

# The Augusta Chronicle

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## OPINION

**The Augusta Chronicle**

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"Good order is  
the foundation  
of all things."

— Edmund  
Burke

And God said, Let the waters bring  
abundantly the moving creature that I  
and fish that may fly above the earth  
open firmament of heaven.

— Genesis 1:20

### EDITORIAL

## Troubled trauma care

*Permanent solution should be one of the highest state priorities*

It's a Band-Aid solution for a problem that is begging for a permanent cure.

Since the Georgia General Assembly couldn't decide this past session on precisely how to provide consistent funding for Georgia's impoverished trauma centers, it instead threw a \$58 million quick-fix lump at the trauma network, and tasked a state commission to determine how those funds will be disbursed to the centers at just 15 hospitals statewide.

That brings up another problem. There aren't nearly enough trauma centers in Georgia.

Trauma centers are the specialized units of hospitals that have the professional staffing and expertise to deal with sudden, serious wounds — stabbings, skull fractures, severe burns and so on.

But because we have so few trauma centers in the state, people in Georgia are 20 times more likely to die from trauma injuries than the national average — because the victims are less likely to receive care within the precious "golden hour" in which the wound was sustained.

Instead of adding trauma centers, hospitals are dropping them, mainly because they have a hemorrhaging problem: Trauma centers bleed money.

Trauma centers provide an emergency service, and who's most likely to seek out emergency service? The indigent and the uninsured — two groups that have poor records of paying their medical bills. So who pays? The hospitals. That's why four trauma centers in Georgia have shut their doors since 2001. Offering quality care on essentially a free-clinic income is unsustainable.

Several funding ideas were batted around dur-

ing the past state legislative session.

There was the proposal to levy a \$10 fee on auto tags and give the proceeds to trauma centers. The problem with that, though, was that it was incorporated into House Speaker Glenn Richardson's dog of a tax reform bill.

State Rep. Ben Harbin cosponsored a bill that would have devoted the state's share of property taxes to trauma care. Our taxes wouldn't have gone up, and it would have raised a few million dollars more than the \$85 million the network needs annually to operate. But Gov. Sonny Perdue prefers keeping that money for tax relief instead.

One proposal that won bipartisan support was a \$1 charge on all Georgians' phone bills. That fizzled as well.

Another proposal would have allowed coin-operated gambling machines in Georgia, so the state could tax them. We're not so sure about the wisdom of that.

The point is, at least there is no shortage of ideas. The task now is to keep hammering away at this issue until proper funding is found.

The Andrew Young School of Policy Studies at Georgia State University is playing host to a Georgia Trauma Forum this Tuesday, June 3 — the first of three forums on this pressing issue. Leaders from the public and private sectors will put their heads together to craft recommendations for government and industry leaders to address and solve this crisis.

We hope this attracts the attention of our elected officials, and further emboldens them to act quickly.



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GEORGIA

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## Experts look to expand lifesaving trauma care

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South Georgia needs more critical-care centers; the hitch is in paying for them.

By Brandon Larrabee, The Times-Union

ATLANTA - Locating new trauma care centers in Clarke, Glynn and Bulloch counties would help create an ideal network of hospitals designed to handle the most severe injuries, a key state official said Tuesday.

The three counties were among 10 possible locations for trauma centers that would ensure every Georgia county would be no farther than 50 miles from one of the hospitals, according to Patrick O'Neal, director of preparedness for the Department of Human Resources.

Another five locations in a potential second phase of new centers would cut the distance to no more than 35 miles, O'Neal said, highlighting the possible spots for new trauma centers on a map of the state with yellow and green shading.

"If, in fact, we are able to overcome the issue of funding, we think that those hospitals in the yellow and green counties will be very likely to elect to become designated trauma centers," O'Neal said at a forum to address trauma care sponsored by the Andrew Young School of Policy Studies at Georgia State University.

The forum is part of an effort to keep up the pressure on legislative leaders after the 2008 session failed to produce a permanent stream of funding for the trauma centers. It was the second year the General Assembly fell short on promises to come up with a way to bankroll the system.

Lawmakers did set aside \$58.9 million for the newly created trauma commission in the spending bill for the state fiscal year ending June 30. That commitment, O'Neal said, appears to have prompted some hospitals to consider joining the system.

Four hospitals have already approached O'Neal about joining the network, though they haven't made a commitment, he said.

After the meeting, O'Neal declined to name the hospitals.

"The encouraging thing is that every one of them is in one of our yellow counties," he said, referring to the 10 locations in the first phase.

Being within 50 miles of a trauma center is a major landmark because medical professionals refer to the "golden hour," the first hour after a trauma incident, which can decide whether a patient lives or dies.

Those at the forum also said having accessible trauma centers would be a boon for business in the state.

"A well-functioning statewide system is one of the best engines for economic development Georgia can ask for," said Arthur Kellerman, associate dean for health policy at Emory University. "You want a company to locate in rural Georgia? Promise the CEO that he and his family are minutes away from life-saving care if they're in a car wreck."

"And if you want them not to come here," added Tom Bell, CEO of Cousins Properties, "let them know that that care is not available."

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## Funding key issue in state's trauma-care woes

BY JASON A. SMITH  
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Healthcare professionals in Georgia are speaking out about the level of trauma care available to patients, saying those who need it most are often left without viable options.

At the core of the problem, officials say, is a deficit in funding by the state for such services.

Dr. Dennis W. Ashley, chairman of the Georgia Trauma Care Commission and professor of surgery at Mercer University School of Medicine, has been vocal in recent days about the state's need for additional trauma care. Ashley, who also serves as chief of trauma at the Medical Center of Central Georgia in Macon, said state lawmakers are well aware of the need for more money to be devoted to the cause.

