

# Get Involved! Advocacy Skill-Building and Visibility in an Academic Institution

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*Breakout Session - "Leveraging the Op-Ed"*  
*Academic Pediatric Association (APA) Workshop*  
*October 30, 2020*

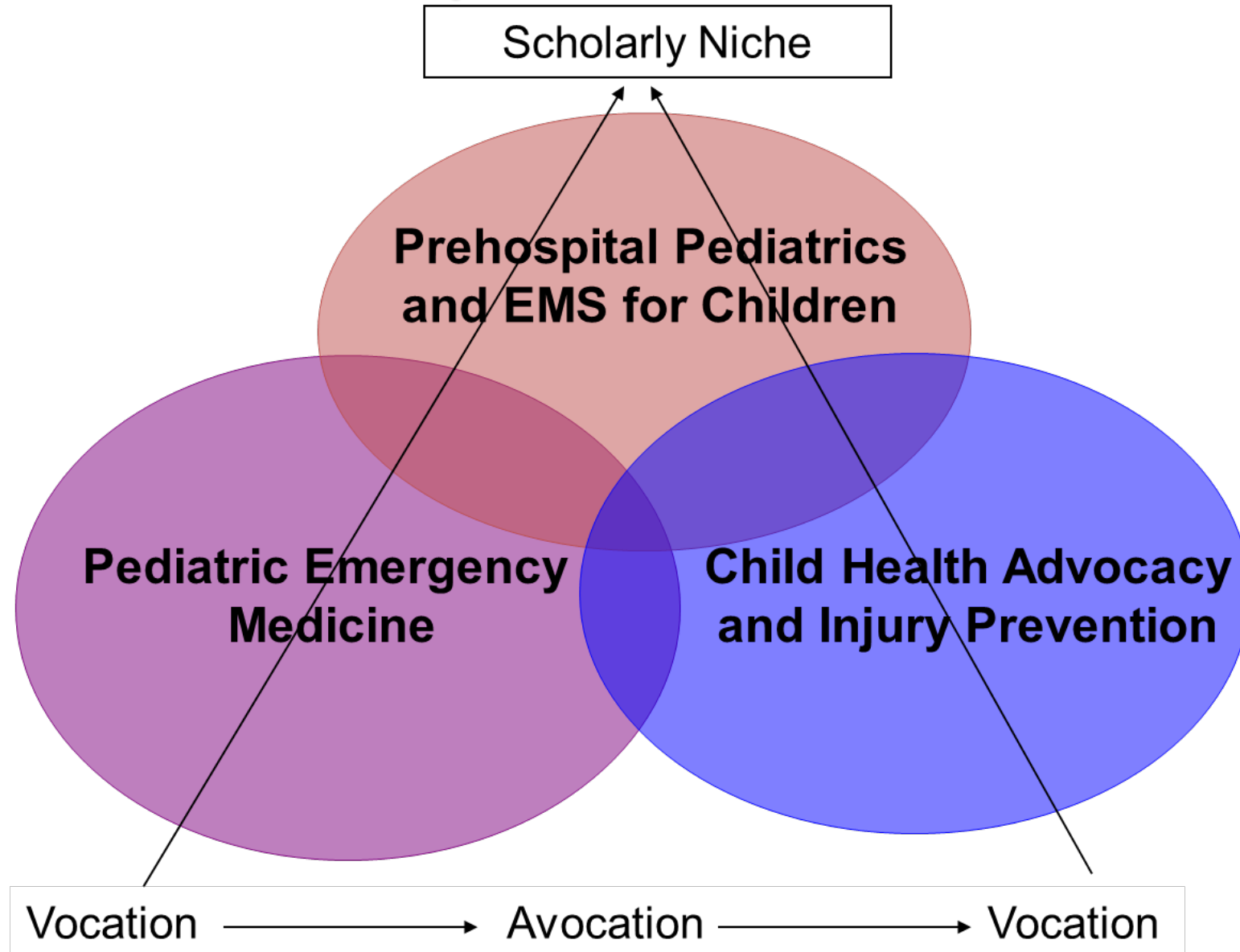


UNIVERSITY of MARYLAND  
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# Faculty Disclosure Information

- In the past 12 months, I have not had a significant financial interest or other relationship with the manufacturer(s) of the products or provider(s) of the services that will be discussed in my presentation.
- This presentation will not include discussion of pharmaceuticals or devices that have not been approved by the FDA.

# Context for Perspective – Personal Journey



# Leveraging the Op-Ed 'opposite the editorial page'

- Letter to the Editor
- Local Opinion Essay
- Opinion Article

# Letter to the Editor

- We prefer letters that are fewer than 200 words and take as their starting point an article or other item appearing in The Post. They may not have been submitted to, posted to or published by any other media. They must include the writer's full name and for verification purposes, they must also include the writer's home address, email address, and daytime and evening telephone numbers. Writers should disclose any personal or financial interest in the subject matter of their letters.

