

— THE —
WESTERN TRAUMA ASSOCIATION
— at 50 —



Still About Trauma Care, Friendship, Family, and Snow

THE

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at 50

**Still About Trauma Care,
Friendship, Family,
and Snow**

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DEDICATION

THIS VOLUME is dedicated to the past and present members of the Western Trauma Association, who throughout fifty years of Association history have respectfully and enthusiastically embraced the Founders' vision of an organization committed to advancing the care of trauma patients, meeting in an annual celebration of science, collegiality, family, friendship, and winter sports.

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FOREWORD

IN THE SPRING OF 1970, two long-time friends, Drs. Peter Teal and Robert Volz, both recently-boarded orthopedic surgeons, spoke by phone about how to set in motion a mutually shared idea of creating a collegial, scholarly, family-friendly, multi-specialty medical society focused upon the care of trauma patients. The founding parameters of membership stated applicants would be board-certified in any allied medical specialty that offered training or experiences in the care of trauma patients. Further, members would be required to attend and offer a paper for presentation at least every third year. Before the first scheduled meeting in Vail, Colorado, a six-member board of directors was created for the election of officers and to serve as advisors in the advancement of the organization. Annual meetings, chosen by the incoming elected president, would be held at the most desirable Rocky Mountain ski resorts. Initial dues were set at \$25.

Each newly appointed board member was charged with recruitment of six personally known prospective members who might also offer scientific papers for the first or subsequent meetings. The scientific presentations were to be divided into two timed sessions: the breakfast session from 7-9 a.m. and the afternoon session from 4-6 p.m., thereby allowing adequate family and collegial time to engage in outdoor activities. At the closure of the first meeting, a membership vote upon the “Articles of Incorporation of The Western Trauma Association,” with the drafting

attorney present, was successfully finalized. Of equal importance, family members of all ages were strongly encouraged to attend and to participate in a variety of related activities with the intent of establishing new and lasting friendships. This included a welcoming reception and a final dinner devoted to awards, stories, personal comments, and humor.

In the early years that followed, financial issues and the needed recruitment of highly qualified new members became an ongoing challenge. With the valuable and ever-increasing learning experiences gained from the Vietnam War, advancement in the care of the seriously injured quickly escalated. Many war care physicians returned home, and with such newly acquired skills became leaders in the field of trauma care. Many of these leaders, both academic and private, were encouraged by members to join the formally-named Western Trauma Association. As the family and academic orientation of the Association became widely known, members would bring their trainees, who would present papers at the meeting and participate with their families in the nonacademic activities. Now, with many new members occupying educational training positions at nationally recognized Trauma Centers of Excellence, the attraction of membership began to swell and the intellectual meeting content to increase.

A major boost to membership was the association with the *Journal of Trauma*, which allowed for peer review and publication of notable papers. Later, a foundation with a board of directors was established to further the academic mission of the Association. This resulted in the creation of annual research paper prizes for resident research papers, a humanitarian lecture, and a basic science lecture. With these enhancements, the academic stature has grown, and families have formed lasting friendships that now have taken on a multigenerational aspect.

The WTA is today a nationally recognized scholarly academic association with a unique family-oriented collegial atmosphere. We, the founders, are proud and humbled to have been a part of the creation of this special society. Our vision of an organization dedicated to advancing trauma care, with a meeting in a family-friendly winter sports locale, has been completely realized thanks to the efforts of the many members who have followed in the years since its beginning in 1970.

The book you are holding expands on the now fifty-year history of this wonderful organization. On the occasion of the 50th Anniversary of the Western Trauma Association, it is a fitting effort to capture as much of the detail of this history as

possible before any more is lost to the passage of time. It will serve as a reference to new members and others, as the WTA advances into its next fifty years and beyond. We are grateful to the authors and all who contributed to its publication. Long may the Western Trauma Association thrive!



Figure 1. Bob and Ann Volz

Robert Volz, MD
President, Western
Trauma Association
1970-1972



Figure 2. Peter and Annie Teal

Peter Teal, MD
President, Western
Trauma Association
1972-1973

PREFACE

DESPITE BEING IN EXISTENCE for fifty years, the Western Trauma Association (WTA) has had no definitive compilation of its history. Early in the life of the organization, it seems likely that founding members were more concerned with keeping the fledgling group alive and growing the membership, perhaps giving little thought to the idea that the WTA could last fifty years, let alone become the vibrant, healthy, and relevant organization it is today. Later, as it became an established trauma society, the overall informal attitude that has defined the WTA likely contributed to a relaxed approach to recordkeeping. The lack of a written history is no surprise to senior members who remember index card registrations and shoeboxes of documents and receipts. It is also true that the history and ethos of the WTA has had a strong oral tradition passed down on chairlifts, around fireplaces, and in bars at ski resorts.

