humans *of* surgery

UC San Diego
DEPARTMENT OF SURGERY

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We share our stories in order to keep track of who we are. We share our stories to make sense of our lives. We share our stories in the hope that others will share their stories too, and that we might find that our stories are the same—that the distances between us are not as far as we thought.

The idea for Humans of Surgery came one afternoon in mid-August 2017. It was one of those uncomfortably hot days where everyone muddles through in flip flops and short sleeves and chilled wine in the evenings. I'd been listless at my desk and decided to stop what I was doing and take a walk.

I passed through the hospital and by the parking lot, to Moores Cancer Center, where I went to the second floor and stuck my head in the doorway of the shared office of Debbie Soldano and Kate Trulock.

Debbie is a nurse practitioner and Kate an administrative assistant in the Division of Surgical Oncology—i.e., cancer surgery. Their office is small—cramped with file cabinets, and littered with sticky notes and coffee mugs half-full of cold coffee. Debbie has long auburn hair, wears heels, and in her mid-50s, always managed to sound like a street-wise aunt from Brooklyn. Kate has short brown hair and large green eyes, and would offer to put a pot of coffee on when I'd pop by.

We talked a while, and I noticed, pinned on the board behind Debbie's computer, some photos of people in purple, walking in a park, smiling, and one in particular of just Debbie's face, with the words "Wage Hope" scrawled on her cheeks in purple and white.

I pointed to it and Debbie smiled. "I like that photo," she said. "It was taken the year my sister died."

That's when I learned that Debbie's sister had died of pancreatic cancer (purple denotes pancreatic cancer awareness), and that she, Kate, and Dr. Lowy, the head of the division, had worked together for many years, even before they came to UC San Diego. I learned too, that Dr. Lowy's mom had died of cancer, and that this group of three were bonded both by shared loss, and a shared commitment to walk alongside patients and share a journey that they know too well themselves.

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Healthcare is complicated business. It's also full of clichés—the spunky resident; the wise mentor, the risk-taking rebel. In my two years working at UC San Diego, I met people whose stories transcended easy categories. I saw doctors and nurses and staff working very hard most days, sometimes less on others. There was a fierce commitment to patients. There was burn out. There was gallows humor. There were different understandings of their limitations. There were moments of life-giving empathy and grace.

This book intends to shed light on some of those private hopes and struggles of the community in the Department of Surgery at UC San Diego. It's meant, much like Debbie and Kate did for me that afternoon in August, to puncture a hole in what we think we know about other people—to go beyond clichés and sentimentality, to share an honest glimpse into the lives of the people who work every day to try to make the sick well.

—Lindsay Morgan

This book was created by Lindsay Morgan, Communications Director for the Department of Surgery from 2017-2019 (see bio on page 45.) She would like to thank Brandon Stanton, creator of the sublime Humans of New York, *for the inspiration and Dr. Bryan Clary, for his vision and support.*

The posts presented in this book do not represent the full breadth and depth of the Department of Surgery's 300+ staff, faculty and trainees. This curated grouping presents emblems—stories—that illustrate key themes about what it is like to work in the surgical space, themes which were gleaned from a systematic review of Humans of Surgery and news stories from the Department of Surgery.


EMERGENCY

Dr. Todd Costantini is Trauma Medical Director at UC San Diego's Level 1 Trauma Center and an Associate Professor of Surgery in the Division of Trauma, Surgical Critical Care, Burns, and Acute Care Surgery.

I like the atmosphere in the trauma bay. I enjoy making critical decisions, acting quickly, being decisive. I always think about a patient I met one night here in the hospital who was on a breathing machine and dialysis and frankly dying. There was talk about whether we should do anything at all or should we operate on her? We decided to operate and found a big problem that looked pretty dire. We operated on her several more times, and in the end, she lived. She walked out of the hospital. Now she sends me cards from the places she travels and recipes at Thanksgiving.

"I like the atmosphere in the trauma bay. I enjoy making critical decisions, acting quickly, being decisive."

—Todd Costantini

Dr. Jennifer Berumen is an Assistant Professor of Surgery in the Division of Hepatobiliary & Transplant Surgery, Director of the Living Donor Kidney Transplant program, and Surgical Director of Kidney Transplantation at Rady Children's Hospital.

There was a patient towards the end of my fellowship who needed a liver transplant. We met him beforehand, met his family, and did the surgery. But he had a really difficult complication, and no one thought he was going to make it. For two months I did everything for this guy, was really aggressive, trying really hard to get him through it. When everyone else was giving up, I was like: No—maybe, maybe, maybe we'll get him there. There are so many patients like that where you think, maybe, maybe, maybe. And they make it. Well, this patient didn't make it. But I remember how happy his family was to have someone who was advocating for him. I think families take comfort in knowing that you're going to try. You're not just going to give up. Because sometimes, people do give up. Doctors give up. But in our case, we know that if we can get them through surgery, usually they can have a better life. There's one there [she points to a picture on the wall]—that's a patient before her transplant. She's yellow, she has a feeding tube. She was really, really sick. And a year later, after surgery, she's a whole new person, with a whole new life.

