

**Physician Policymaker Interview Series:**

**Paul Broun, MD**

**US Representative (R-GA)**

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*This is one in a series of interviews that will examine the careers of physician policymakers, the state of the healthcare system, and how students can affect policy discussions. If you have suggestions for future interviewees, comments, or questions, feel free to contact [bryan.d.harris@vanderbilt.edu](mailto:bryan.d.harris@vanderbilt.edu).*

Representative Paul Broun was elected to the United States House of Representatives in July of 2007 to serve the Tenth District of Georgia. Since his arrival in Congress, he has been appointed to positions on the House Homeland Security Committee and the House Committee on Science and Technology.

Dr. Broun graduated from the University of Georgia in 1967 with a B.S. in Chemistry. In 1971, he received his Medical Doctor degree from the Medical College of Georgia in Augusta. An internship at Good Samaritan Hospital in Portland, Oregon and a residency at University Hospital in Birmingham, Alabama followed.

Dr. Broun served in the military as a jet engine mechanic in the U. S. Marine Corps Reserves and later received a commission as a medical officer in the U. S. Navy. For most of his career, Dr. Broun has practiced general medicine in rural South Georgia. He also filled in as an emergency department physician in various area hospitals. Moving back to Athens in 1999, Dr. Broun joined the Greater Athens Physicians family practice group. In 2002, he went out on his own, establishing a unique practice of full-time house calls.

Dr. Broun's first exposure to politics came at the age of sixteen, when his father won a seat in the Georgia State Senate. Paul Broun Sr. represented the 46th district as a State Senator for 38 years. Later, Paul Jr. himself would become involved politically; first as a volunteer lobbyist for Safari Club International, a pro-hunting and conservation organization, then as a Republican candidate for the U.S. House in 1990 and 1992 and for the U.S. Senate in 1996.

**Q: What motivated your decision to take a leave from medical practice to pursue politics?**

I still see patients. I obtained permission from the Ethics Committee to continue practicing and I do practice every week.

The reason I ran for office is that I believe firmly we must make some very real changes. For example, in healthcare financing, we must re-establish the primacy of the doctor-patient relationship in making healthcare decisions. We must lower the cost of insurance, medications, doctors and hospital visits and I believe we can do so.

The marketplace, unencumbered by government regulation, is the best way to control quality, quantity, and costs of all goods and services, including my business of healthcare. By getting the regulatory burden, such as HIPPA, CLIA, and COBRA, off of the system and by making radical reform to laws, like

EMTALA, we can free up the system to provide healthcare at a lower cost, while preserving the excellent quality of care that we enjoy today.

Healthcare professionals must be the ones integrally involved in forging a new healthcare financing policy. I ran for Congress so I could be an instrument for much-needed changes, to get government off of our backs and out of our wallets, so that we can run our lives and our businesses without all the government intrusion.

**Q: Were you active in politics, policy, and advocacy in medical school, residency, and/or post-residency practice?**

The American Medical Association played a big role in getting me involved in politics. They were interested in seeing more doctors hold office, so they ran a candidate school which I attended. It is a shame the candidate school has been closed for some time.

I began my political activism while in private medical practice in southwest Georgia by going to D.C. to fight for hunters' rights, Second Amendment rights, and scientific-based conservation. Being involved in these issues caused my focus to broaden to how far we, as a nation, are straying from the philosophy of limited government our Founding Fathers envisioned. I believe in personal responsibility, accountability, and individual freedom. These ideas were incorporated in our nation's founding documents, including the Declaration of Independence and the United States Constitution.

If we are going to stop this rapid slide towards total government control, then we need representatives in Washington who understand the founding principles and who will stand firm on those principles that have made us so powerful, so successful, and so rich as a nation. If we continue the course on which our ship of state is currently headed, it will bring about a loss of freedom and most likely lead to an economic collapse. I cannot sit idly by and allow that to happen. As long as I'm in Washington, I will continue to stand firm upon the principles embodied in the original intent of the Constitution.

**Q: Did your career as a physician provide a unique background that facilitated your work in public policy and specifically as a US Congressman?**

Absolutely. As a family doctor, I am an advocate for my patients. I appreciate not only their illness but all of the factors that are involved in their family, their work, and their lives. Being an elected official in Congress should be a job of serving those whom we represent.

I think we have too few people serving at all levels of government who are truly interested in the people who elected them. My capacity as a servant physician absolutely equips me to continue serving people but in a slightly different manner. I listen to people's problems; I diagnose the cause of those problems; and I try to find a treatment plan that will bring a successful cure, both as a physician and as a congressman.

**Q: What role do you think physicians currently play in politics? What role should they play?**

I am fully involved in the Doctors' Caucus in the U.S. House of Representatives. For example, the entire membership of the Doctors' Caucus co-sponsored my Glanzmann's Thrombasthenia resolution which the U.S. House of Representatives recently passed.

I have also been active with the "Reasons to Believe" Republican Leadership Healthcare Task Force. We recently completed our report and recommendations for healthcare action. I am happy that there are a number of physicians who are serving in the House of Representatives and the Senate. For example, I have been pleased to forge good working relationships with fellow Georgia Congressmen Gingrey and Price who are also doctors. I am also aware of numerous other physicians who are candidates to serve in Congress in this year's elections.

