

House Public Health Policy Committee
Dr. Craig Bates – House Bill 452 Proponent

Chairman Mathews, Vice Chairman Stewart, Ranking Member Liston, and members of the House Public Health Policy Committee, thank you for the opportunity to submit written testimony in support of House Bill 452. My name is Dr. Craig Bates, and I am a practicing Emergency Physician and Assistant Professor of Emergency Medicine in Northeast Ohio. I believe HB 452 makes significant progress toward addressing violence against healthcare providers. A little over a year ago I was a victim of violence while taking care of a patient and I feel a responsibility to share my experience to help others because so many individuals helped and supported me through this ordeal.

Here is my story:

I have worked as an Attending Emergency Physician at MetroHealth since 2004 after completing an EM residency there between 2001 and 2004. I love my job. I have worked very hard to get through college, Medical School, and residency so that I could get this opportunity. In addition to working in the ED I am the EMS Division Director and a flight physician for Life Flight. I work with an amazing team of people in the ED and on Life Flight. It is a privilege to care for the people of NE Ohio when they need it most. They are hard-working and good people. Unfortunately, we also see a lot of patients with behavioral health and substance abuse diagnosis. In more than 20 years I have not been injured on the job.

I am limited in my ability to discuss the sequence of events due to HIPAA and out of respect for my assailant's privacy. On 2/19/2023 my assailant was brought to the emergency department after an accident, and we started to provide care. She suddenly escalated and kicked at me without warning, knocking me off balance. I was concerned about striking my head on the sink behind me. I reached backwards with my left hand trying to stop that from happening. I ended up on the ground with my left wrist bent over backwards in my effort to stop my fall. It swelled up quickly and my hand was becoming numb.

I got out of the room and away from the commotion that occurred in the wake of this assault. I was taken immediately to radiology for x-rays which showed my radius was broken into multiple pieces that extended into the wrist joint. I required surgery to put a metal plate on my distal radius to stabilize it. As I sat awaiting surgery, I started having panicked thoughts of what if my hand is messed up now. What could I do? I am left-handed. Could I still be some kind of doctor? Could I learn to use my right hand? How was I going to work?

I woke up after surgery in a plaster splint that covered most of my forearm and hand. I was off work for about two and a half weeks after surgery but was not allowed to do anything with my left arm for another 3-4 weeks which severely limited my ability to work in the emergency department. I was afraid to have people close to me because they might accidentally hit my wrist which still hurt, and I feared it would get messed up worse. I obsessively followed all my post-surgery directions. I was excited about the possibility of nearly full function 12 weeks after the injury.

Unfortunately, over time it became clear that there had been damage to ligaments that stabilize my wrist in addition to the broken bone. The wrist instability became far worse when I rotated my wrist towards palm up. I could not perform most of the technical skills my job required – I could not intubate, I could not insert chest tubes, I could not start central venous lines, I could not suture with the ease I had prior to the injury. Working as a flight physician, which I love, was not an option. I was sent to another hand surgeon who specializes in wrists. We tried conservative treatment, but my wrist continued to get worse instead of better. This was very hard for me. I had thought I was going to be fine and it seemed to be

taken away from me at the finish line. I learned I needed a second surgery. This was crushing. I had a second surgery on 7/25/2023 to repair a ruptured extensor carpi ulnaris subsheath in an effort to restore mechanical stability to my wrist.

After surgery I had a splint that prevented me from moving my elbow and wrist and was in that splint for 12 additional weeks. It was difficult to dress and do daily activities as a result. I was once again significantly limited at work and could do nothing with my left hand except type and that became painful after a little while.

My postoperative course was complicated by a surgical site infection that required removal of some internal sutures and an office procedure to revise the wound as well as a long course of antibiotics. Thankfully the metal hardware did not need to be removed but this resulted in additional time spent immobilized to give more time for my wrist to heal. Starting in November they tried moving my wrist and it became clear that I still had instability between the two forearm bones. I still cannot rotate my wrist palm up without pain and bony movement. The current plan is to try to get my wrist to be more stable through intensive occupational therapy but if that is not working, I will have to have a third surgery to repair my distal radioulnar joint. That surgery carries with it risks of making things worse and another extended recovery period so we are hoping this will not be necessary.