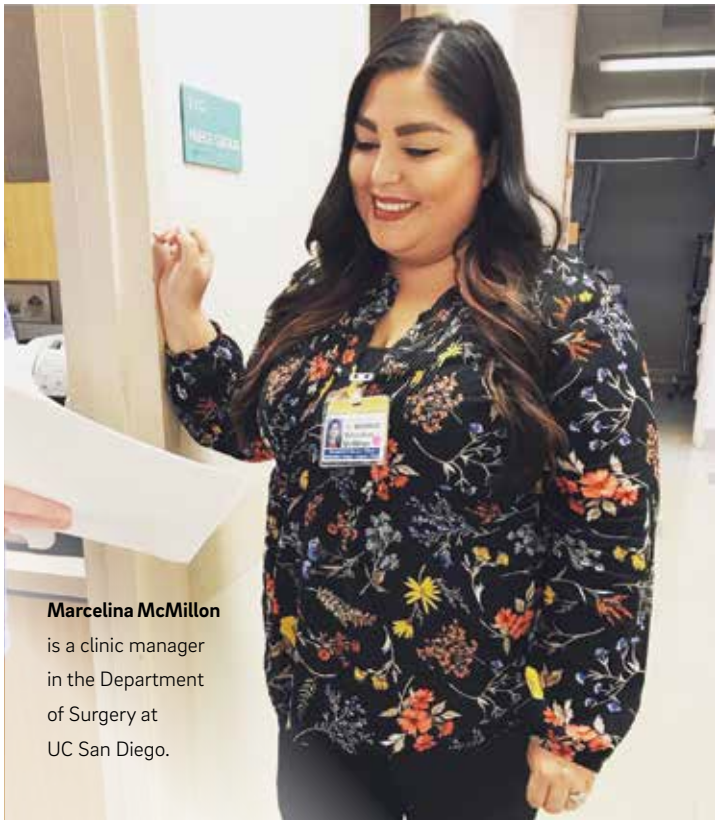
I remember to this moment taking care of a patient at Harvard when I was a resident, who had sinonasal cancer. Undifferentiated. Highly aggressive. This woman came in; I diagnosed her. She was 28 years old, had a little nose bleed. I looked up inside there and saw this ugly thing inside her nose. We did the usual things done in those days—made an incision along the side of the nose, turned the nose up, did a wide excision of everything the cancer touched. And she was good for six months. And then she had invasion into her eye. So we had to take out her eye. And then she had brain metastasis, and she died. Is it fair? No, it's not fair. As a surgeon, I do the best I can for each patient. As a researcher, I try to figure out how to prevent the disease from occurring and, instead of one patient at a time, uncover the cause and help many patients.

Dr. Jeffrey Harris is Chief of the Division of Otolaryngology/Head and Neck Surgery and a Distinguished Professor of Otolaryngology and Skull-Base Surgery.

The first time I went into an operating room I remember being wowed—the technology was amazing, the surgeries and the teamwork involved were incredible. I fell in love with it. Surgery is driven by routine and procedure, but what stops me, even after many years in OR nursing, is when you see the human touch come through. Everyone will be in autopilot mode, and then something happens to a patient and you see how professional everyone is during a code, when everyone is fighting for that patient's life. Recently, we had a placenta accreta case where there is a C-section to deliver the baby, and then removal of the uterus with the placenta. It's a very serious condition, and we had dozens of people there: anesthesiologists, surgeons, interventional radiologists, maternal fetal medicine, NICU, OR nurses and techs. It was a cast of thousands to save one person's life. And it was absolutely worth it, and it is worth it every time.

Kim Broms, RN, BSN, CNOR, is the Assistant Director of Perioperative Services at Jacobs Medical Center.

I had always been a stay at home mom. I ran a daycare for 8 years, went to makeup school. And then I met my husband. He's an orthopedic technician. He was like, let's get you a job at UCSD! I started taking some courses at Grossmont—medical terminology, medical office procedures—and I got really interested. My current role at Hillcrest Medical Center is to make sure the day to day operations of the divisions—colon and rectal surgery, trauma, burn, plastic—run smoothly. I started in 2011, on the float team in the head and neck surgery division. Then I moved to the call center, then I moved back to head and neck and assisted with urology. I worked really closely with the manager back then and she referred me for the lead position for the floor. It came with a lot of responsibility. And I just totally went with it. I was like: ok, if I don't know the answer, I'm going to figure it out. And I did. I like challenges and I like to help people.



Marcelina McMillon is a clinic manager in the Department of Surgery at UC San Diego.

Dr. Chris Reid joined the Plastic Surgery Faculty at UC San Diego in 2019. He completed his Plastic Surgery residency at UC San Diego and a Microsurgery Fellowship at UCLA.

I've always wanted to do something important. It took me a while to figure out what. I went to community college and then to San Diego State where I studied zoology. I was on track to be a conservation biologist. I also started my own business making t-shirts during college, and it was very successful. The business just grew and grew. But I would come home at the end of the day and all I had really done was added 2,000 t-shirts to the world and more money to my bank account. It wasn't particularly fulfilling. On the encouragement of my wife, I went to a talk at SDSU by Carolyn Kelly, who was the Dean of Admissions of the UCSD Medical School. The idea of being able to make a difference in people's lives, challenge myself, and learn seemed like a no-brainer. So, with 6 months before the deadline, I switched gears, scrambled an application together to medical school, got two interviews and was accepted to one place. From there on it's been a privilege to be part of such a remarkable profession, guided by great mentors, and supported by family, to whom I owe it all.

“Surgery is a skill just like any other skill: you have to practice. I love working with the brand new residents; they show up in July and they're terrified and you get to walk them through the first steps.”

—Bryan Sandler

Dr. Bryan Sandler is an Associate Professor of Surgery in the Division of Minimally Invasive Surgery (MIS); Director of Surgical Simulation; and Program Co-Director, MIS Fellowship.

Dr. Rebecca Marmor will complete her General Surgery Residency at UC San Diego in 2019 and begin a fellowship in Vascular and Endovascular Surgery, also at UC San Diego.

I was a philosophy major in college. I was interested in medical ethics and bioethics, but I ended up volunteering as an EMT [emergency medical technician] and realized that I don't just like thinking about issues in the abstract, I like interacting with patients and making a difference in their lives. Being a resident is a weird, in-between spot. You're a teacher to medical students and junior residents; you're still very much a student; and you're a practitioner—a lot of patients see you as their doctor. You also start learning to deal with real life stuff—the bureaucracy of the hospital, the long hours, the lack of time to decompress. I love it though—I love being a doctor, I love getting to operate, and I love fixing things.