A challenge that organizations often face is how to grow and mature without evolving away from the visions that gave rise to their existence. A group of colleagues who enjoyed and valued skiing, surgery, surgical science, friendship, and family...that's how it started. Through fifty years of evolution and, for the most part, maturation, the WTA has remained at its core the same. However, the details of how we got where we are today were at risk of being lost, which, prompted by the 50th Anniversary, was the genesis of this book. Time was passing and many

recognized that as the founders and early members have aged or passed on, and memories of events have become less vivid, the known history was being lost. Thus, those charged with developing plans for the 50th Anniversary celebration felt it would be appropriate to record the history of the growth of a rather remarkable fledgling organization into a robust and respected entity.

President-to-be for the 50th Anniversary, Dave Shatz, in 2018 convened and chaired a committee of volunteers focused on producing this history in the form of a book to be distributed at the 2020 annual meeting. During the 2018 and 2019 annual meetings, and over numerous phone conferences and emails in the intervals, the committee developed an outline of multiple chapters. The topics herein illustrate not just the basic history, but more important, what has made the WTA unique during these past fifty years, the inflection points where decisions had to be made as the organization matured both in scientific quality and increasing membership, and a good deal of the unique spirit of the WTA that makes it so beloved by its members. It was not difficult to recruit some of these members to produce the chapters proposed in the outline, and the Book Committee is extremely grateful to the authors for their efforts in achieving our goals.

A word about the style of the book: we had originally contemplated a book which, in addition to what you see here would be encyclopedic in its coverage of the history of the WTA, with an appendix containing lists of meetings and presidents, winners of awards, etc. It became apparent that this effort would double the pages in this volume, and would duplicate what is readily available on the website. So in the interest of frugality, manpower and avoiding redundancy, we made a decision not to include material that is on the website. We did achieve our goal of including a photo of every president for which one was available. Unfortunately, pictures could not be found of three early presidents; our apologies to them or their descendents.

The four co-editors devoted a great deal of personal time to compiling and polishing the content of the book, and they also deserve our thanks. Their prime directives were to allow each author's voice to come through, and to keep in mind the spirit of the WTA. Some of the chapters are light and typical of the attitude of the membership of the WTA, while others more seriously reflect decisions that leadership and members felt had to be made, which sometimes risked changing the character of the Association. All are part of the story. The result may seem a bit unconventional, but then so is the WTA.

In the course of researching these chapters, some of us discovered that historical details, particularly in the early years, were hard to come by, and so in a sense there

is regret that this task was not undertaken sooner. However, we found that even at this relatively late date we were able to recover or even uncover many little-known facts about our organization, as well as the basic history. We hope that what we have preserved will form a worthwhile document both as a historical record and as an entertaining reminiscence.

We do this at this time not only to applaud what has been achieved, though we are rightly proud of what the WTA has become, but also to explain how we arrived at this point in time. If we achieved our goals, the book will illustrate how the WTA has matured without evolving away from the founding members' vision, which makes up our core values—science in the service of the trauma patient, camaraderie, family, and winter sports; and, like a good senior surgical mentor, it illustrates not only where we are, but as important, how and why we got here, while maintaining a sense of humor about the journey.

The 50th Anniversary Book Committee

Dave Shatz, Chair

Mark Metzdorff, Editor-in-Chief

Barry Esrig, Co-editor

David Livingston, Co-editor

Harold “Sherm” Sherman, Co-editor

Christine Cocanour

Tom Cogbill

David Feliciano

February 2020

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THE EDITORS would like to acknowledge and thank WTA members Steve Ross and David Kappel, and Jerry Gipper for contributing some of the photos herein; Barbara Fandrich for invaluable and knowledgeable help in copy editing; Kathy Campbell for book design assistance; and the staff at Gorham Press for their expeditious and capable production of our book.