# Local Opinion Essay

- Tell us what local issues or debates are on your mind this week. What's gotten you riled up that other readers should care about, too? What's caused you to change your mind about something or reexamine what you thought you already knew? We'll highlight the best essays on the local opinions page online and in the Sunday newspaper.

# Opinion Article

- The Post welcomes submissions of opinion articles on any topic for publication in print and online. Submissions must be exclusive to us and can be of any length, though they are unlikely to be accepted if they are longer than 750 words. We do not consider articles sent to other publications or posted online, including on a personal blog.

# Architecture of the Op-Ed

**Publisher Requirements**

- Brevity
- Clarity
- Evidence
- Resonance
- Timeliness

- Authenticity
- Conviction
- Credibility
- Expertise
- Passion

**Expectations of the Writer**



# A healthy empowerment initiative

February 11 at 5:39 PM

In the Feb. 8 Local Opinions commentary “[A necessary rescue](#),” former D.C. city administrator Robert C. Bobb offered compelling data in support of the “[Empowering Males of Color](#)” initiative recently announced by Mayor Muriel Bowser (D) and D.C. Public Schools Chancellor Kaya Henderson. Among the outcomes Mr. Bobb cited as symptomatic of a public education system in need of innovation was the nearly equal chance young men of color have of incarceration as they do of graduating high school.

This crisis is manifested by a dearth of black and Latino students, particularly males, entering professions in which they are critically needed. Nowhere is this starker than in health care. African American and Latino males combined made up less than 7 percent of the nearly 50,000 applicants to U.S. medical colleges in 2011, significantly underrepresenting their overall population. A decade ago, the Institute of Medicine recognized that workforce diversity could help combat the crippling health disparities in communities of color.

Priming the education pump, stimulating the workforce pipeline and offering opportunity through this empowerment initiative is absolutely necessary and the right thing to do.

**Joseph Wright, Upper Marlboro**

The writer is professor and chairman of pediatrics at the Howard University College of Medicine

# Mind the Children in Reshaping ER Care

Washington Post, Sunday, October 1, 2006; B08

The anniversaries of Sept. 11, 2001, and Hurricane Katrina were painful reminders that the United States needs to be better prepared for the unexpected. A three-part report by the Institute of Medicine released this summer underscores the need for major reordering of priorities in emergency medicine, but the portion of the report devoted to the needs of children has not received the attention it deserves.

Although children account for nearly 30 percent of all emergency department visits, only 6 percent of emergency departments are properly equipped to handle them. Reports have shown that emergency medical technicians, nurses and even doctors lack adequate pediatric training, that health-care facilities lack sufficient pediatric resources and that emergency department policies often overlook children.

As an emergency physician at Children's National Medical Center in Washington, I know firsthand that pediatric emergency departments differ immensely from adult facilities. For instance, each year overcrowded emergency rooms divert 500,000 ambulance patients to more distant facilities. Children's medical center, like many regional pediatric hospitals, does not have the option of diverting ambulances to other hospitals. In fact, we employ a "no-diversion" policy, requiring that all children transported to our emergency department be stabilized and treated.

Children are not mini-adults; their size is accompanied by fragility, fear and impatience. Caring for them is typically more labor-intensive, so we must recognize the need for health-care workers who are not only better trained but also more abundant. For instance, it may take a team of three or four to start an intravenous line in a frightened 3-year-old, as opposed to one person for an adult.

Pediatric-specific facilities must equip themselves to handle large influxes of people, including parents and caretakers, during mass-casualty emergencies. Pediatric hospitals must have a comprehensive approach to treating both children and accommodating those who come with them, because separating families may cause additional stress.



The Institute of Medicine recommends that emergency departments and emergency medical services ensure appropriate staff and equipment to treat children; that there be explicit pediatric-specific preparations in disaster planning; that research into medications and technologies for pediatrics be supported; and that funding be increased for the Emergency Medical Services for Children program, a national initiative designed to reduce child disability and death due to severe illness and injury.

The Institute of Medicine's recommendations to Congress should be considered and implemented immediately if we, as a society, want to properly address the emergency needs of children.

-- **Joseph L. Wright**

*Washington*

*The writer is a member of the Institute of Medicine's Committee on the Future of Emergency Care.*

## **D.C. EMS faces review in death of girl, 2**

By Theola Labbé-DeBose  
Washington Post Staff Writer  
Thursday, March 4, 2010; B06

D.C. Fire and Emergency Medical Services has opened a review into the death last month of a 2-year-old District girl who was having breathing problems and was not immediately taken to a hospital.

Emergency responders went to the 800 block of Southern Avenue SE shortly before 5 a.m. on Feb. 10, department spokesman Pete Piringer said. Paramedics arrived minutes later, and the toddler was evaluated but not taken to a hospital, Piringer said.

