Working With The Wounded: Tired, But Not Numb

It is Christmas, but I am tired. Tired beyond words, tired beyond measure. I’m not complaining. I have it easy. I have gifts from family and friends. I sleep on a bed and get warm meals. I’m inside the wire. I don’t have to go outside the relatively safe green zone. I don’t have to ride in the gun turret or kick down doors or go to the market and wait for a blast or bullet to rip me to shreds. I’m a soldier. I’m also an anesthesiologist at the busiest U.S. military hospital in Iraq. I just wait to see if there is anything to fix after the blast, after the bullet, after the crash. I’m tired of all these soldiers, all these people, dead and maimed beyond recognition, tired of wearing galoshes in the operating room because the blood is so deep. I’m especially tired of the wounded women and children. Family and friends, even reporters, ask me what I think about all this. I do not answer, not because I have the good sense to self-censure, rather, I don’t think about the larger picture. It seems a luxury. Perhaps I will years later. For now, there are only the daily realities - my job, eating, sleeping, my colleagues and always the injured. The wounded arrive day after day. The sound of helicopters is incessant. The injured are missing one, two or three limbs. They have bullets that have traversed every cavity from head to toe. Some are lucky. The girl with a bullet lodged behind her heart. We cracked open her chest expecting a catastrophe, only to find a bullet that has inexplicably curved around her heart. She walked out of the hospital two days later. It is one of the many small miracles among the suffering Iraqis and Americans, friends and foes. Some are not lucky. The soldier with the lethal head wound. The staff and his comrades stood vigil in the ER. There was nothing we could do besides make him comfortable and offer a prayer. Here’s how we say goodbye to a dead U.S. soldier. Suppose we’re not busy, we’ll stand along the helipad. We stand at attention and salute their broken body, salute a comrade we did not know, who then begins the long trip home. It’s not just the U.S. service members who are unlucky. There is the Iraqi official’s wife whose eyes were shot out during an assassination attempt on her husband. There is another poor soul who was lit on fire. There is a contractor who had two arms blown off while shopping in the green zone, supposedly the safest area of Baghdad. I feel embarrassed that after a few months, I’ve already forgotten so many patients, those who have been comforted and cured and the many who will die or bury their wounds for the rest of their days. What hope I will remember most vividly are the people, not the injuries. I’m grateful to work among soldiers who go back into burning vehicles to pull their buddies to safety. I’m grateful to work with doctors, nurses and other medical staff I’d entrust my family to. I’m grateful to work among Iraqis who day after day take care of those around them, families and strangers. But I wonder, I wonder why among all these brave, committed and intelligent people, the helicopters and wounded keep coming. I wonder if peace on Earth will ever mean the same.

Ian Black MD, UVM Department of Anesthesiology, former Chief of Anesthesia at the 28th Combat Support Hospital in Baghdad. First presented on All Things Considered, National Public Radio on December 26th, 2006.
Chairman’s Letter

Welcome back to this edition of the UVM Anesthesia News. It is late fall in Vermont and, as I write this just prior to the Thanksgiving holiday, we are still waiting for our first snowfall. It’s time for winter weather to arrive, however I do admit to having enjoyed the unseasonably warm weather we have experienced this November.

Saying goodbye to David Johnson has been particularly tough. After more than thirty years, David’s contributions to this department are immeasurable. For me personally, David has been a teacher, mentor, professional partner, friend, and confidant. Whenever I needed David’s advice, he was always there for me. He has done this for so many members of the department for so many years, always there for us. David promises to stay in touch, so hopefully we will be publishing some of his Wisconsin adventures in upcoming issues.

This fall has also been busy as we have started our interviews for the next residency match. We hope to interview approximately seventy applicants from all over the United States. On paper, these candidates excel in every way and we can be proud to be able to continue to attract the best and brightest into our profession.

I had an opportunity to visit with Dr. Jim Rathmell in Boston several weekends ago. I can report that he is doing well and has found a wonderful personal and professional home in Boston. Jim will be our Johns’ Fund lecturer this winter in Stowe. I hope as many of you as possible can make it. Jim’s lecture is entitled, “New Local Anesthetics and Novel Delivery Systems.” Despite the weighty title, I know it will be a topic of interest to both anesthesia providers and family members.

Finally, in this holiday season, I recommend that you spend a minute or two reading Dr. Ian Black’s commentary published on page one. My hope is that it allows us all to reflect, even for a brief moment, on what is important in our lives and to truly give thanks.

In closing, let me wish all of you, colleagues and friends of the department, a joyous and happy holiday season and a wonderful new year.