"Two years ago, legislators approved Senate Bill 60, which said trauma needed to be provided for the state, and that trauma centers needed funding

### TRAUMA

Continued from 1

to continue to provide it," said Ashley. "They also said there should be a nine-member commission to oversee and develop a trauma system in Georgia."

However, Ashley said legislators have largely failed to provide the needed funding. The chairman said the group's efforts were aided temporarily last year, thanks to Gov. Sonny Perdue. "The governor put in [a one-time amount] of \$58.9 million," said Ashley. "What we need to do now to go into the future, is to get sustainable funding."

Georgia outside the Atlanta area. Hinson, who has worked closely with Ashley in the chairman's quest to secure funds for trauma care, said he appreciates the assistance provided last year by lawmakers.

"The state was gracious to give us \$58.9 million, and we're going to spend it well," said Hinson. "I hope [legislators] fund us in the next legislative session, and I'm confident they will."

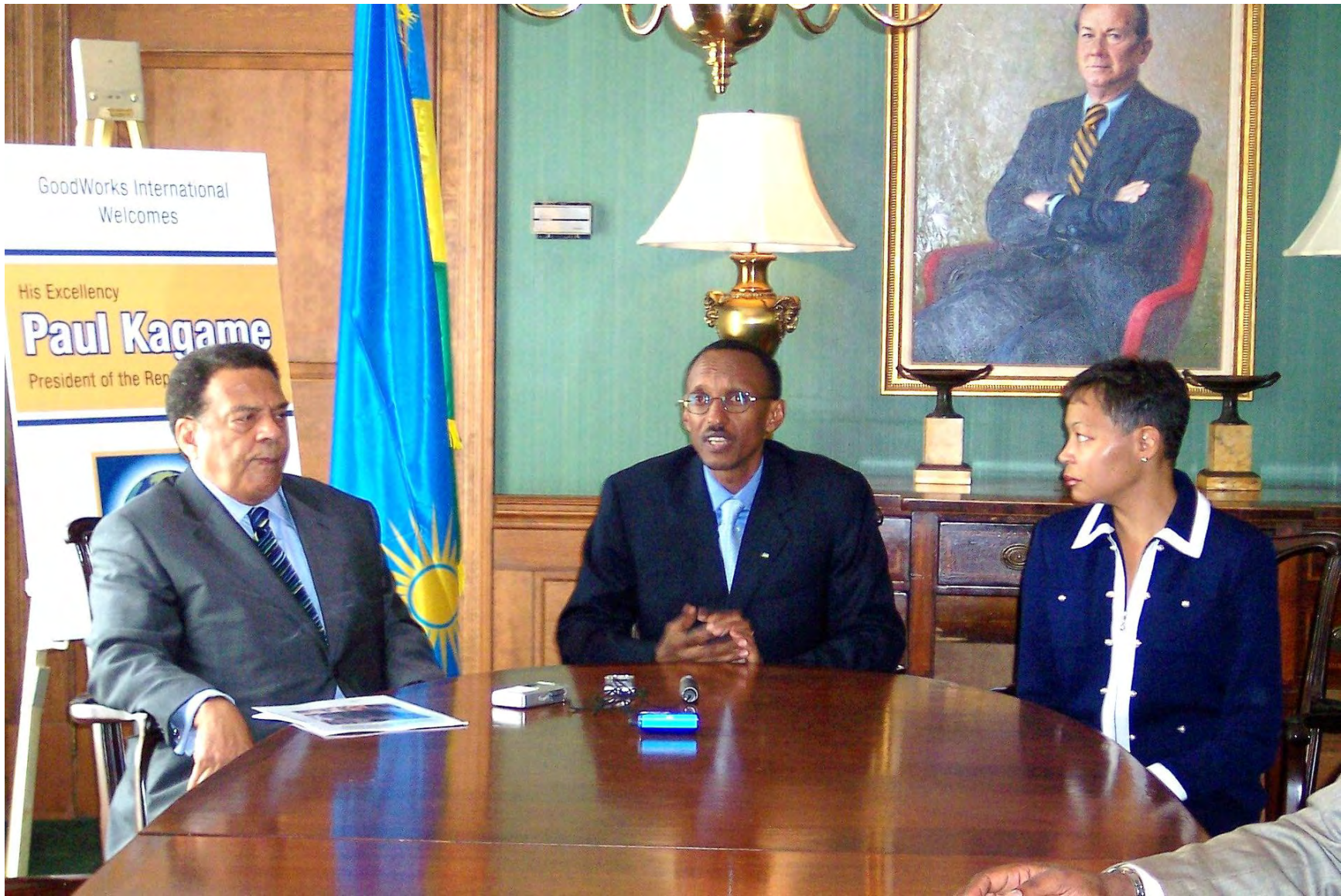
Ashley said approximately \$100 million is needed in order to develop a trauma system which can survive in Georgia. That figure, he added, would provide for trauma physicians, emer-

ters in operation in Georgia, with some of those as much as 100 miles away from residents. Four of 15 trauma centers are Level I centers, which are located in Atlanta (Grady Memorial Hospital), Macon, Augusta and Savannah.

The remaining trauma centers are Level II and Level IV. As a result, said the chairman, some people in the state are unable to receive the care they need in a timely manner.

He said the state must work toward developing a network, whereby patients can get to a trauma center quickly.

"Georgia is above the national average for trauma deaths by 600-700 per year," he said. "Patients are dying



**Press Conference with Rwandan President Paul Kagame**