

SCHOOL OF MEDICINE eNEWS



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THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO

On May 19th, our 2007 School of Medicine graduating class took part in an extraordinary commencement ceremony that few of us will soon forget. In my remarks, I spoke to the privilege of being a physician and that there are two requisite concepts I believe physicians must embrace to fully thrive in the profession --- sincerity and commitment. I went on to explain that we must hold each person as valuable and life as precious, and spare no effort to see the best outcomes occur. We must also be willing to stand up for our patients when others will not, we must seek the truth when many give up, and we must be constant in our defense of fairness when other less desirable solutions are offered.

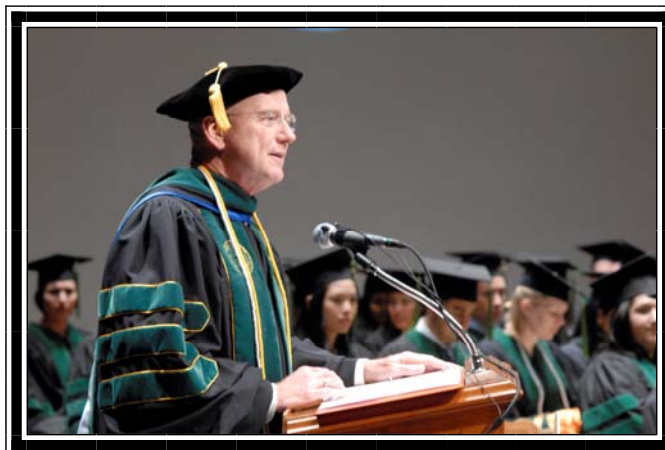
However, the short comments that I shared, were exemplified in the real life experiences that we had the privilege of hearing from Ruth Berggren, M.D. I hope that many of you have had the opportunity to meet Dr. Berggren, who joined the Health Science Center last September as an Associate Professor in our Department of Medicine, Division of Infectious Diseases. She came to us from Tulane University Health Sciences Center in New Orleans where, during Hurricane Katrina, she endured one of the most difficult tests a physician and a human being can bear witness to --- a ward full of desperately ill people, abandoned by the world for six days, and no one - not one person - was lost. This was where the sincerity and commitment I spoke to were challenged the most.

I invite you to read the commencement address that Dr. Berggren presented to the Class of 2007. All of us who have the privilege to work in the healthcare profession carry with us humanities' hopes and prayers that we will always deeply care about our patients and remain tenaciously committed to their well-being and to all we do here.

[Dr. Berggren's commencement speech: Choices in the Storm: You can may a difference, continues on the following pages.](#)

William L. Henrich, M.D.

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Choices in the Storm: You Can Make a Difference

To the class of 2007, to your parents and supporters, to Dean Henrich, President Cigarroa, and colleagues at the University of Texas, I am deeply honored by the invitation to address you on this special day. The story that I have to tell you is not a story about how to be a hero; it is a story about making choices.

You represent the best America has to offer: in effort, training, access to medical technology, and hope for the future of American healthcare. The outcome of that future depends on the choices you will make. As you listen to my Hurricane Katrina story, I ask you to think not just about my choices, and the choices of the other responders, but also about societal choices. Katrina was not just an epic natural disaster specific to the Gulf Coast. The American Katrina Story was a cataclysm brought on by centuries of societal choices.

When this hurricane was coming I didn't evacuate because I was on call for the Charity Hospital AIDS ward.



Charity is 4 blocks from the Superdome, the middle of downtown New Orleans. The current Charity Hospital, which for centuries existed to serve the poor, is a tired old fortress. During Katrina, we had 250 patients there, and more than twice that many personnel and family members. The Sunday night storm was fierce, but we were safe inside, as long as we stayed away from shattering glass. The true disaster evolved after our faulty levees broke, on Monday night, flooding 80% of our sub-sea level city with foul smelling, contaminated brown water.

Things got worse Tuesday. I was awakened from my pallet on the conference room floor by a nurse saying that my fellow would not be coming to round with me as planned because she was surrounded by water in the Veteran's Hospital across the street. Within hours, we were without power, and we had instructions from hospital administration to categorize our patients by severity of illness. Patients had to be classified "red, yellow or green" with respect to how quickly they needed to get out. Two of my patients were on kidney dialysis. They needed to get out first because without power there is no dialysis, and without dialysis, you can die quickly. With no electricity, no lab or radiology tests, we operated like a field hospital administering first aid and keeping patients on respirators alive by hand pumping air bags for days at a time. We did continue to take care of them: checking vital signs, distributing medications, and relying on our physical diagnosis skills. Most impor-

tantly, we stayed with them, and communicated regularly about what was going on.

Food became scarce. Military MRE's (meals ready to eat) were being air dropped into New Orleans, but no MRE's made it to our AIDS ward in Charity. Everything was being rationed, and by Thursday, lunch was about 4 or 5 ravioli straight out of a can and a Styrofoam cup with about 8 green beans in it.

My husband was working across the way at Tulane Hospital. After completing the Tulane helicopter evacuation, of the mostly insured and mostly white patients, he paddled over in a canoe with Dr. Michael Brumlik to help me. On Thursday morning, after 4 days waiting for help that never seemed to come, Charity developed some momentum in evacuating our uninsured, mostly black patients; putting them not onto helicopters, but swamp boats, and getting them moved out of the hospital to dry land where we hoped they would be bused to a safer place.