Being a resident is fun, it's challenging—and it's exhausting. We spend 80 hours a week worrying about our patients, and then we go home and we spend the other 80 hours a week still worrying about our patients. It's easy to get worn out. Backpacking trips are my escape—time to get away from everything, get away from the technology, get away from Epic on my phone, and be out in nature and decompress. I went on my first solo backpacking trip during my first year of residency. It was a three-day, three-night, 40-mile trek, where I carried all of my own water and hardly saw any other people. It was a physical challenge and a mental challenge, but I came back refreshed despite being physically exhausted.

Dr. Steve Niemec is a General Surgery Resident at UC San Diego. In 2019, he will begin a research fellowship in pediatric surgery at Colorado Children's Hospital.


UC San Diego Health System

Dr. Dennis Bandyk is a Professor of Surgery in the Division of Vascular and Endovascular Surgery. He is also the Program Director of the Vascular Surgery Fellowship.

I've been a surgeon for 38 years. Working with fellows is always fun. I've trained about 35 vascular surgeons and they have gone on to train others. I enjoy seeing their progress and growth in confidence. It makes me happy when a fellow can take on a difficult case, make the right decisions, and execute it themselves. We're there to help, but they are driving the car, so to speak. As a surgeon, you're constantly learning and it's great to be able to impart some of what I've learned to my trainees. I also learn from my trainees, and occasionally, we learn together.

> "As a surgeon, you're constantly learning and it's great to be able to impart some of what I've learned to my trainees."
>
> *—Dennis Bandyk*

I was born and raised in San Francisco. My mom worked as a secretary and my dad was a mechanic. There were always spark plugs around the house and my dad would fix cars while we watched. I think that's part of what set in motion my interest in science.

I spent the last two years doing research in the trauma lab. As a resident you get accustomed to instantaneously gratifying results—a patient has appendicitis, we take out the appendix, and the patient gets better. In research, it's a much longer process, and though you may answer some questions, they raise even more questions. Sometimes you feel like the project will never get done. I remember days in the lab where I was just so frustrated—either that the experiment didn't work or realizing I had to start over. It helped to have Dr. Baird and Dr. Costantini, with their years of experience, say "it's par for the course, not everything has to work right the first time, you'll get there."

It was good to take a step back as a fellow and remember how important what we're doing is. As a resident, it's easy to lose perspective. Sometimes you're just so tired, and seeing patients day in and day out doesn't phase you. Being back, I've regained sight of the bigger picture. It's like, "wow, I get to help someone!" But being back with patients also makes it clear why the research matters. During one of my recent rotations, we had a patient who was quickly decompensating—within a day she was started on CRRT [Continuous Renal Replacement Therapies] and placed on a ventilator, and she still didn't show any signs of improvement. No one knew why she wasn't getting better. That was hard. You feel helpless. And it's research that is ultimately going to shine a light on circumstances like that—going to help us see what on that night we just couldn't see.

Dr. Theresa Chan is a General Surgery Resident who completed two years as a Trauma Research Fellow. She was the winner of the Shock Society Research Investigator Fellowship in 2017.

Dr. Arwa Kurabi is an Assistant Research Scientist in the Department of Surgery, Division of Otolaryngology/Head and Neck Surgery.

Research is frustrating and enjoyable. It's tough when results are completely different than what you anticipate. I can't tell you how many times we've rewritten hypotheses. But that's why it's called research—you're not "searching," you're actually re-searching, again and again. You want to have those failures, if that's what you want to call them, before translating it from the lab to the bedside.

Dr. Andrew Baird is Professor and Vice Chair for Research in the Department of Surgery. Prior to joining UC San Diego in 2008, he worked at the Salk Institute and The Scripps Research Institute where he was instrumental in establishing the physiological function of growth factors in processes like wound healing, injury repair and tissue regeneration, with the goal of developing interventions to target them and their receptors when things go wrong, like in cancer.

I like solving puzzles. I remember when we first characterized basic FGF (fibroblast growth factor) and Fred Esch at the Salk Institute read off its primary sequence. We had finally gotten it completely pure and there was a shadow of white powder at the bottom of the tube. Boy, there's nothing like the thrill of knowing that was the first time it had ever been seen, by anyone, ever. One of the things I tell our research fellows is the importance of experiments not working. If you propose something and everything works exactly as you predicted, what have you learned? I guess you've learned that you're smart. But if you do everything right and it doesn't come out the way you thought it would—and you can figure out why—that's where you have discovery. Because that's where current thinking is wrong. And if you can understand why, now all of the sudden you've got a degree of insight that the field didn't have before. That's why one of the first tenants of research is that everything is up for grabs—everything is up for discussion. And a fellow can bring a completely new way of thinking about something. The challenge is to ensure that the more established, senior people have an open mind, and that the new people feel empowered to speak up and say, "gee, there's another way of thinking about this."

Dr. Michael Turner is a General Surgery Resident at UC San Diego. A 2016 report from the Association of American Medical Colleges notes that in 1978, 1,410 black men applied to US medical schools. In 2014 that number was 1,337.

There's a common saying in black culture that you have to be twice as good, the thought being that people assume incompetence, so you have to be excellent just to be considered good. Talk to any black kid in an undergrad or grad program, and most will say "yeah, twice as good, man." My dad used to tell me that. My grandpa told me that. And I feel it. I've had people tell me, "you're in school because, well, you know." It comes from friends who didn't get into the schools I got into. They're like, "if I had your skin color, I would have got in." That devalues my work and my commitment. I didn't get As in college just because I was black.

I think by nature I'm a live and let live kinda guy. I'm not going to try to cause waves. But a friend challenged me recently. He was like: look, you have a spot at the table that a lot of people can't get to. And so you owe it to all those people to speak up. And if you're not going to speak up, get out of the way so others can. So I do feel a responsibility to speak up for my brothers and sisters who couldn't get here, and it's not because they're not smart enough or they don't work hard enough.