Howard Schapiro MD

David Says Goodbye

In November, David Johnson MD ended his illustrious 33-year UVM anesthesia career. He will be joining the Marshfield Clinic in Wisconsin, where he and his family have long owned a lakefront vacation home. The following are excerpts from a recent conversation with David about his life and career in Vermont.

On his 1975 residency interview at UVM: I remember talking with John Hartford (UVM anesthesiologist from 1969 through 1976), who gave me a piece of good advice. He said, “Medicine is a fabulous profession because there’s nothing about it that you can’t enjoy ... It’s got to stay exciting - your job is to find a discipline that’s exciting hundreds or thousands of times. If you’re working for Saturday, you’re in the wrong business. You should be as happy Monday morning as you are Saturday morning.” I can’t tell you how many people I’ve shared that with.

On the UVM Anesthesia Division in 1979: I think what was unique about UVM, relative to other academic programs at that time, was that we didn’t have people here who were stepping from one program to another as they elevated their career. People who came stayed. They liked doing clinical anesthesia, had an opportunity to teach residents, live in a great community, a safe environment, all of the reasons that people still stay here ... And, of course, John Mazuzan was the glue. Howard has carried that philosophy forward, the Mazuzan philosophy, and made it a family again. My best friends work here.

On UVM Anesthesia Chair John Abajian: He was teaching all the time, because he was always talking and was very gracious in that regard ... He had a recollection for literature that was astounding - he could go back to the ‘40s and ‘50s. He had reasons for everything he did, but his thinking wasn’t based on clinical trials like we have today; it was more fundamental and was based on physiologic principles ... He had a tremendous understanding of physiology and would stand there and talk to you about it one-on-one because he wanted to share the information with you.

Continued on page three...
Michael's Big Adventure

UVM CRNA Michael Bull sailed his 38-foot sailboat, Ekaterina, across the Atlantic Ocean this past summer. An interview.

Michael, tell us about your trip.

Well, the trip took 24 days from the time we left Maine until we arrived in Cork, Ireland. It was nonstop, which is a little atypical because it's around 3000 miles, which is a long way to go without refueling and re-provisioning. It was pretty slow going at first, with a lot of adverse winds in our face and unhelpful currents. We chewed up about two-thirds of our fuel supply in the first quarter of the trip. That all turned around about halfway - the winds became favorable and we were able to just sail. We ended up doing a southern loop and then turning north, to take advantage of the Gulf Stream and dodge the weather systems.

Michael, why?

To an ocean sailor, crossing the Atlantic is a no-brainer - it's the Super Bowl of sailing. Every small-time sailor dreams of taking a big-time trip like this, and I got the chance to do it. It really was a lifelong dream of mine. Was there serious personal risk, being lost at sea or drowning?

Very much so. We went at the optimum time and took the optimum route, but did see gale-force winds five times, with 20- to 25-foot waves. That's unusual, but it translates into fast progress. You want to make miles - it's not just running low on supplies, it's morale, it's having to live with each other. My two crew (Rolf Sennhen & Mike Saunders) were very compatible - they were ideal.

Did you have any especially scary moments?

Yeah, one, when we were basically dropped on our side and went past ninety degrees, with the tip of the mast going in the water. The boat's very capable of popping right back up after something like that, which it did. Next is the circle route, the standard thing for sailors who cross the Atlantic. I'd love to sail south down the coast of Europe, explore the coast of Spain and Portugal. Ideally, I'd turn into the Med and enjoy that, then leave from the Canaries off the coast of Africa and sail back to the Caribbean. I could spend years doing that, if I had the time.

The blog of Michael’s trip (with photos) is at: http://sailblogs.com/member/ekaterina/

David Johnson, Continued...

On his 1983 MGH cardiac anesthesia fellowship (David was UVM's first fellowship-trained cardiac anesthesiologist):

It was the best year of my life. I met great people, had great fun. All of the things you hear about snooty Bostonians and MGH - I didn't meet anybody that I didn't like ... I loved learning. It was totally self-indulgent, the most self-indulgent experience a person can have, in spite of the fact that LeeAnn stayed here and I was in Boston. I read all of the cardiology journals, anything that had to do with cardiology, because I had the time and nothing else to do - that's why I say it was very self-indulgent ... When I came back (to UVM in 1984), my head was so full of information that it felt ready to explode. If two people were standing together, I would just start talking to them. I loved doing cases with residents because I had all this "stuff" that I just wanted to share. It was a great time.

On his move to Wisconsin:

It's an emotional time, but also an exciting one because it's a transition into another phase of my life. I'm excited that I don't have to retire to do this, because I'm not ready - I don't have anything I'd rather do right now. I don't golf too much anymore. I'd like to learn how to fly fish, because there's some good fly fishing in Wisconsin. I just bought a new pickup truck ... There were times in the past when I might have felt guilty about leaving UVM, but I really don't feel any guilt about it now because I'll be able to slide out the door and it will be okay. This place is in very good hands and I'm very comfortable - I don't feel that I'm leaving a very big hole because the quality of the people here is so extraordinary.

