

**Western Trauma Association**  
**Past President Interview**  
**R. Christie Wray, Jr., MD interviewing Harvey Sugerman, MD**  
**February 26, 2007**  
**Steamboat Springs, Colorado**

**Dr. Wray:** Starting off, how did you first get interested in a career in medicine – not in surgery per se, but in medicine?

**Dr. Sugerman:** I had two uncles – one on my mother’s side and one on my father’s side. The one on my mother’s side was a rheumatologist who had trained at the Mayo Clinic. The one on my father’s side was a pathologist and I had great respect for them. My own father was in retail in a department store and I didn’t find that interesting as a kid, so as a child I always sort of gravitated toward medicine I think from the time I was little. For sure by the time I was eight years old, I was thinking seriously of becoming a doctor - whatever that meant – and that’s what happened.

**Dr. Wray:** Tell me about how you chose the undergraduate school you attended and whether you would recommend it to your children.

**Dr. Sugerman:** I chose Johns Hopkins because I thought it was good for sciences and biology, and yeah, I did recommend it for all four of my children, but they had no interest. They thought it was sort of an egghead type place and they all went somewhere else!

**Dr. Wray:** What about the medical school you attended?

**Dr. Sugerman:** I attended Jefferson because that’s where I got in and actually had a delay between pharmacology college and medical school where I was working at Jefferson and got a Master’s Degree in pharmacology there and then while I got that degree, I entered medical school there.

**Dr. Wray:** Did the Master’s Degree ever play a future part in your academic career?

**Dr. Sugerman:** Only insofar as that I was exposed to some basic aspects of research, although it was within the department of surgery. In that department of surgery was a chairman by the name of John Gibbon who developed the heart/lung machine. So I worked in the surgical research labs during the time I got my Master’s Degree, and it may have played a little bit of a role in motivating me to be interested in an academic career.

**Dr. Wray:** On the recreational side, you’re obviously a skier, and a good one at that. Did you have any interest in other sports when you were growing up?

**Dr. Sugerman:** I had an interest in golf, but it didn’t seem to have an interest in me, and – not really. I was not a very athletic youngster. I’m not very athletic even now, and although you

complimented me on my skiing, it remains at an – I'd say- perhaps an advanced intermediate at best.

**Dr. Wray:** Switching back to surgical training, how did you choose where you did your general surgery training specifically?

**Dr. Sugerman:** Well, I came about things in a difficult way, so I actually took a straight medical internship because I didn't think the surgeons were really that smart. So I went into internal medicine briefly, and I looked around at some of the better programs because I graduated rather high in my class, and ended up choosing the University of Pennsylvania, but it wasn't very long after beginning that internship that I lost interest in internal medicine. I was primarily in the outpatient clinics for a couple of months. I might not have switched had I been in the cardiology cath lab or the GI endoscopy clinic, but I got very bored with what I was doing and couldn't imagine having to do that for the rest of my life and surgery was appealing to me. I looked around the country at a lot of different possible options. I got called by the Chairman of Surgery at the University of Colorado inviting me to come out there, but I really wanted to stay at the University of Pennsylvania in the program of Dr. John Rhodes because it was a very impressive surgery department. Fortunately they had a slot for me, and I was lucky in those days that I didn't have to repeat a surgical internship, that they accepted my medical internship as the year of penance and I think nowadays that would not be possible.