As we face the job of finding commonsense, market-based solutions to healthcare financing, physicians have a unique perspective that is desperately needed in Washington. I highly encourage physicians to run for office and to be involved in the political process.

**Q: What is your impression of current physician involvement in the health policy decision making process?**

In the past, physicians have not done a good job of supporting other physicians. Attorneys, however, have long ago realized the importance of having some of their own involved in public policy making. It is high time the physicians realize the utmost importance of having doctors serve in office.

At this point, I have to congratulate the Coalition of Athens Area Physicians. Evelyn Jones is Executive Director, and the Coalition is an excellent example of physician attention to and involvement in the issues. I highly encourage all those in healthcare to support healthcare providers as candidates by contributing to their campaigns, volunteering, and fundraising in order to get individuals elected who understand our issues. This is the only way that we are going to develop public policy that makes sense for our patients as well as for our colleagues.

**Q: What do you feel are the largest challenges that the US healthcare system faces today? How do you believe these issues should be addressed by the public and by physicians?**

We hear politicians, such as Senator Clinton, say that 40 million people don't have healthcare. I disagree. The Emergency Medical Treatment and Active Labor Act (EMTALA) require emergency rooms to evaluate and essentially treat everyone who walks in the door. Everyone has access to healthcare. The question is where? At what cost? And who is going to pay for it?

Healthcare is at least two entities. We have healthcare provision in America, which is finest in the world; and we have healthcare financing, which unfortunately is a deteriorating system. Healthcare financing is going to degrade the quality of care if we do not fix it. Going to a single party-payer government healthcare program will degrade the quality of care, increase the rationing of services, and prove incredibly expensive. I believe such a system will cause an economic collapse of our country.

We absolutely can maintain the quality of healthcare; we can put the doctor-patient relationship back to where decisions are made; we can lower the cost of all goods and services, including insurance costs, by getting the regulatory burden off of the back of the system and by putting patients back in charge of making their healthcare decisions.

The greatest problem I see in the healthcare system today is a lack of understanding about where we came from, where we are today, and where we need to go. I envision keeping a privately delivered healthcare system, lowering the costs, and preventing this nation from going to a socialized government medicine system.

**Q: How would you recommend increasing physician political involvement and should we expect physicians to increase their involvement despite all of the time pressures of maintaining a practice?**

I encourage physicians to keep abreast of what is happening in Washington regarding healthcare policy and to pay attention to those who are trying to make changes that benefit our patients and our colleagues. We need to financially support candidates for public office who understand the healthcare system and who will work tirelessly to make those much-needed changes. Physicians and their families should get involved in helping candidates by holding fundraising events, passing out literature, and encouraging people to vote for those candidates who will support our issues.

Lawyers are involved with their advocates because they realize how important it is. It is high time that healthcare providers get involved in electing our advocates. If we don't, we will rue the day when others, who have no comprehension of the complexity of healthcare issues, set policy for us.

**Q: How can medical students get involved in policy and systems change and balance it with our already busy lives?**

I know it's oftentimes difficult for medical students to be involved in anything apart from focusing on their studies. However, it is critical that people who have a stake in public policy be involved in those decisions that will affect them and their future. Students can volunteer to work on campaigns. They can write letters or send emails to policy makers. At the minimum, they can keep abreast of what is going on in their state and federal governments. We need the student's voice to be heard because not only is their future at stake but the quality of healthcare in years to come.

**Q: Do you see the rather dramatic increases in medical student debt as acceptable or problematic? Do you have suggestions to improve the current situation?**

It is problematic for anyone to go into a business with a tremendous amount of debt. This debt creates an economic burden that is unacceptable, and as a result, can cause people to make unwise decisions. I think it is important that we try to find some way for students to get a professional education without incurring the level of debt that they do today. Hopefully, we can find some ways to do that.

**Q: How can we promote discussion of the challenges facing the healthcare system among our classmates?**

I attended the Medical College of Georgia in Augusta. I remember some of the discussions we had about healthcare policy when we were in school. I think the best way to stimulate discussion is to focus on the future and what people think the healthcare environment should be 10-20 years from now. By focusing on the future, we can identify the problems that currently exist and work towards the changes that need to be put into place. The solution is to create dialogue and interest today in solving those problems.

**Q: As you know, the medical school curriculum is dense. Do you think medical schools can and should provide an in-depth education on health policy?**

It would be very helpful for medical schools to do so. The medical students of today should be the leaders of tomorrow in developing healthcare policy that will maintain quality care, foster research and development, and keep the cost down.

**Q: You have a free forum here to directly address hundreds of future physicians. What do you want them to know?**

I encourage students to get involved in the public policy process. Awareness of the issues can spark an idea for a better way when immersion of fertile minds in the practice of medicine illuminates a problem. That's how and why we in the medical world can develop policy that will help create a brighter future.

I believe that the vast majority, if not all students who go into healthcare, do so because they want to make better lives for others and to serve others. Being involved in politics is an extension of that desire. We can utilize our expertise in the healthcare industry by formulating public policy that truly will make this nation a better place for our children and grandchildren to live.

I encourage students at my alma mater of the Medical College of Georgia and all across the nation to engage in the process of politics, to learn as much as they can, and to be engaged to bring about the changes that are so desperately needed.