

Carmen R. Green, M.D. (Residency 1992), associate professor of anesthesiology and director of the Pain Research Division, spent a year-long sabbatical in 2007 working on health care policy in Washington, D.C., as a fellow in the prestigious Robert Wood Johnson Health Policy Program. Green specializes in pain medicine, especially disparities in pain and its treatment relating to race, ethnicity, gender, socioeconomic status and other factors.

Q: What kind of experience did your Robert Wood Johnson fellowship provide?

A: The RWJ Health Policy Fellowship is considered the premier health policy program in the country. It gave me the rare opportunity to work in the U.S. Congress as a public servant, and to learn how health policy is made. My goal was to really understand the people and process at all levels such that I could be involved in that process. I met with people, including some who report directly to the President, who influence and make health policy — the executive branch, including NIH and CDC; the legislative and judicial branches; think tanks and advocacy groups, major thinkers in health policy. I also met with key policy-makers at the state level to understand how state policy influences federal policy and vice versa. But most of my work was in the U.S. Senate, where I worked on several pieces of legislation.

Q: Why is it important for Michigan to have a presence and voice on the national scene?

A: Members of Congress and their staff are rarely physicians, scientists or other health professionals. Many have no health background whatsoever. It's important for health professionals to be involved in the policy-making process. The role of academic health centers is particularly important since we care for people — especially those who are most vulnerable — and serve their most human needs, including care for pain. The U-M sees more Medicaid patients than any other health system in the state, while also caring for the uninsured and underinsured. It's in our best interest to be involved at the national level, because what happens there affects what happens at the local level, and at the patient-physician level.

Q: What is the impact of pain on our nation?

A: People and policy-makers don't recognize how much pain costs this country. It's one of the most frequent reasons people see physicians and the most common cause of disability. Pain costs more than cancer and heart disease combined. When you add lost productiv-

ity and quality of life in an aging society, it's a huge cost. People suffer, and there are disparities in care, and pain continues to be viewed as a symptom.

Q: What can be done?

A: More people with health expertise need to understand and inform the process. Very little has been written on pain as a health care policy issue. I hope to do some of that. We still have 47 million Americans without health insurance, and more are underinsured; it costs us all. We're in a deficit situation and health care is becoming increasingly unaffordable. Medical education costs are skyrocketing. We need to come together — Democrats and Republicans, government and private sector, physicians and patients — to solve these persistent national problems and figure out a solution that works. It's unconscionable to pass on this type of debt to our children and to have so many Americans uninsured.

