Statement of Martin Levine, DO, MPH, FACOFP *dist.*

Submitted on Behalf of the American Osteopathic Association

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Subcommittee on Health

Hearing on "Examining Initiatives to Advance Public Health"

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Chairman Burgess, Ranking Member Green, and members of the subcommittee –

On behalf of the American Osteopathic Association (AOA) and the nearly 130,000 osteopathic physicians and osteopathic medical students we represent, thank you for the opportunity to testify this morning on the Good Samaritan Health Professionals Act of 2017. My name is Martin Levine, DO, and I am a board-certified osteopathic family physician from Bayonne, New Jersey. I also have the distinct privilege of having served as the 115th President of the AOA for the 2011-2012 term.

I have practiced osteopathic family medicine and osteopathic manipulative medicine for 34 years. Throughout my career, I have seen patients in the office, and have helped guide new osteopathic medical students through their education at the Touro College of Osteopathic Medicine in Harlem, New York, where I currently serve as the Interim Clinical Dean. I have also been able to serve as a team physician for a variety of local, college, Olympic and professional sports teams. In addition, I have been proud to serve as a volunteer physician at the New York City Marathon for many years, as well as volunteer as the Elite Athlete Recovery Area physician for the Boston Marathon for the past 18 years.

On April 15, 2013, after finishing my duties with the elite athletes, I was triaging runners in front of the main medical tent just after the finish line of the Boston Marathon when the first of two bombs went off on Boylston Street. We heard the explosion and saw the plume of smoke begin to rise, and the first thing I noticed was that there were no people standing in that immediate area anymore. I immediately told the staff inside the tent to make room and to clear out anyone that was able to leave, as it was clear that we would have casualties – and then I turned and ran to the site of the explosion. As I arrived at the scene, the second bomb went off further up Boylston Street.

As one of the first responders at the site of the first blast, I saw blood everywhere and dozens of victims on the ground with severe wounds, mostly below the waist. Many of the victims were missing lower limbs and bleeding profusely, so I and the other responders improvised tourniquets with our belts and identification badge lanyards to staunch the bleeding. We transported victims to ambulances using anything we could – stretchers, backboards, wheelchairs, whatever was available. Thanks to the quick work of EMS, other first responders, and the ambulances, the first casualty arrived at a hospital in 14 minutes, and was in the operating room within 22 minutes of the blast.

In seconds, we had gone from helping runners recover from the race, to treating spectators with severe trauma –horrific injuries inflicted by a bomb. The medical team at the Boston Marathon is always prepared to treat mass casualties, just not with the type of wounds we saw on that day. As part of the medical responders, I didn't feel the chaos of the moment; we were simply doing what we had to do in that situation, and the most important thing is that we were able to save lives that day.

I am grateful that the Committee is holding this hearing today to examine the Good Samaritan Health Professionals Act, legislation that will help provide professional health care volunteers with much-needed certainty when serving as volunteers during federally-declared disasters.

The desire to help, that desire to save lives, drives many physicians and health care professionals from all over the country to volunteer when disaster strikes. While the scale of the disaster and the scope of needs will always vary, providing uniform federal standards for professional liability will help ensure that a sufficient health care workforce can be mobilized without unnecessary delays or confusion. In our case at the marathon, the race's liability coverage would have protected us as volunteers for treating the runners, but we had to shift to treating spectators in a different capacity -- which would not be covered under that policy.

This legislation will help fill in the existing gaps in our liability protection laws. While many states have some such protections in place, the current patchwork of laws does not provide health care professionals with the certainty they need, and inconsistency in understanding and application of these laws has resulted in physicians being turned away from disaster areas when they attempt to volunteer their services. A uniform federal standard, narrowly-focused to apply to federally-declared disaster areas, will ensure that qualified medical professionals can contribute their services to provide communities with the medical assistance they need.

As an osteopathic physician, I am trained to treat the whole person, addressing not just the body, but the mind and spirit. Disaster victims require the need for emotional support, comfort and empathy as they receive the care needed to address their physical wounds. In this case it was an act of terrorism, in other instances it might be a natural disaster or public health outbreak. Regardless, this legislation would provide health care professionals with the comfort and

emotional well-being of knowing that they are not at financial risk when voluntarily treating victims of federally recognized disasters.

Thank you once again for the opportunity to provide my testimony before the subcommittee today. On behalf of nearly 130,000 osteopathic physicians and students across the country, we appreciate your attention to this important issue and thank the Committee members for taking steps to advance public health.