

THE UNIVERSITY OF KANSAS HOSPITAL

Lee A. Norman, MD, MHS, MBA
Senior Vice President
Chief Medical Officer
Hospital Executive Office

LTC Lee A. Norman, MD, MHS, MBA **H.B. 2150** **February 2, 2017**

Good morning, my name is Dr. Lee Norman. I am the Chief Medical Officer of the University of Kansas Hospital. In that role I am a physician leader and senior hospital executive. I also serve the State of Kansas as a lieutenant colonel in the Kansas Army National Guard and am the State Surgeon of Kansas, which means I oversee troop medical readiness, train Army medics for combat, and advise the Adjutant General on matters of emergency preparedness and homeland security.

There are more than a thousand physicians at The University of Kansas Hospital. Not all of them worry about concealed weapons at the hospital.

And that might be fine if every concealed weapon was carried by a responsible, trained gun owner. I myself am Army-trained in the use of the M9-Beretta handgun, and I know

firsthand that the training is exacting and important – one must take it seriously and be of sound mind to use it safely.

But in every medical practice and in our Hospital, we see troubled and mentally-unstable patients who are not of sound mind. Sometimes we have to tell patients and their families very bad news. As awful as that situation is for the doctor, it is worse for the patient and family.

The family is often angry because they feel we might be giving up on their loved one. While nothing can be further from the truth, doctors owe the patient the facts and we believe in truth-telling.

It is a very tense situation now, and unless we change the law, it will become worse. Doctors will be scanning the family for hints of a weapon. Doctors may be vague about a diagnosis until we feel safe in disclosing information that is rightfully theirs to know.

Our paranoia is based in fact. We read of hospital shootings seemingly every week. They are caused by people who are fired from their job, lovers who are jilted, and yes, those who feel their medical care was inadequate.

I came to The University of Kansas Hospital because I saw an organization dedicated to putting the patient first and above all else. We always want to keep the patient safe from harm. With the existing law, physicians will be concerned about our own safety as well as the patient's.

I know - only a small percentage of gun carriers are a risky ones. But remember that we generally see people at a low point in their lives because of illness, addiction, personal tragedy, sleep deprivation, mental illness or trauma. These are not situations where clear rational thought carries the day, especially when a gun is handy.

I want to work at an academic medical center to bring advanced medicine to the people of Kansas, the Midwest, and beyond. Yet, with gang members, disturbed and over-stressed people, our campus police will lose the power to head off problems by preventing guns from being brought in to high stress situations.

You have heard this before...but it is important to repeat. The University of Kansas Hospital will be the only one in the Kansas City area having to face this situation. I received a request just last weekend from an attorney and his wife who plan to transfer their care to a Missouri-based healthcare system because of the concealed carry issue. This is one of many such calls we have received in the last year.

We need to attract new doctors, new resident physicians in training, and above all, patients for care. The new law will make it tougher to recruit and retain them and yes, we believe it will make it harder to bring in new patients. In some areas of the state, this may not be a big deal, but it is in our urban academic hospital, it is a major deal – competition is stiff.

We are not advocating gun control. We are not disputing gun rights. We are saying that this is not the time...or the place...to force concealed weapons on our doctors, on our nurses, on our entire staff and especially on our patients.

Let me close with a brief vignette about a recent situation with one of our physician, cardiologist Dr. Tom Rosamond. He came to me for advice when the wife of a hospitalized patient said to him, "...if I had a gun with me, I would shoot you." His care was excellent, the patient was dying, and she was clearly agitated and in an altered mental state. Dr. Rosemond had no doubt that she was dead serious about this, and he was clearly shaken.

On behalf of the physicians at The University of Kansas Health System, we respectfully request your support and passage of House Bill 2150.

Thank you.

Lee A. Moran

m D