About nine hours later, a 911 call was received from the same address for a child with breathing problems.

The child was taken to Children's National Medical Center, where she died the next day. The inquiry was opened after a hospital social worker alerted department officials to the paramedics' earlier visit to the house.

Several emergency workers who responded to the call have been placed on administrative leave while the review is underway, Piringer said. He did not know how many or what types of emergency workers were affected.

Kenneth Lyons, president of the union that represents single-role paramedics in the department, could not be immediately reached for comment.

The department came under fire after retired New York Times reporter David E. Rosenbaum was mugged and beaten in 2006 and paramedics, assuming that he was drunk, did not rush him to a hospital. He later died. As part of a settlement with Rosenbaum's family, Mayor Adrian M. Fenty (D) promised better training and other reforms.

# A death that was inevitable

Monday, March 8, 2010; A12

The most recent incident of misjudgment by D.C. Fire and Emergency Medical Services personnel in the case of a 2-year-old child points to how little progress has been made in improving the agency's level of service as was promised in the aftermath of [the tragic David Rosenbaum case in 2006](#) [["D.C. EMS faces review in death of girl, 2,"](#) Metro, March 4]. The scope of practice for emergency responders does not include making independent transport decisions based on presumptive diagnoses. The decision not to immediately transport a 2-year-old with respiratory symptoms is inexcusable.

As a pediatric emergency physician, EMS medical director and advocate for quality emergency medical services for children, I have stated often for the public record before the D.C. Council Committee on Public Safety and the Judiciary just how little attention D.C. Fire and EMS has paid to preparing its workforce in the care of children. It was only a matter of time before a pediatric Rosenbaum case surfaced.

*Joseph Wright, Upper Marlboro*

*The writer is senior vice president of Children's National Medical Center in Washington.*



## Serious flaws in D.C.'s paramedic system

Thursday, March 11, 2010; A20

"THE DECISION not to immediately transport a 2-year-old with respiratory symptoms is inexcusable." That judgment by Joseph Wright, senior vice president of Children's National Medical Center, is troubling testimony of the problems that -- four years after the David Rosenbaum case -- still exist in the D.C. Fire and Emergency Medical Services. City officials are appropriately examining [the case of Stephanie Stephens](#), a Southeast toddler who died last month after emergency personnel decided against taking her to a hospital. They need to determine why more progress hasn't been made in fixing the systematic deficiencies first identified in Mr. Rosenbaum's case -- which, tragically, appear to be a factor in the death of this small child.

Responding to a call of a child with trouble breathing, emergency personnel went to Stephanie's home on Feb. 10. But instead of taking her to a hospital, they advised her mother to run a hot shower to clear the child's congested lungs. Less than 24 hours later, after another 911 call, she was dead, reportedly from complications of pneumonia. The similarities of her case to that of Mr. Rosenbaum were pinpointed by [Dr. Wright in an outraged letter he recently wrote to this page](#): "The scope of practice for emergency responders does not include making independent transport decisions based on presumptive diagnoses."

# Leveraging the Op-Ed: Generating Academic Currency

- Visibility:
  - Institutional, e.g., community benefit
  - Local/Regional
  - Cross Sector
- Scholarly Amplifier, e.g., research/education/advocacy
- National Reputation, i.e., promotion to full professor

# Leveraging the Op-Ed: Component of an Advocacy Profile

## Brief Communications

1. **Wright J.** Sheltering Our Children from Bioterror. *Washington Post*, June 27, 2002
2. **Wright J.** Mind Children in Reshaping ER Care. *Washington Post*, October 1, 2006
3. **Wright J.** Lessons from Rosenbaum Tragedy. *Washington Times*, February 29, 2008
4. **Srabstein J, Wright J.** Plan to Tackle Bullies in Class. *Washington Post*, April 20, 2008
5. **Wright J.** Role of the Pediatrician in Violence Prevention. *AAP News*, July 2009
6. **Wright J.** A Death That Was Inevitable. *Washington Post*, March 8, 2010.
7. **Wright J.** Cautious Optimism for Health in Prince George's. *Gazette*, March 10, 2011
8. **Wright J.** DC Kids Deserve Anti-Bullying Legislation. *Washington Post*, Oct 19, 2011
9. **Wright J.** EMSC Celebrates 30 Years Advocating, Protecting Kids. *AAP News*, Jul 2014
10. **Wright J.** Improving First Response in the District. *Washington Post*, Sept 15, 2014
11. **Wright J.** A Healthy Empowerment Initiative, *Washington Post*, Feb 12, 2015
12. **Wright J.** Taking Healthcare to Congregations in Prince Georges, *Gazette*, Feb 26, 2015
13. **Wright J.** The Biggest Winner – Halfway Home, *Gazette*, April 30, 2015



# Discussion