Institutions talk about diversity and inclusion. And in some ways diversity is improving. Half my incoming class is female, which is awesome. But there are so few African Americans. And that's a problem throughout medicine. The AAMC said there are fewer black applicants to medicine today than in the 1970s. Black males are the only minority group that's true of.

We need to do more than talk about diversity. We need to talk about racism. The systemic racism that's been prevalent in American society, that's prevalent in academic institutions, that's prevalent in medicine. I know it's difficult to talk about. But if you're not going to define the problem, you're going to limit solutions. It's so much tougher to work around something you're not going to talk about.

Dr. Luis Cajas-Monson completed his General Surgery Residency training at UC San Diego in 2017, and began a vascular surgery fellowship at the Mayo Clinic in Rochester, Minnesota in 2018.

I was born and raised in Guatemala, the only child of a single mom. When I was growing up, I ended up in the hospital a couple of times. I got shot when I was 16 and got malaria when I was 17. Those things led me to think that I would eventually go into medicine. When I first came to the States, I went to a counselor who was supposed to be an expert in Latino issues. When I met with him, I told him I wanted to be a doctor, and he just straight out said: that's not possible. You can't do that. But then I had a professor and he happened to notice that I was a little sad and asked me about it. I told him the story. He said: that's ridiculous. I'm your advisor now. And that changed my life. I went to med school and was a mentor for 10 years for kids who grew up in harsh circumstances. When you're in an environment where nobody has been to college—like one of my mentees—where you haven't seen anyone around you do it, you think, oh, that's what somebody else does. You don't even know why you can't, you just don't think you can. And then you meet somebody who's doing it and it's like, wait, we're pretty similar actually, what's the big deal?

Dr. Sarah Blair is a Professor of Surgery in the Division of Breast Surgery, Vice Chair of Academic Affairs/Faculty Development, and Director of Women in Surgery at UC San Diego.

When I started in medical school in 1992, our medical school had about 20% women. And that was considered good. Back then, as a woman, it felt like you had to work doubly hard, be doubly good. Patients assumed you were the nurse. Ancillary people in the hospital assumed you were the nurse. Things are a lot different now. We have more women leaders. Almost half of our trainees are women. In terms of hospital and departmental leadership, though, that has lagged behind. It's improved in the last few years—we now have a few women division heads. Still, if you go into the Basic Science Building on campus, there are pictures on the wall of the department chairs. And there aren't a lot of women on that wall.

> “I was like, ‘I’m not going to pretend. I’m going to study hard and work hard, but they don’t get to tell me what my personality is going to be.’”

—Jenny Lam

I’m from Las Vegas. My mom was a blackjack dealer and my dad was a maintenance guy for one of the casinos. Las Vegas is very accepting of extremes, in fact, nothing in Las Vegas is really that extreme. You can be flamboyant and it’s totally normal. In medicine that’s obviously not the case. I remember when I started medical school, I told myself I needed to change my appearance to conform to what I thought was normal. So I dyed the red out of my hair, and dressed a certain way that I thought was appropriate. After six months I was like, ‘I’m not going to pretend. I’m going to study hard and work hard, but they don’t get to tell me what my personality is going to be.’ Now I’m a resident and it’s the same. I went to SAGES last month [the Society of American Gastrointestinal and Endoscopic Surgeons annual meeting] and I definitely got a lot of funny stares. But that’s ok. Because when I told people I had four presentations and a poster, I think my work shined through. I still encompass everything a doctor should be, I just look a little different.

Dr. Jenny Lam is a general surgery resident at UC San Diego. Since 2017 she has been a research fellow in Minimally Invasive Surgery. In this picture she practices laparoscopic surgery in a pumpkin with a middle schooler visiting UC San Diego as part of an educational tour.

Dr. Travis Pollema is a Cardiothoracic Surgeon and Assistant Professor of Surgery at UC San Diego.
He and his wife, an attorney, welcomed their first daughter in 2018.

My wife and I are both from a small town in Iowa. The population was something like 2,500 people. We went to high school and college together and both of us went to grad school in Kansas City. We came to San Diego for my fellowship in cardiothoracic surgery and ended up staying here.

Being a surgeon is a commitment. You have to be committed to the job, because if you aren't, you either don't do it very long or you do it very poorly. On a daily basis you have to try to balance the career with your personal life. And the hospital is a very easy place to be if you really love your job. Operating is fun, taking care of patients is great—it's very rewarding and you can find yourself here all the time because there is just so much work that can be done. It can be all consuming. But if you want to have a life outside of medicine you have to find balance. I think that's the toughest part about medicine. How do you be equally committed to your patients as well as to your family and your friends.

When I was a resident, we would go out to dinner with friends on Friday nights and I would usually fall asleep at the dinner table—right in the middle of dinner, I'd just fall asleep. Some people got upset about that. But after years of watching me work a lot and getting to know me, they were like: oh, he's tired. Let him sleep. You have to find ways to be present with the people you care about and you have to rely on your friends and family to be understanding.

"If you want to have a life outside of medicine you have to find balance. I think that's the toughest part about medicine. How do you be equally committed to your patients as well as to your family and friends."

—Travis Pollema

I delayed having a family because it was never a good time. We've run into fertility issues, because I'm 37 and have never been pregnant. It's taken a lot of time and money. I did IUI (intrauterine insemination), which didn't work. And then I did an IVF (in-vitro-fertilization) cycle. That didn't work. Then I went to Dr. Su at UC San Diego, and we went through egg retrieval. Only two of the eight fertilized. It's just been so hard. And nobody really understands unless they've gone through it. You work hard your whole life trying to get somewhere, and you've always been able to get there if you worked hard enough. But this is something that you can work really hard at and it doesn't matter. You can't control it. Each step felt like a knock down. We decided to transfer both eggs. And now I'm 18 weeks pregnant—we've seen the heart beat and it seems real. So, after all that, it did work, but it's a journey with a lot of ups and downs.