**Dr. Wray:** And how do you feel about your choice of general surgery as a career as you reach the tail end of yours?

**Dr. Sugerman:** I really enjoyed my career and I enjoyed the clinical work I became involved in. I enjoyed the critical care component of seriously injured patients. I enjoyed the trauma surgery, and I got involved very early and again I have to say I do things in a difficult way. After finishing my residency, I was given the opportunity of joining the Army. I was one of those obligatory volunteers in the Barry plan and I had gotten a little jaded feeling about academics and so after the Army I joined a private practice group of surgery in Allentown, Pennsylvania, but again got very bored with that as I had gotten bored with internal medicine and missed the academic world. After looking around the country quite a bit, I ended up at the Medical College of Virginia because a lot of my research while at Penn as a resident was in a shock and trauma unit and involved with ARDS in critical care. So after looking around the country, the Medical College of Virginia with Lazar Greenfield who himself had an academic career interest in shock research and I thought would be supportive of what I wanted to do attached me there. So I enjoyed that work and during that time, I discovered that my income was going to depend on my clinical activity and there were few options at the Medical College of Virginia when I got there and people were calling up from around the country for severe obesity because the prior Chairman, David Hume, had done a lot of gastric bypasses and after he died when he crashed his plane into a mountain outside of Los Angeles, there

was nobody at the Medical College of Virginia to do that. So I asked Dr. Greenfield if he would support my doing that and he said “Just make sure you study what you do” and that’s what I did.

**Dr. Wray:** I’m sure you must have seen some changes in how surgery is practiced and I would like you to comment on that and then specifically about bariatric surgery as you’ve seen it develop.

**Dr. Sugerman:** Well I think the exciting thing for general surgery has been the development of a minimally invasive surgery and I must admit I was a major skeptic when I first was at the bottom of the escalator at the American College of Surgeons meeting watching somebody taking a gall bladder out with three little instruments. But it became clear very shortly thereafter that that was really a major advance and it was one of those advances that occurred in a private practice environment – not in a university environment – but then extended on into various types of minimally invasive approaches. During my clinical career besides trauma and critical care, my two interests were in inflammatory bowel disease, and [REDACTED] in Crone’s disease as mentioned in obesity surgery. Obesity surgery had real negative view of others, including my surgical colleagues then, and to some extent, even now. It was a wonderful opportunity to study Pathophysiology in a group of very compromised individuals and it was a very rewarding experience because these patients who were very sick got better quickly, and it really saved their lives and the quality of their lives. But again, in bariatric surgery, the approach has now become minimally invasive as well, and that’s been a very exciting development for that field because these patients don’t have these huge wound incisions and the major wound complications that occur in those patients including wound infections and major hernias, and the recovery period clearly is much, much better. The problem in that area was that there were a whole bunch of people doing it with inadequate training and there were a lot of serious injured patients during that time. Fortunately now that seems to be better controlled.

**Dr. Wray:** I would like to hear about some high points of your career exclusive of your connection with WTA which we will cover later.

**Dr. Sugerman:** Well I guess the high points were – you know – as an academic surgeon, becoming a member of the Society of University Surgeons and the Southern Surgical Association. Those were honors, but I have to admit my wife wasn’t very supportive of those societies. She thought they were a bunch of people who thought much higher of themselves than they probably deserved to feel. But the real highlights of my career were my patients and the work I did for them both in inflammatory bowel disease and in obesity surgery. And I guess maybe the biggest highlight was when I retired. My patients had a party for me and gave me a beautiful Rolex watch which I would never have purchased.

**Dr. Wray:** How did you first get associated with Western Trauma Association?

**Dr. Sugerman:** Well fortunately there was a plastic surgeon at MCV by the name of Austin Mehrhof and Austin knew that I was interested in trauma. I was the director of the ICU and I was the trauma surgeon and he knew I liked to ski. He said, "you've got to come out to this meeting – you're gonna love it!" That was in 1989 and the rest is history! Clearly it's my favorite organization of anything I've been involved with. More important than the meeting are the people, and a wonderful opportunity to get to really know some wonderful people.

**Dr. Wray:** Do you recall where the first meeting was held that you attended?

**Dr. Sugerman:** Yeah, I do. It was in Snowbird in 1989, and unfortunately, that was the meeting where Earl Young died on the mountain. My son and I were riding up in the chair lift when we saw someone being given attempted resuscitation on the slopes, and of course that turned out to be Earl Young, but that was the first meeting and I have not missed one since.

