiz's office, the people manning the ship are working incredibly hard to steer it in the right direction. ●

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Wellness Committee

Committee members will focus on resident and student wellness initiatives including taking on new initiatives like creating a wellness curriculum and identifying the unwell resident and/or student. Committee members will act as liaisons to the AAEM Wellness Committee in helping to plan activities for the annual Scientific Assembly that enhance their vision of making Scientific Assembly a rejuvenating wellness experience for EM physicians, residents, and students.

Advocacy Committee

Committee members staff three sub-committees, focusing on patient advocacy, resident advocacy and political advocacy both at the state and national levels. Your activities include developing policy statements, outreaching to AAEM/RSA members about critical issues in emergency medicine, and collaborating with the AAEM Government Affairs Committee.

Diversity & Inclusion Committee

Committee members will work with the AAEM Diversity and Inclusion Committee to plan and execute the Resident and Student Track at the annual ACMT meeting, outreach to underserved medical schools, and create resources for minority residents and students in emergency medicine.

Social Media Committee

The Social Media Committee members will contribute to the development and content of RSA's four primary media outlets: the RSA Blog Modern Resident, the AAEM/RSA website, Facebook and Twitter. The committee also oversees development and revisions of AAEM/RSA's multiple publications including clinical handbooks and board review materials. You will have numerous opportunities to edit, publish, and act as peer-reviewers, as well as work from the ground-up in developing AAEM/RSA's expansion to electronic publications.

Education Committee

Committee members plan and organize the resident educational track at the AAEM Scientific Assembly, which will be held March 9-13, 2019 in Las Vegas, NV. You will also assist with the medical student symposia that occur around the country.

International Committee

The International Committee will have the opportunity to contribute to international medicine projects and resource development that are helpful and beneficial to students and residents.