Dr. Lisa Parry is an Assistant Professor of Surgery in the Division of Colon and Rectal Surgery.

Dr. Rebekah White is an Associate Professor of Surgery in the Division of Surgical Oncology and **Dr. Mark Onaitis** is an Associate Professor of Surgery in the Division of Cardiovascular and Thoracic Surgery.

We were in the same med school class at Duke, we met the very first night at a social. There were 100 people in our class and at least 10 couples emerged. I think that is pretty common, because you spend so much time with each other. We've been married for 17 years. We don't talk about work at home as much as people probably think we do. We talk about the kids, baseball schedules. I think we've both matured, as you'd expect in 17 years. And we both have gotten a little calmer. *—Dr. Rebekah White*

We waited until we were done training to have children, we have two boys, one ten, the other eight. When we were junior residents, we were never home. I mean ever. It was like, ok I'll work all day and all night; I won't leave; I'll do extra cases. Now every day is, I'm going to do my very best for my patients at all times, but then we have to think about dinner, baseball practice, school. No longer is either of us the most important person. Along the way, we have pursued our own excellence and still managed to remain best friends. *—Dr. Mark Onaitis*

I grew up in a suburb of Milwaukee, Wisconsin. I wanted to be a writer or a chef, but in college I took a biology class and excelled. It was the first time it ever occurred to me that I could do something in science. In my third year of medical school, I did a transplant surgery rotation. Flying on the planes, watching the organs work, all the medical and surgical challenges that went into making those sick patients well—I was hooked. Now, as an academic surgeon, I teach and train students and residents. I get a lot of questions about lifestyle—would I do this again, what do I get out of my career? The truth is, sometimes, I wish I had chosen a profession where things were easier. We take a lot of call and work long hours, often in the middle of the night and on weekends. My identity is wrapped up in this job. But every once in a while, I get a reminder of why I choose to do this. I did a kidney transplant recently with a medical student who had never seen one before. After we reperfused the kidney, it pinked up and started making urine on the table. And he turned to me and said: "That was the greatest thing I've ever seen. I want to be a surgeon." It's good to remember that what we do on a daily basis, and what's become normal to us, is actually amazing.

Dr. Kristin Mekeel is the Interim Chief of the Division of Hepatobiliary & Transplant Surgery, and Surgical Director of Kidney Transplantation.

Kimmy Gross, Nurse Practitioner, Transplant (center); and Dr. Sarah Stringfield (left) and Dr. Arielle Lee (right), both general surgery residents.

> "I was diagnosed with ovarian cancer in 2016. I know what it's like to be a patient; I know what it feels like to go home and think about it and not have any control."
>
> —*Kimmy Gross*

I actually wanted to be a radio show host. I love music and I love to talk. But nursing is in my blood. My mom's a nurse, my grandmother's a nurse. I take care of transplant patients. I absolutely love my job. Transplant patients are here for a long time, and they're coming in for a life-changing situation. It's a very big emotional ride. They need someone to be their advocate. And that's what I do. I was diagnosed with ovarian cancer in 2016. I know what it's like to be a patient; I know what it feels like to go home and think about it and not have any control. In our jobs, all we do is control. We control patients' bodies, what they're doing, we make decisions. Stopping, and explaining why, and taking a moment to be with them is so important. Sometimes, patients just need someone to make them laugh, or to hold their hand or cry with them.

I do authorizations for the Department of Surgery. A patient comes in for a consultation, the doctor decides whether they want to do surgery or not, and we have a certain time-frame to get authorization from the insurance company. I strive to do everything on my end so that the patient doesn't have to worry about—will insurance cover it. That's a heartache. And insurance companies will try everything in the book not to approve a surgery. It's frustrating sometimes. Even though it's not my fault, I feel like I've failed them in a sense when it gets denied. I'm from a small town called Visalia. I've been working in healthcare since I was 18. The obvious answer to the question, "what do you want to do with your life?"—is, "be successful and make money." But I just want to be a good person. I want to help as many people as I can, even if I'm not a millionaire.

Karlo Alvarez is an Authorizations Coordinator in the Department of Surgery.

Monique Flores is a Clinical Coordinator in the Division of Colon and Rectal Surgery.

I am originally from Escondido, California. I was raised by my grandparents because my dad was in jail. The way I grew up had a big impact on my life. When I had children, I didn't want them to go through what I had. I started working at UC San Diego in 2014. It's fulfilling work because you get to help patients with cancer get through the process. I remember talking to a man whose wife was just diagnosed with cancer. She was having these horrific migraines and was taking her suffering out on him. He didn't know what to do. He sounded really desperate. And it seemed like he had been holding it in a long time, which is what I used to do when I was going through bad times. So I said to him: you have to let it out. And he actually walked into a closet and started crying. He was in the closet when he was talking to me.

Debbie Soldano, NP, MSN, OCN is a nurse practitioner. She works in the Division of Surgical Oncology.

I like this picture. It was taken the year my sister died of pancreatic cancer. She was 53. I'm a nurse practitioner in the Division of Surgical Oncology, where I've worked for 11 years. I am responsible for providing our patients the help and education they need to understand their diagnosis and why we recommend the treatments we do. I help them navigate the system and stand by them along the way. I love my job because I love the people I take care of. In the world we live in, we need each other. People with cancer need help and they need hope that, at least for today, they're going to be ok. When we care about others, listen to them, and participate in their lives, wonderful blessings come. I am honored to be in a position to do that.

> "When we care about others, listen to them, and participate in their lives, wonderful blessings come."
>
> —*Debbie Soldano*

Dr. Erik Owens was Chief of Surgical Services at the San Diego VA Medical Center for 20 years. He retired from that position in 2019 and continues to serve as Professor of Surgery in the Division of Vascular and Endovascular Surgery.