**Dr. Wray:** How did you get involved with being an officer with the Western Trauma Association?

**Dr. Sugerman:** Well, I think my becoming an officer I owe a great deal to yourself, Chris Wray, and to Barry Esrig for your support. I was given the opportunity of being the Publications Chairman for several years and that's a pretty serious task. It requires a fair amount of work and I think because of that effort, it was felt that it would be appropriate for me to become an officer. I had been on the Board before that and normally the sequence of events is that the treasurer and secretary to go toward the presidency and every third year there's an open slot. I was given the opportunity of sliding into one of those open slots.

**Dr. Wray:** What changes, if any, in the scientific program have you noted during your association with Western Trauma?

**Dr. Sugerman:** Well I think it's become progressively more and more scientific during my membership, and I think that it preceded my joining the WTA when Gene Moore arranged with the Journal of Trauma to publish many of the papers that were presented at the Western Trauma and that motivated a lot of academicians to submit articles to the Western Trauma because it was a way to get published in the Journal of Trauma, and I admit some guilt in that regard as well because I had a major interest in the acute abdominal compartment syndrome and a research lab dedicated to that as well as research interest in ARDS and some of the mediators that would be involved in the development of ARDS, and it was an opportunity to publish a lot of our basic science work that would then be published in the Journal of Trauma. The work I did in the acute abdominal compartment syndrome then spilled over into my interest of severely obese patients. It came to me to think that they had a chronic abdominal compartment syndrome and we

did a lot of porcine work showing the effects of increased intra-abdominal pressure producing many of the pathologic responses seen in severely obese patients.

**Dr. Wrey:** The Western Trauma Association, of course, is more than science as a big social program. Are there any stories, or highlights, or changes you'd like to mention?

**Dr. Sugerman:** Well let me go back a step. I think that following the talk by Jerry Jurkovich entitled "Paint the Calling"- I think it got the society to go back to some of the primary purposes that the WTA was formed in terms of an interest in life beyond medicine, and I think since that time there's been a progressive interest in supporting the family qualities of the society. I think that the most wonderful aspect to it is brining your spouse and bringing your children. It was great for me – we worked it out so that we brought one kid at a time because we couldn't afford to bring all four of our children, and they had a terrific time here skiing and meeting wonderful people, and I think it was very helpful to them to meet these just wonderful surgeons and their wives. I think it was helpful to their whole education and approach to their lives.

So in terms of specifics, I guess the funniest and most – but not-so-funny story is that I was at this meeting at Crested Butte when the president for that year, yourself, Dr. Christie Wray, in his typical careful skiing fashion had the opportunity to crash into some poor lady coming across one of the many cross paths at Crested Butte and got a LeFort III fracture which led him to be medivaced and surgically repaired so that somebody else had to give his presidential address. The amusing component of that was that when flying back to Richmond after the meeting, Betsy and I, you know, were sitting in our chairs, and we heard from behind us this lady saying "You won't believe what just happened to me! I was on the slope – I was coming across the slope – and this wild man crashed right into me! It turns out he was a surgeon, you wouldn't believe! Fortunately I wasn't injured. Now when I heard that, I decided the best course of action be to not bring up the issue and quietly sit for the rest of the flight and not acknowledge that I was a member of the Society where the surgeon was involved!

**Dr. Wray:** In closing, are there any words that you would like to pass on to those who will take over Western Trauma Association as we move on?

**Dr. Sugerman:** Yeah, I think that it's important that it maintains its family values because I think it's a great thing for surgeons who are so busy all the time in the clinical practices to be able to get away in a pleasant environment, to be able to enjoy a sport with colleagues and wives. It's clearly one of the most favorite things that Betsy, my wife, likes to do. She's not here this year. A couple of years ago, she got the idea that it would be good to have a book club in the Western Trauma because the wives really don't have that much to do. They come and listen to the "Paint the Ceiling" lecture then there's a dinner dance. During the business meetings, especially, they don't have any program of their own. So she thought that would be a great thing to do and it seems to be that's been very well

received and other wives seem to really enjoy it. Betsy is very sad that she's not able to be at the meeting this year and at book club.

**Dr. Wray:** Good!