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**WHAT'S THE VALUE OF A STATE TRAUMA HOSPITAL? ASK A SURVIVOR**

**Real Stories and Saved Lives Underscore Need to Fund Tennessee Trauma Center Network**

JOHNSON CITY, Tenn. – Driving 45 mph on a snowy Virginia highway, Charles and Patricia Baldwin of Johnson City were talking about how they would stay in the right lane, line up behind the other 18-wheelers and take it slow. That's when a flatbed truck fully loaded with steel cables jackknifed in front of them and changed their lives forever.

"It can happen to any one of us, very quickly," said Patricia Baldwin. "Life can change very quickly on a highway. You never think it's going to be you."

You never think about trauma centers until you need one, Baldwin knows firsthand. Her injuries included multiple rib fractures, bilateral ankle fractures, a crushed pelvis, multiple third-degree burns on both legs and a collapsed lung. She was in critical condition with no time to spare when she arrived by helicopter at Johnson City Medical Center, one of six Level I trauma centers in Tennessee.

"I've had several nurses tell me how amazing the team of surgeons and nurses was because I came so close to death so quickly and multiple times," said Baldwin, 53. "Fifteen minutes later and I wouldn't be speaking to you right now."

Survivors like Baldwin and Missy Milhorne of Gray, Tenn., now hope to lend their voices to Tennessee trauma center network's statewide education campaign, which launched Feb. 12 to

raise awareness of the network's importance and the financial pressures that threaten its continued operation.

"If you've been through it and lived through it, you know how important that trauma center is. If you haven't, you just don't know," said Milhorne, 38, nearly killed eight years ago when she was hit by a drunk driver.

"I'm alive because of that trauma center – because of the care they gave me, because of the split-second decisions they made. I would hate to think that trauma unit couldn't run anymore because there was no funding. They saved my life, period."

Trauma, which refers to any bodily injury, is the leading cause of death for ages 45 and under in the United States. About 18,000 patients receive care annually in Tennessee trauma centers, which operate without direct funding. Of that total, about 15,000 receive definitive care in one of Tennessee's six Level I centers, the rest in the state's one Level II or three Level III centers.

Trauma centers are different from emergency rooms. Trauma centers require a host of resources, including specialized physicians and nurses, equipment and space – all available 24 hours a day, seven days a week.

Tennessee's trauma system funding problem is not unique. Health and elected officials are discussing similar problems across the country, including in neighboring states like Georgia and Mississippi. In the past 18 months, 32 trauma centers across the country have closed.

"The readiness costs to keep a trauma center open are substantial," said Dr. Julie Dunn, head of the trauma center at Johnson City Medical Center and chair of the state Trauma Care Advisory Council. "One automobile accident could require as many as six specialized surgeons. Add to that the cost of nursing and support staff, equipment and space, and it becomes a significant number."

Today, every Tennessean is within 100 air miles of a Level I trauma center. And, it's critical for some industries that a trauma center is nearby. NASCAR, for example, requires that all tracks be located close to a Level I trauma center or, in the case of a Level II trauma center, guarantee that the specialty physicians can be on-hand within 30 minutes.

Patients have the greatest chance for recovery if they can be treated within one hour of the incident. This is known as the "golden hour." Most trauma center patients are victims of automobile accidents.

"So many people, when they hear 'trauma,' think that somebody was doing something stupid and they got themselves in that situation. That didn't happen with me," said Milhorne, who was treated at Johnson City Medical Center for rib fractures, a collapsed lung and major injuries to her pelvis, sacrum and right foot, which eventually required amputation. "A drunk driver hit me. My husband and I, we were minding our own business."

### **The trauma funding conundrum**

Tennessee implemented a trauma care system in 1988. By 2002, there were six Level I centers, three Level II and four Level III centers across the state.

Rising costs have forced many of these centers to close. Today, there are six Level I centers, one Level II and three Level III centers.

Trauma centers are disproportionately more expensive to operate than other hospital services. Administrators point to a growing number of trauma patients who lack the means to pay or are not covered by any kind of insurance.

In 2005, the total uncompensated trauma costs for Tennessee Level I trauma centers was \$37.6 million. That figure includes uncompensated costs from the uninsured and uncompensated TennCare care costs. In addition, Level I trauma centers incur an additional “readiness cost” of about \$14 million per center per year. The readiness costs include funding to meet equipment, space, physicians and 24/7 availability of surgery and other services.

The financial pressures on the trauma system are causing other problems as well. Specialty physicians are increasingly opting out of trauma services due to rising malpractice insurance rates and the brutal demands of being on call 24/7.

Like common misconceptions about trauma centers themselves, Dr. Dunn said, most people think funding issues are all about TennCare. That’s not the case, she said.

“The age group most susceptible to trauma is increasingly underinsured or not insured at all,” said Dr. Dunn. “Hospitals have traditionally underwritten the shortfall, but they have their own funding issues. We have to begin now to look for some common sense, long-term funding mechanism to ensure our trauma system remains in place.”

Dr. Dunn said the trauma task force will continue discussions with the Bredesen administration and General Assembly to find a solution to the funding issue.

To learn more, visit our Web site, [www.tntrauma.org](http://www.tntrauma.org).

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