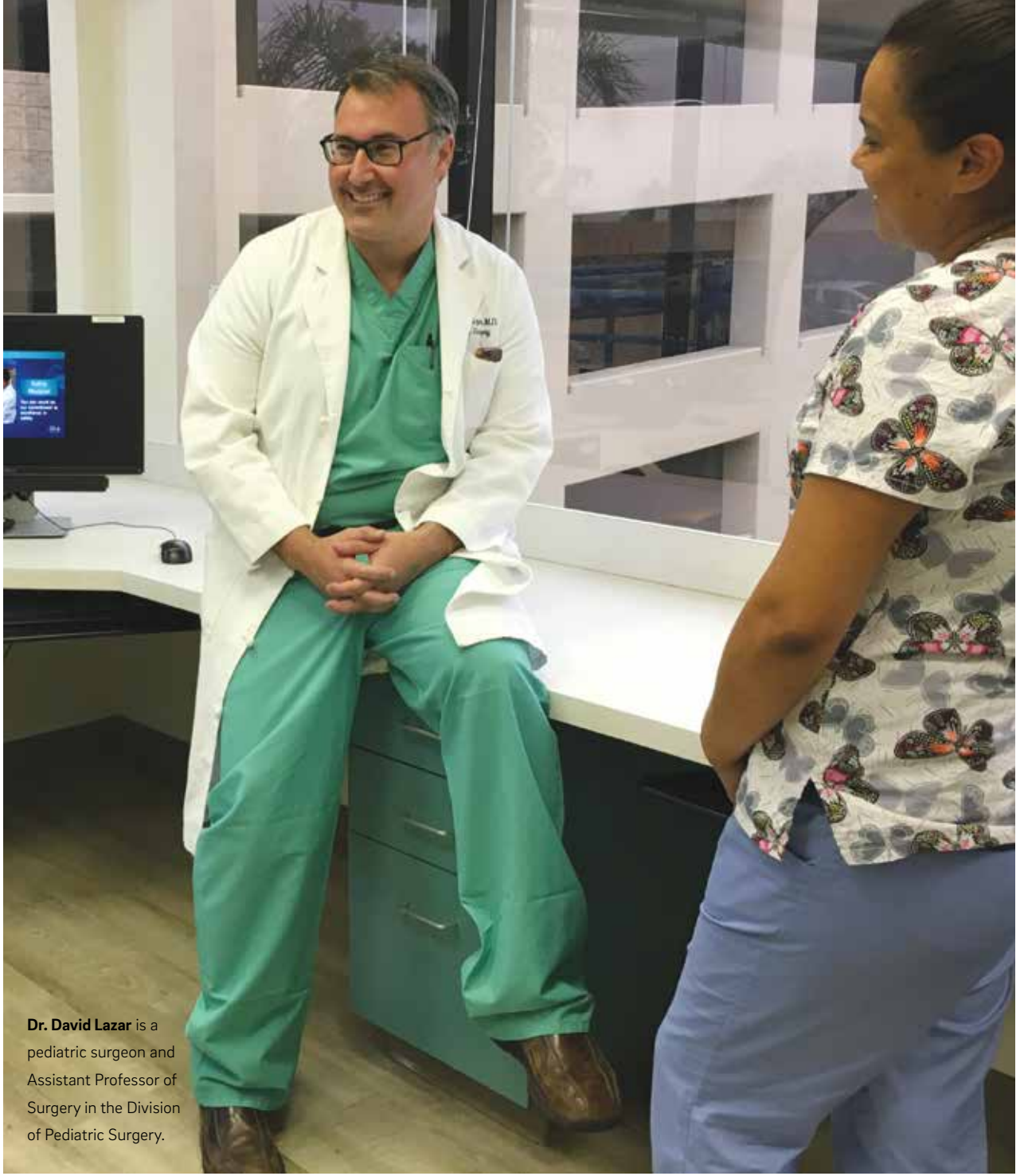
I've always felt a kindred spirit with the veterans. I never served in the military, but I feel that working here is my way of giving back. About a year ago I was standing in line with my white jacket on, buying my lunch, and the gentleman in front of me said, "You're a doctor here right?" I said yes. And he said, "I'd like to buy you lunch." When I asked him why, he told me that his father, who was in the ICU, was having a tough time and that everybody—the nurses, the doctors—was doing a great job taking care of him, and he wanted to say thank you. I was taken aback. I told him my name, gave him my card, and said that if there was any way any of the surgical teams could help his father, he should let me know.

Dr. David Hom is a Professor of Surgery in the Division of Otolaryngology/Head & Neck Surgery. He joined UC San Diego in October 2018 from the University of Cincinnati. He is pictured in the Hillcrest hospital cafeteria, where he was first inspired to be a doctor.

I was born and raised in East San Diego, and worked at our family's produce business downtown, sorting, bagging, and delivering fruits and vegetables to local grocery stores and restaurants. Eventually I ended up at UCSD for pre-med. In the summers, I'd volunteer at the County Hospital, which is now Hillcrest Medical Center, serving water to patients. I remember one young man who had systemic lupus. He was doing crossword puzzles and we talked for a while. When I came back the next week to visit him, he'd passed away. It made you think about things. I would eat lunch in the cafeteria in the hospital and I remember overhearing a group of doctors talking about a case. They were so passionate—trying to solve this complex problem and help the patient. It got me thinking: why can't I do something like that? In medicine, there can be a communication gap between patients and doctors in how they relate to each other. I think that where I grew up has made me a better doctor and helped me understand different types of patients. Everyone has a story. And listening to our patients' stories makes us better doctors and better people.

Being a father has really helped me connect with the parents of my patients. I freely share that I have two little girls, both of whom have gone to the operating room. I think that gives me some street cred, that they can trust me, but it also helps me understand what they're going through. I know what it feels like to be powerless and vulnerable, when all you want to do is switch places and have the surgery yourself instead of your kid.