My husband was on the Emergency Room loading dock at one point. A sniper fired, scattering workers for cover. The whole evacuation just simply stopped. Eye witnesses saw people shooting at us from both from the front and the back doors of the hospital. The National Guard, who was present only in the capacity of evacuating patients, left us after the evacuation stopped. We were left alone.

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At this point, the depravity that a terrifying, dehumanizing experience can elicit made itself evident. There was a pool of blood by the elevators where someone had smashed open the snack vending machine with their bare hands. The central stairwell was pitch-black and slippery with our sweat. My flashlight batteries ran out after 3 days, and I remember cowering in that steamy, dark stairwell as a team of orthopedists came storming down with an enormous dead body on their shoulders. People began to defecate in the hallways as they lost their moorings.

At a staff meeting, we were told in unrepeatable language, just how non-existent the “rescue operation” really was. But at the same time, a wise senior staff member reminded us “we may not be able to control what is happening to us, but we can control how we treat one another”.

This became our mantra, together with our own special commitment on the AIDS ward, that none of us would leave the hospital before every one of our vulnerable patients was safe. Though the AIDS ward had been abandoned by housestaff and fellows, our team of nurses, patients, family members and support personnel was extraordinary. They sang. They prayed. They comforted each other. They made banners to tell the outside world that we were still alive, and still hopeful. The banners were prayers to our country, and to our God, that we not be forgotten, that we should please, please, not be left alone.

We saw hundreds of people wading through chest deep water floating babies in ice chests, and carrying their elderly on their backs. When they got to the doors of Charity Hospital, they were turned away at gunpoint. It was a biblical exodus of the poor whose homes were predictably in the worst flood zones, people unable to evacuate because they lacked financial resources and because our leadership failed to execute a well-conceived contingency plan.

I was never afraid of wind, water, fire, hunger or disease because I was just too busy trying to figure out what to do. But moments of fear came when I was confronted by agitated, fearful people with guns. It happened twice on my ward. My husband was also twice exposed to sniper fire as he helped evacuate patients. The real Katrina disaster was not created by the elements but by a society whose fabric had been torn asunder by inequality, lack of education, and the inexplicable conviction that we should all have access to weapons that kill.

In the end, we did stay until the last patient had been evacuated. By some miracle, none of the patients on our ward died. We stayed until we were kicked off the ward by armed guards, and shouted at by people herding us with bullhorns. Several miracles later, we made it to the airport and spent the night in the open on the tarmac. Through the night, we reflected on the reasons for our survival and we asked each other how it had come to pass that we saw our entire society fall apart as we watched from the 9th floor of Charity Hospital.

And what do you suppose the wise nurses of Charity hospital prescribed to address the debacle that we witnessed? They had one word for me. “Education, education, education”. My own summation?

If we abandon the poor, the disenfranchised, the mentally ill; if we persist in supporting a political structure that fails to provide adequate access to education and health; if we continue to insist that the right to carry weapons of death is inalienable, then we have chosen a path that will lead to social chaos and further manmade disasters.



Choices in the Storm: You Can Make a Difference continues

Class of 2007: one way or another, you will face a storm during your careers and you, will need to make serious choices. I hope that it will not be a Katrina-like cataclysm, but you will find yourself in some situation where you must conquer your fears, stand on your feet, and remain true to your core values.

In the coming decade, we will face difficult choices: whether decent healthcare will increasingly be the privilege of the few, or a basic human right; whether we can afford NOT to provide decent education to all society. Will the outcomes of our choices reflect fairness and insight about how to hold the fabric of our society together, or will they reflect the fact that they were thrust upon us by an emergency, in a disastrous time and place because of our collective inaction? So often our group behavior encourages us to deflect our gaze from poverty, inequality, and ignorance. Many leaders have failed us in grappling with these enormous problems. But planning strategies that help us preserve the fabric of society is the most conservative of behaviors. We need leaders who will bring us together to make the right choices, even if it means admitting something about ourselves that we would rather deny.



So, how can You make a difference? First, don't avert your gaze. Admit that we have a flawed system that excludes vast numbers of our citizens. Second, make choices, even small ones, which lead to social justice. This can start simply: choose to listen to your patient, understand WHY she does not adhere to the medication regimen, or WHY he uses the emergency room for primary health care. When you understand these WHY's, you will be better equipped to tackle the underlying social justice issues. Finally, as physicians, you are educators, and leaders. So, get out and educate, lead, or vote for leaders that are not afraid to create universal health care coverage, to support fairness in education, and who are not afraid to fight for social justice in our own country.

You can and you Will make a difference if you do this. Silpa Dhoma and Mir Alikhan, helped me understand who you are by quoting Robert Kennedy, who thirty years ago said:

"Few will have the greatness to bend history; but each of us can work to change a small portion of the events, and in the total of all these acts will be written the history of this generation... It is from numberless diverse acts of courage... [and] belief that human history is shaped. Each time a person stands up for an ideal, or acts to improve the lot of others, or strikes out against injustice, he sends forth a tiny ripple of hope, and crossing each other from a million different centers of energy and daring, those ripples build a current that can sweep down the mightiest walls of oppression and resistance."

Still think you can't make a difference? Do it!

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