



Sitting down with Senator (and ophthalmologist) Rand Paul

by David F. Chang, MD

Sen. Rand Paul, MD (R-KY), is an ophthalmologist who practiced for 18 years in Bowling Green, Ky., before being elected to the Senate in 2010. He has been a strong legislative ally for physicians and was a keynote speaker at the 2014 ASCRS•ASOA Symposium & Congress in Boston, where he received several standing ovations. As a physician, he both understands and articulately advocates for our positions on many major issues. As a result, many ophthalmologists are excited that he is considered one of the early frontrunners for the 2016 Republican presidential nomination. Earlier this year, Sen. Paul approached ASCRS Director of Government Relations Nancey K. McCann about doing an international cataract surgical outreach trip. Although senators are barred from receiving outside compensation (e.g., for practicing medicine), Sen. Paul maintains his surgical skills by performing occasional pro bono cataract surgeries in his home state of Kentucky.

The logical choice to organize this trip was the University of Utah's Moran Eye Center. Their highly acclaimed international outreach division has operated in every corner of the globe, and Sen. Paul joined their August trip to the small town of Salamá, Guatemala, where only one ophthalmologist serves a population of 800,000. Under the leadership of ASCRS past president and current ASCRS Foundation International Committee member **Alan Crandall, MD**, a small team of ophthalmologists performed 250 surgeries during the week. Moran has a 5-year commitment to assist, train, and support the local ophthalmologist and his rotating resident at this eye hospital.

As a participant, I was privileged to see Moran's amazing team of surgeons, nurses, technicians, and coordinators in action. I was also quite impressed with Sen. Paul's surgical skills under challenging conditions. Not only were these among the most advanced and challenging cataracts that any of us would ever encounter, but the press was literally "embedded" in the operating room with us as they learned about cataract surgery and sized up his performance. Sen. Paul is ambidextrous enough to alternate doing phaco right- and left-handed according to the eye, and it was obvious that he missed performing surgery and practicing ophthalmology. Our trip was reported on by the *Washington Post*, *National Review*, "Meet the Press," "NBC Nightly News," and the "Today Show." Although the political angles made this newsworthy, the coverage certainly increased awareness of global cataract blindness and cast our profession in a favorable light. I took advantage of this opportunity to interview Sen. Paul for *EyeWorld*.

David F. Chang, MD,
chief medical editor



Sen. Paul performing phaco in Salamá, Guatemala, with assistance from Alan Crandall, MD.

Source: Jeff Pettey, MD

Dr. Chang: I am conducting this interview with Sen. Rand Paul in Salamá, Guatemala, where we are operating with the Moran Eye Center's International Outreach team. Senator, what's your impression of the setup here so far?

Sen. Paul: It's been exciting to do it. I've felt a connection to Guatemala for a long time but have never been here. We have a neurosurgeon in my town in Kentucky who was born in Guatemala, and I've done surgery on some kids from Guatemala, but I've never been here. We're in a town about 3 hours away from Guatemala City—3 hours by car through some very winding mountain roads. I was told by you and Dr. Crandall that there's only one eye surgeon for 800,000 people, so there's just too many cataracts that go untreated. It's exciting to be a part of such an esteemed group to try to help these people.

Dr. Chang: We've seen all sorts of pathology here today, and these are really tough cases. However, watching you, you seem very comfortable operating here. How are you keeping up your surgical skills? It isn't like riding a bicycle!

Sen. Paul: Yes, but I think you guys have been cheating—I think you've

been giving me the easier cases! Like "There's one where you can see a red reflex, so maybe he should do that one!" But no, I've done some white cataracts, too. I'm maybe not quite as good as the pros yet, but I'm trying to get there, and it's exciting to be able to be a part of it. At home I do some charity surgery in different parts of Kentucky, and I've become friends with ophthalmologists in different parts of the state, so every couple of months we go to a surgery center and do 4 or 5 cases.

Dr. Chang: A lot of ophthalmologists don't know about your background. You did your residency at Duke and then went out into private practice. How long did you practice?

Sen. Paul: I did my residency at Duke. I got out in 1993 and my wife was from Kentucky—and you know how that works! So I came to Kentucky and we wanted to live in a small town. Our town has about 50,000 people, with the university [Western Kentucky University] adding about 20,000 more. I did private practice but was always interested in the Lions Club. As a member of the Lions Club, we had our own Lions Eye Institute.

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Left to right: Jeff Pettey, MD, David Chang, MD, Susan MacDonald, MD, Roger Furlong, MD, and Alan Crandall, MD

Not only did we collect glasses, but we did some pro bono surgery on folks who came up here, mostly from Latin America and some from South America but also some people from the community as well. We have this debate about healthcare—how much should the government be involved and how much should private enterprise be involved? We lose track of the fact that all of us [physicians] feel an obligation to help people whether they have any money or not. I think it gets lost in all the debate about healthcare and Obamacare—that ever since I was a kid, doctors have been trying to help and have always felt an obligation to help the poor members of their community.

Dr. Chang: This year, the ASCRS Foundation is launching an initiative to facilitate and support ASCRS members and their ASCs who want to operate on cataract patients who cannot afford care in the United States. Our eventual goal is to eradicate cataract blindness in the U.S. As you said, a lot of ophthalmologists have already been doing this all along, but this is a way to network everyone's efforts.