> "I know what it feels like to be powerless and vulnerable, when all you want to do is switch places and have the surgery yourself instead of your kid."
>
> —*David Lazar*



Dr. David Lazar is a pediatric surgeon and Assistant Professor of Surgery in the Division of Pediatric Surgery.

Dr. Amanda Gosman is Chief of the Division of Plastic Surgery and Director of Craniofacial and Pediatric Plastic Surgery. She also directs the Fresh Start Surgical Gifts Clinic, which provides disadvantaged children free reconstructive surgery at Rady Children's Hospital-San Diego.

I grew up in Toledo, Ohio. My father was an orthopedic surgeon, and he was in practice with his father and my uncle. So, a family of orthopedic surgeons. I never had any interest in medicine, but was always very shaped by social issues. I went to Egypt in high school as an exchange student and was really struck by disparity—I couldn't understand why some people were progressing and other people were so far behind. Eventually I decided I could best help people by going into medicine.

The things that motivate me now are the same things that motivated me then: the completely unequal division and allocation of resources and doing something to address those inequities. In San Diego we have a lot of work to do to provide needed services to the population that isn't receiving them. It's not as glamorous as doing just aesthetic surgery but it's incredibly important.

One of the reasons I love plastic and reconstructive surgery is that we have the privilege of coming into peoples' lives and contributing to something that makes it better. If someone is sick or they face something life-threatening and they are cured, that's obviously profound in a way that is hard to imagine unless you've been through it, and many of my surgical colleagues are involved in that kind of thing. But it is also profound to journey with someone who gets their life back in a different way—someone born with a craniofacial deformity for example—who was functional but becomes even more functional, and integrated into society and accepted. There's something really precious about that and being able to share that journey with patients and their families from infancy to adulthood. And those patients, because of what they've been through, they often become very sensitive towards the world. They have a different perspective. I always feel I learn a lot from them. It's a very mutual exchange.

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—Amanda Gosman

Dr. Charley Coffey is an Associate Professor of Surgery in the Division of Otolaryngology/Head and Neck Surgery.

Head and neck cancer can be pretty aggressive. It's not uncommon to treat a patient successfully but then have a recurrence 6 or 12 months down the road, and the cure rates for recurrence go down and down. People with cancer are often at their best in some ways, though. It's amazing to see families, faced with difficult news, say, "all right, what do we have to do?" To see them face that with courage. It sounds corny, but it's inspiring. And it's amazing when we cure people. You see people who have a new outlook, which is to say truly a second lease on life. You can see that weight just lifting and lifting and lifting. People get their lives back. And when you see them at their follow up appointment, they're not just doing ok. They're like, "life is GREAT. I love being alive!"

My mom was diagnosed with cancer when she was 35. She lived with it for 15 years and died when I was a surgical intern. She had a rare cancer called sarcoma. I was 10 when she was first diagnosed but I didn't know about it until I was almost 18. She was treated at Sloan Kettering and was free of disease for almost 8 years. But then it came back. She had four or five more surgeries over the next several years, and then she died. It's important to help people prolong their life even if you can't cure them. People ask me: how can you do the work you do, it's so depressing. And I always say: you can always help somebody, even if you can't cure them. And you can't cure everyone. In my field, you can't cure most people. But you can still make a big difference. And if somebody gets to see their kid for a couple more years or their grandchild or whatever—you can't replace that.

Dr. Andrew Lowy is Chief of the Division of Surgical Oncology. A pancreatic cancer specialist, Dr. Lowy is part of two Stand Up To Cancer dream teams, which focus on identifying and managing patients at high risk for development of pancreatic cancer, and developing new ways to prevent pancreatic cancer. By 2030, pancreatic cancer is predicted to be the second leading cause of cancer death, behind only lung cancer.

Dr. Bryan M. Clary, an expert in the surgical treatment of patients with diseases of the liver, pancreas, and bile ducts, is the 4th Chair of the Department of Surgery. He also plays lead and rhythm guitar and wishes he could play tennis on the level of Roger Federer or pitch on the level of Clayton Kershaw.

I grew up in Imperial, California, a small desert community two hours east of San Diego. While my community was light on material resources, I was exposed to many role models who lived lives of incredible service. My grandfather was a minister in our local church and left a legacy of attending to the physical and spiritual needs of so many. My mom taught in the local elementary school for over 30 years, and I can't go to the store with her without running into grateful former students or their kids. I had teachers and coaches who were always doing, doing, doing for me and for others.

When I was thinking about a career, I knew I wanted to do something very hard. I wanted to do something that many people say you can't do coming from Imperial.

I also desired a career where helping others was central. And, like most who grow up in relatively poor communities, I hoped to secure a livelihood that would enable me to take care of my family, my extended family, and my community. While many careers could have fit this bill, being a surgeon seemed to be the right fit. I was perhaps unduly influenced by the popular M.A.S.H. television series, which was nearing its conclusion when I was finishing high school in 1983.

As you get older, you begin to think more about the broader impact you will make (or hope to) over the course of your career. The opportunity to serve as Chair of Surgery at UC San Diego is a gift—one that I'm extremely grateful for. Every day I get to facilitate the success of faculty and trainees, and through them impact the lives of many more patients than I otherwise would have. Our affiliation with El Centro Regional Medical Center, which is three miles from my hometown, also gives me the chance to give back in a deep way to the community I owe so much to.

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—Bryan Clary

Every day in our operating rooms, surgeons, nurses, anesthesiologists, and technicians gather together to alleviate the suffering of others whom they barely know and yet care deeply about. Every procedure is in itself a true wonder and a testament to ingenuity, perseverance, stamina and above all compassion. The coordination, precision, and skills of these surgical teams are truly inspiring as manifest in the endless variety of television shows and motion pictures that depict (not always accurately) their successes and sometimes their failures. While the focus is often on the surgeon holding the knife, the delivery of surgical care requires large and complex teams. It involves not just teams in the operating room, but teams in our clinics, in our offices, on the wards, in the medical center CEO suites, in our research labs, and in our schools. These teams are made up of people; people just like you and me, and yet as unique as snowflakes.

