

## Pfeiffer, Nadine

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**From:** Janet Andersen <jandersenwolf@gmail.com>  
**Sent:** Saturday, February 13, 2021 4:57 PM  
**To:** Rulescoordinator, Dhsr  
**Subject:** [External] Emergency Medical Services and Trauma Rules

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February 13, 2021  
Nadine Pfeiffer  
North Carolina Division of Health Service Regulation  
2701 Mail Service Drive  
Raleigh, NC 27699-2701  
By email: [DHSR.RulesCoordinator@dhhs.nc.gov](mailto:DHSR.RulesCoordinator@dhhs.nc.gov) To Whom It May Concern:

To whom it may concern:

Having read through the proposed rule changes to the NC Department of Health and Human Services, Emergency Medical Services and Trauma Rules 10A NCAC 13P I would like to offer my comments.

On September 24th, 2011 at roughly 2:30 a.m. my daughter was shot multiple times by her ex-husband in an attempted murder-suicide. (The suicide was successful.) Luckily, I was visiting from out of town and was able to provide initial crucial life saving support on my daughter until ambulances arrived.

CMPD and Davidson PD would not allow me to leave the scene of the crime until I was investigated. Once the interviews were concluded, I had no idea where my daughter was or if she was alive. Covered in blood I was escorted to the Level 1 Trauma Center at Atrium in Charlotte. It was there that I discovered that she had survived the gunshots but there were massive internal injuries including probable paralysis.

As I read through the proposed changes, I am particularly concerned about the criteria for hospitals to be considered as Trauma centers. **I am fully convinced that if my daughter had gone to anything other than a Level 1 Trauma Center that night, she would not be alive today.** Until that day, I was not personally familiar with Trauma Centers and the roles they play in responding to critically injured people at the worst times of their lives. *The experience that this Level 1 Trauma Center has/had I believe was what saved my daughter's life.* The level of experience of the doctors, the nursing staff, the counselors all meshed together to ensure that we had a life after this event. Although unfortunate, it is a fact that the number of victims of gunshot wounds seen by this Level 1 Trauma Center ensured their level of expertise and infrastructure was in place and active to handle my daughter's emergency. If she had been sent to any other lesser experienced trauma center that day, I genuinely believe it would have resulted in delays, lack of expertise or other services and that she would have paid with her life.

I am very much against the proposal to "loosen" the criteria for Trauma Centers. I believe it will result in diluted resources, dilution of experience, probably increased costs, confusion by the public and less ideal outcomes for the patients.

Thank you for your consideration.  
Sincerely,  
Janet Andersen  
(Davidson, NC