

Through the generosity of the Society of Vascular Surgery and its' members, I received the Society of Vascular Surgery Trainee Advocacy Scholarship. This scholarship gave me the incredible opportunity to visit Capitol Hill with a group of vascular surgeons and speak with staffers in the Washington DC office of Senator Herbert Kohl, Senator Ron Johnson, and US Representative Gwen Moore. It was an amazing opportunity to gain a glimpse at how the key players in our health care system perceive healthcare providers, and in particular, vascular surgeons. "What does a vascular surgeon do?" was the most common question I got. I realized that before discussing the repeal of the SGR (Medicare Sustained Growth Rate), tort reform, and IPAB (Independent Payment Advisory Board), I had to communicate what it is that vascular surgeons do and why our work as vascular surgeons matters.

I grabbed my SVS folder, and drew on the back of the folder the aorta, describing it as the "biggest blood vessel" in the body, which can become diseased, enlarged and at risk for rupture and death. I pointed to my neck, and described the blood vessel in the neck that can become diseased and put patients at risk for stroke. I described our important work as vascular surgeons and how we treat a huge population of elderly patients, who are often voting Medicare constituents.

Twelve years ago I sat on the other side of that table. As a Barbara Jordan Health Policy Scholar working in Senator Tom Harkin's Washington DC office I had the opportunity to meet representatives of healthcare interest groups making hill visits to discuss their stance on legislation with the Senator's staff. What I remember from the experience is that each interest group, whether it was a national hospital association or a patient advocacy group for cancer patients, all had to make a convincing argument that aligned with the Senator's platform and the interests of his voting constituents. Or, they had to resonate with his personal experiences and

history. As a college student without any medical training, I had to assess the arguments made by lobbyists and interest groups and synthesize their perspectives into concise policy briefs for the Senator's office. When I wrote the Senator's speech on coverage for breast and cervical cancer treatment I drew the human face of the disease. Instead of discussing the epidemiology or medical aspects of breast cancer (of which I had little knowledge as a college student), I wrote about the Senator's two sister who died of breast cancer, and how this personal connection motivated his support for the legislation.

Now I was sitting on the other side, a surgeon advocating for my patients, my colleagues and my profession. As vascular surgeons we treat a group of patients who comprise a very large voting constituency, the Medicare population. Aortic disease, carotid disease, and peripheral vascular disease afflict largely the elderly population. We treat patients who are chronically ill with multiple comorbidities. Vascular surgeons can easily recount those patients we re-admit multiple times throughout the year: Mrs. "Smith", our amusingly cantankerous 82 year old with congestive heart failure, COPD, atrial fibrillation, diabetes, prior CABG, and bypasses on both legs. She's a widowed wife, a mother, and a grandmother. We see Ms. Smith regularly in clinic for her leg wounds, and we fight to save those legs, even if it means we have to re-admit her to the hospital multiple times for antibiotics, debridements, angiograms and revisions of those bypasses. We do this because we know that our patient's outcome is not just how many times they are re-admitted in a 30 day period. It's more than a number. It's about that patient's quality of life. Being able to dance with two legs at her grandchild's wedding later that year is the outcome that matters to Mrs. Smith. And the only way we can relay this to our lawmakers is to be at the table, speaking and participating in the discussion.

Because of all those Mrs. Smiths that we work so hard to take care of, whether it's that 8 hour bypass or that 16 hour thoracoabdominal aneurysm, we know that a patient's outcome is not defined solely by the technical success at the end of that long case, the number of days they're in the hospital, or the number of times they are re-admitted. It's about how they do long term. We have an obligation to speak up for our patients to ensure that as vascular surgeons we have the ability to provide good, safe, effective healthcare for our patients. In order to have a voice to advocate for our patients, and to determine the direction of our nation's health policy, we have to show up and speak up for our patients. A silent group does not have a voice.

The SVS has a tradition of being a leader in health policy, funding members to gain training in health policy through Brandeis University and providing leadership training grants for women vascular surgeons. We can proudly say that the only surgeon to be appointed a governor on the board of PCORI (the Patient Centered Outcomes Research Institute) is a vascular surgeon and an SVS leader. The next generation of vascular surgeons has an obligation to continue this tradition of being active participants and leaders in shaping the direction of our nation's healthcare system.

I am grateful to the SVS and its' members for enabling me to have the opportunity to visit my legislators in Washington DC and advocate for my patients, my colleagues, and my profession. It was one of the most amazing days I've had, almost as good as hearing Mrs. Smith talk about that wedding she danced at.

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