Relationships and connections are at the very core of delivering great surgical care. While the connections between patients and the health care team are obvious in their necessity, the connections between the health care team members are critical not only to delivering the best care for our patients, but to the wellness of everyone involved. Indeed, we do better when we view each other not merely as fellow employees, but instead as fellow human beings.

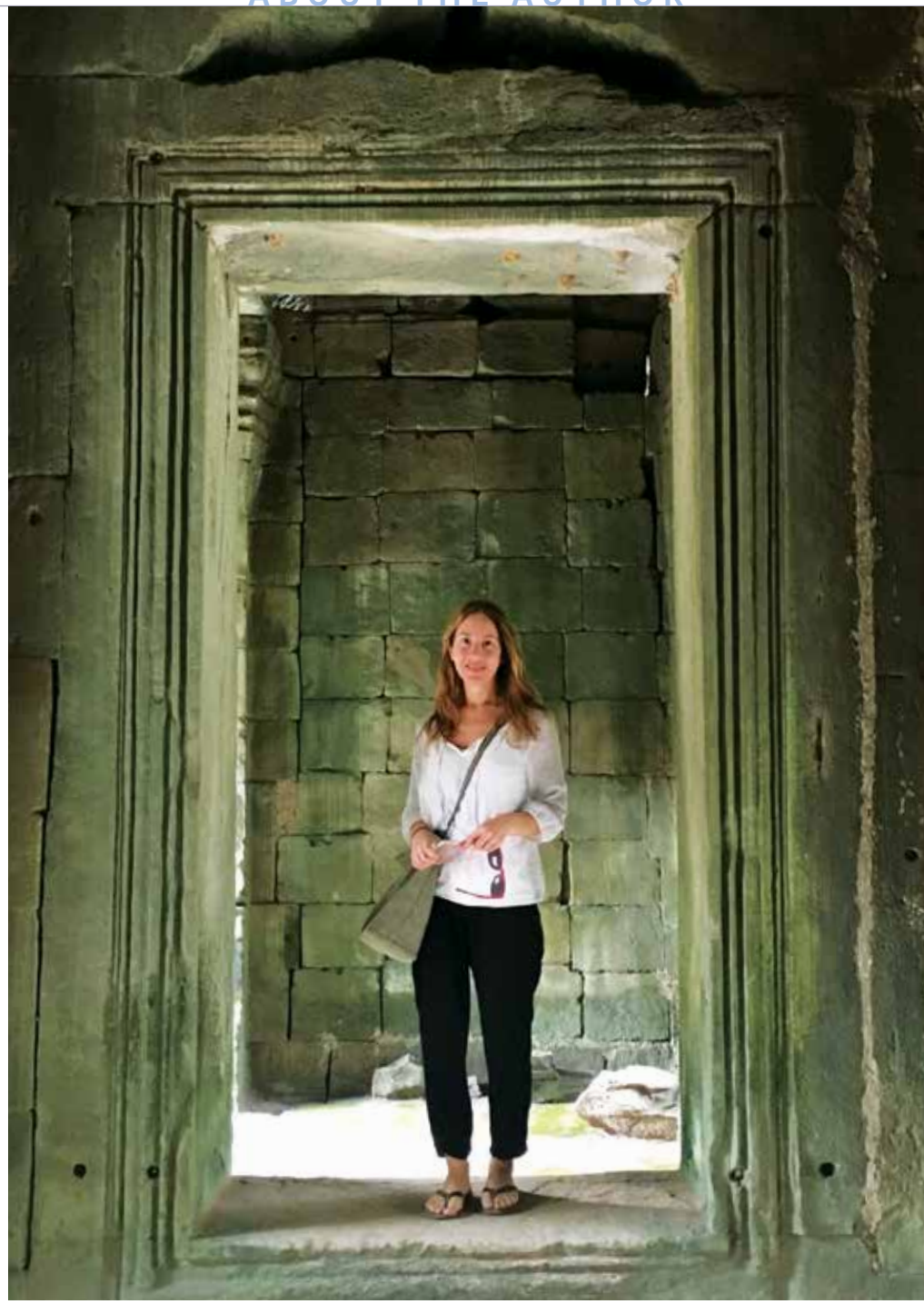
My excitement about the Humans of Surgery project centers on its ability to develop these connections through a deeper understanding of our team members. The vignettes offer insights into who our team members are and why they are motivated to serve patients, and into how the Department functions. Now when I see these team members in the workplace, I see them in part through the lens of their Humans of Surgery posts. With each new post I am further convinced that the resulting familiarity facilitates a deeper concern for those around us and ultimately for our patients.

While far from complete, this compilation of posts presents a vivid picture of the Department and the truly extraordinary environment we get to work in every day. I could not be prouder of, or more inspired by the extraordinary group of humans that makes up the Department of Surgery at UC San Diego.

Bryan M. Clary
Chair, Department of Surgery
UC San Diego

> “Alone we can do so little; together we can do so much.”
>
> —*Helen Keller*

Lindsay Morgan is a senior writer, editor and analyst with more than 15 years experience in strategic communications. Prior to joining UC San Diego as the Director of Communications for the Department of Surgery, Lindsay worked as a writer and researcher in the international development sector, where she worked for the World Bank, Bill & Melinda Gates Foundation, and Center for Global Development, among others, in countries ranging from Afghanistan, Bangladesh, and Indonesia, to Burundi, Tanzania, Malawi, Liberia, and Mozambique. She is author of the blog, Dispatches, and currently resides in Boulder, Colorado, where she is writing a book while continuing to support global development organizations.



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