To this day more than a year later I still do not know if I will be able to recover the full function of my left wrist. I am hopeful but nothing is certain. I have been able to adapt many activities by working with my occupational therapist and surgeon, but I am not 100%. I am able to finally practice fully in the ED but cannot yet function as a flight physician. This long period of time has also forced many colleagues to move shifts around to cover for me and make sure I am on shifts I can work despite my restrictions which have evolved over time. This is hard for me because I take pride in being a good teammate.

The best analogy I could come up with for this is imagine if you are the quarterback on a football team. And then your throwing arm is injured, and it means you cannot be quarterback anymore. Maybe you can join the coaching staff. But we all know it's not the same. You've worked hard and sacrificed years of your life to be quarterback and it has been taken away from you. That is how I feel.

This experience has been difficult not just for me but for others I work with. Some blame themselves, some are worried about their own safety. More than one nurse has said to me “if this can happen to a doctor then none of us are safe.” Violence at work is not acceptable. Studies have shown that about 75% of workplace violence occurs against health care workers. No one should be scared to go to work. No one should be assaulted at work.

At the same time as my path to getting my wrist fixed there was a process unfolding in the legal system. It is my duty as a physician to be the best possible advocate for my patients even when they do things that can make that very difficult. I take that duty very seriously. For that reason, I really struggled with allowing charges to go forward against my patient. I have sought advice from others. After a lot of soul searching, I hoped for 3 things to come out of the judicial process:

- Accountability for what was done to me and the impact on me, my family, and my coworkers.
- A strong message that will hopefully serve as a deterrent to help reduce violence towards healthcare providers.
- Last but not least, I want this to be a moment for my assailant to realize that they must invest in themselves and seek to change the path they are on before it is too late.

I do not want to see these events repeat. I fear that if there is a next time, it could result in another serious injury or death to my assailant and others. I do not want that future for my assailant or their family. My assailant has the power to change if they take this seriously and receive appropriate help. It has been a great struggle for me to balance my duty to advocate for patients including ones that attack me and contemplate what punishment they may deserve.

My assailant was indicted for multiple charges. The most serious one was felonious assault which is a 2nd degree felony. The prosecutor assigned to my case was awesome and worked hard to respect my wishes. After months of back and forth she secured a plea bargain where my assailant plead guilty to a 3rd degree felony charge. I was given a chance to speak at the sentencing hearing at which I also saw the police bodycam footage of the entire incident. It was upsetting but it was also incredibly empowering for me which was so important. My assailant received 5 years of probation along with some very stringent conditions for this probation period and if they violate that probation they face 18 months in prison. I was satisfied that my 3 goals had been addressed by the system. I hope that my assailant is able to make the changes they need to get their life in order because that hope is what drove the mercy I chose to show them.

This process has been very difficult but also has shown me how fortunate I am to have amazing support from so many people, some of which I had never even met before this happened to me. Navigating the system with a workplace injury is very difficult even though I am knowledgeable about the process and have an employer who was supportive all the way through. It is humbling to imagine how it feels to people without the advantages that I have. Facing the possibility of never again doing the work I love hit me like a ton of bricks. So many people worked very hard to help, which is so very important when faced with something like this. My employer automatically submitted my assailant to our disruptive patient review board for discussion and the result was that they received a special care plan for violent patients intended to protect other members of the team from that person while still allowing them to get essential emergency care if needed. I received excellent care from multiple surgeons and my amazing occupational therapist Cori. I have been supported by our Employee Assistance Program. My employer has made changes including adding police dogs and more aggressive screening of visitors and patients for weapons. I am hopeful that even more changes will happen to help keep us all safer.

Members of this committee, I ask you for your support of HB 452 to create a safe environment for patients and healthcare providers.

Craig Bates, MD, MS, FACEP