Dr. Edward "Francis" Ford

UVM's First Anesthesiologist

Part six of a series on UVM anesthesia history.

Occasionally, historical research yields a finding so contrary to one's expectations that it can scarcely be believed. For example, it has long been thought that Vermont's first anesthesiologist was John Abajian, the founder of UVM's Anesthesia Division. Not true, it turns out. That honor, instead, belongs to Edward John Ford MD, a man curiously known during his UVM career as "Francis" Ford.

Ford was born in 1905 in Collingswood, NJ. He was a 1934 graduate of Hahnemann Medical College, where he was described as "quite a talker" but with "a heart as big as a mountain." After anesthesia training with H.R. Griffith in Montreal and Sise & Woodbridge at the Lahey Clinic, Ford was named UVM's Anesthesia Instructor in 1937, succeeding Al Mackay. He introduced the use of the new, explosive anesthetic agent, cyclopropane, to Burlington and lectured on the subject at the 1938 meeting of the VT State Medical Society. By all indications, Ford was a well-educated, skilled anesthesiologist and effective teacher.

Suddenly, in 1939, Ford was dismissed. E.L. Amidon (Chief of UVM's Medicine Dept. from 1942 till 1964) thought that Ford was fired after suffering a seizure in the Mary Fletcher Hospital operating room, but the exact reason for his dismissal will probably never be known. Ford briefly moved on to Abington Hospital in PA, then to Grace Hospital in CT. He also claimed to have worked as an Associate Professor of Anesthesia at Bowman Gray Medical College, but there is no record of him having been there. In 1942, Ford joined the Public Health Service, then the Navy. Postwar, he continued his travels, working at St. Luke's Hospital in Bethlehem, PA until 1948, then Lancaster General Hospital in Lancaster, PA. Ford died in Lancaster in 1963 at age 58.

"Francis" Ford remains an elusive figure, seventy years after his brief UVM career. A pioneer that left behind many unanswered questions, he nevertheless deserves an honored place in UVM anesthesia history.

Next issue: "Big John" Abajian arrives in VT.
Alumni News

We and your fellow UVM Anesthesia alumni are eager to hear from you! Please write to us or just stop by our offices next time you’re in the area.

Esther "Jackie" Roberts RN, the most senior member of the UVM anesthesia family, celebrated her 90th birthday recently. Born in Barnard, VT and a graduate of the Mary Fletcher School of Nursing, Jackie worked as a nurse anesthetist at Mary Fletcher Hospital from 1942 till 1946 (for $65 a month plus room and board). Her memories of those years are a fascinating snapshot of anesthesia practices and personalities in that era. Jackie went on to serve as MFH O.R. supervisor for twelve years, then became neurosurgeon R.M.P. Donaghy’s surgical assistant. In 1969, she was honored as the “Mother of Micro-neurosurgery” at an international conference in Montreal. Jackie lives at Pillsbury Manor in South Burlington, only a stone’s throw from fellow UVM Anesthesia alumnus Gino Dente, and she can often be seen walking in the Mayfair Park area.

Honoring David Johnson - a reception at Pulcinella’s:

Upcoming Events

15th Annual Vermont Perspectives in Anesthesia
March 3 - 7, 2010, Stoweflake Resort, Stowe, VT

Preliminary Program:
Friday March 5: Anesthesiology Simulation, Anesthesia Patient Safety, How to Choose, Install and Make Your Anesthesia Information Management Software Work For You, The Acute and Chronic Consequences of Fatigue.
Saturday March 6: Workshops: The Difficult Airway, Risks of Technology, Ultrasound Guided Regional Blocks, Acupuncture Demonstration.
Sunday March 7: Perioperative Management of the Opioid Tolerant Patient, OR Game Theory.

The Johns’ Fund Lectureship - “New Local Anesthetics and Novel Delivery Systems”
James P. Rathmell MD, Chief - Division of Pain Medicine, Massachusetts General Hospital and Associate Professor of Anesthesia, Harvard Medical School, Boston MA
March 6, 2010, 4:30PM, Stoweflake Resort, Stowe VT

Once again, the UVM Department of Anesthesia’s annual Johns’ Fund Lecture will be held in concurrence with the conference. The lectureship is held in honor of John Abajian, Jr. MD and John Mazuzan, Jr. MD, distinguished former chairmen of the department from 1939 to 1995. Registration for the conference is not required to attend the lecture and cocktail reception.

More information is available at: http://cme.uvm.edu/