Sen. Paul: One of the patients we did recently was a veteran who could go to the VA but it would have taken 4 hours to get there—so even when you have complete access and complete coverage for everyone, there are still people who are going

to have trouble. We had a patient last week in Louisville who had insurance but had a \$6,000 deductible. A big question I have about the healthcare bill is that you can give people free insurance, but if it's free insurance with a \$6,000 deductible, where are they going to get the money? So I think we're still going to have an access problem. I think the other problem we're going to have is that as we pay hospitals less, hospitals are going to have to let people go. That's what I really fear is that some of the good paying jobs in our country, particularly in rural communities, are people who work for the hospitals.

Dr. Chang: The ASCRS Foundation is involved with a number of international partners and NGOs working on cataract blindness. Have you done international trips before and what's your impression of the Moran team? We're in a pretty remote, rural area of Guatemala right now, and it's pretty amazing what they've put together.

Sen. Paul: This is my first international trip. Dr. Crandall and his team have done a great job—we have sophisticated microscopes from North America, we've got 2 phaco machines, and it's running like clockwork. It really takes a lot of effort. I contemplated doing this on my own and said, "I'll get together a team," but then thought, "No, I don't want to reinvent the wheel."



Susan MacDonald, MD, examines patients at the hospital in Guatemala.

They do a great job because they've done dozens of missions, probably nearly a hundred missions around the country and around the world. We also enlisted help from locals—for example, the Lions Club. There's a lot of work that goes into finding out who the patients are who need the treatment.

Dr. Chang: How did you decide in the midst of being a busy private practitioner to run for office?

Sen. Paul: My wife still thinks I was a little crazy to do this. I had just opened up a practice. I bought my own building because I always wanted a small practice where I was in charge of everything, and I had done that for about a year and a half. Then the Senator from Kentucky was waffling on whether he was going to run or not—and I thought, "Maybe I'll run." After I said this to a reporter, it sort of steamrolled and there was no looking back. It was the first time I had ever run for office and everyone, including myself, thought it was unlikely that I would win. I thought all along as I ran for office that I'd still be allowed to practice medicine part time, but I discovered that the rules are different between the House of Representatives and the Senate. In the House of Representatives, the doctors still can practice—there's about 15 or 20 doctors in the House. Some of them practice part time, and they can still cover their

malpractice insurance. In the Senate you can't practice at all and I can't bring in any income to offset my malpractice insurance, which is not a great business model.

Dr. Chang: What do you miss most about ophthalmology now that you're no longer practicing?

Sen. Paul: The difference between politics and medicine is this: In politics, sometimes people know of a solution, but we rarely ever execute the correct solution. Groucho Marx said, "The art of politics is looking everywhere for problems, finding them, misdiagnosing them, and then applying the wrong solution." But in medicine you get feedback immediately. Most of it in ophthalmology is positive feedback, and I think that's one of the reasons I really like ophthalmology. There are very few sad patients, and 99% of them are going to see better.

Dr. Chang: Looking at your career as a senator, are there situations where being an ophthalmologist has been helpful to you?

Sen. Paul: I'm very aware of what the reduced payments are doing to physicians' practices and their ability to pay employees and continue to stay in practice. The formula for how we pay doctors out of Medicare means reimbursement has been going down every year. Right when I started practicing, reimbursement

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started going down and it’s been going down every year ever since. So that’s an issue that I have some perspective on. [The SGR] was always a bad formula—now everyone acknowledges it because every year we’ve repealed the formula for about 14 years in a row. My point is, being a logical person [and this] being a bad policy, why don’t we repeal it? They say, “The way the formula is scored by the Congressional Budget Office [CBO], we have to please the score people”—but nobody elected the CBO. They elected you to make decisions, so let’s fix it. If it’s bad law, let’s get rid of it. There’s getting to be a little more of a consensus on that, but it’s like pulling teeth to get anybody to allow a vote and to allow it to move forward. Probably the biggest frustration in Washington is that even when we agree, we still can’t get something done, largely because the leadership doesn’t allow any votes. So you can’t even vote on the things you might agree on.

Dr. Chang: I want to thank you again for speaking at our ASCRS annual meeting, where you were the guest speaker at our Government Relations session. We had a packed audience, and they really enjoyed hearing you speak. It seemed like you were giving people a little bit of a hopeful message, in terms of the future direction of medicine.

Sen. Paul: I think there is, and I tell physicians you need to be involved. Your congressman needs to know your name—not just that you need to know your congressman’s name, but they need to know your name. They need to know what you’re interested in, they need to know the hurdles that physicians have to overcome. You don’t have any right to complain if you don’t get involved. Every physician should be

involved—emails, writing to your congressman, calling them—and they do listen. Most of them are not dead set against what we would like to have happen in medicine; they just need some explanations.

Dr. Chang: Finally, I want to thank you on behalf of ASCRS and on behalf of all physicians—but particularly ophthalmologists. You have been such a great ally to us, and

you’ve helped us with a lot of issues where we simply needed help to explain what the problem was. This has been invaluable for us and for our patients, so thank you.

Sen. Paul: Well, you know the real reason I came down here is I figured I could get a free phaco course from you and Dr. Crandall! **EW**

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