INTRODUCTION

Fifty years ago a small group of physicians, dissuaded from attending another meeting, opted to create their own. Being avid skiers, it was only natural to choose a ski resort as the venue. Vail was that resort. The group of thirty surgeons, family practitioners, and internists met, and the Western Trauma Association was born. From that inauspicious beginning, with the enthusiasm and dedication of its early leaders and those who followed, the WTA has grown to one of the country's most prominent trauma organizations. With 274 members, annual meeting attendance averages around 350 surgeons, with an additional 150 family members attending as well. Dedication to science, as well as to the family, are standout features to members and guests alike.

The often colorful Panel of Experts and the Founder's Basic Science Lecture complement the spectrum of clinical and basic science presentations throughout the annual meetings. The Algorithms Committee provides trauma surgeons with clinical guidance through both science and decades of experience from WTA members. The Multicenter Trials Committee is arguably the most productive committee of its kind among other national trauma organizations, with more than forty publications to date. The unique bonds amongst members and guests of the WTA are reflected in such presidential addresses as "Paint the Ceiling," by Dr. Jerry Jurkovich, and "Fellowship of the Snow," by Dr. David Livingston. Many of our children

have donned their first ski boots, and some have even seen their first snowflakes, at the WTA. And many have found lifelong friends. For those waiting to become members, while the wait can be several years, the end result is always worth it.

Fifty years later, memories of our history begin to fade, and some of those who helped create that history are no longer with us. We have created this book to preserve those memories and the history of the Western Trauma Association. We hope that whether you are a new member or a seasoned member of the WTA, this book will hold interesting history, fun facts, a few serious moments, and lots more laughs. And perhaps most importantly, we hope it will sit prominently on your bookshelf, a proud memento of your WTA family.



David Shatz, MD
President, Western
Trauma Association,
2019-2020

Chapter 1

The Early History of the Western Trauma Association

Mark T. Metzdorff, MD



Mark Metzdorff, MD, President 2013; Alex, Marie-Louise
and Mark

Introduction

The Western Trauma Association (WTA) was conceived in 1970, the product of the fertile imaginations, prescient vision, and tireless efforts of its two founders, Peter Teal, MD (Figure 2), and Robert “Bob” Volz, MD (Figure 3). At that time, Teal and Volz were young, established orthopedic surgeons, separated by distance in their respective communities of Billings, Montana, and Denver, Colorado; but the friendship and relationship that bound them stretched back to their youth when Volz lived in Lincoln, Nebraska, and Teal in Omaha. As eleven-year-old boys, both had attended Camp Vermillion, a private summer camp on the Canadian border in Minnesota, and there they became fast friends. Both found their way into careers in medicine and surgery, and their friendship was rekindled when they were surgery residents in Denver in the early 1960s. Both subsequently went on to training in orthopedic surgery and then joined private practices, Volz in Denver and Teal in Billings.



Figure 2. Peter Teal, MD



Figure 3. Bob Volz, MD

Genesis and Concept Development

The beginnings of the Western Trauma Association are documented in the 1970 correspondence between Teal and Volz, and other details can be gleaned from their interviews by WTA historians. Interestingly, a year or so before their correspondence both men seem to have independently come up with the idea of a new multi-disciplinary association dedicated to advancing the care of the trauma patient. For Teal, this idea occurred after he attended the annual meeting of, and attempted to join, the Rocky Mountain Traumatological Society (RMTS). This organization was founded in 1959, met every year at Aspen and later Snowmass/Aspen and had evolved into a Denver-centric membership. In fact, Teal found the membership was limited and the RMTS had a substantial waiting list. He also had the distinct impression that the RMTS was not an entirely coherent organization, with many members signing in for the CME credits but not attending the sessions (presumably in favor of skiing), and many members who did not seem to be dedicated to trauma care (dentists, internists, and the like). Therefore, he determined to look into starting a new organization that would fulfill what he saw as a need for a better version of the RMTS.

Foundational Principles and Incorporation

From the first letter to Volz, dated March 30, 1970, Teal was explicit that he would follow the RMTS model of an incorporated organization, proposing a meeting for a “three-day weekend” at a ski resort, for the purpose of presenting and discussing papers of interest to general surgeons and orthopedists involved in the care of trauma patients. Membership would be limited to 100 to “keep a reasonable size meeting.” He also indicated a desire to draw members not only from the northern Rocky Moun-

tain States, but also from the central and upper Midwest. There ensued a telephone discussion during which Volz revealed that he, too, had been “thinking of organizing a medical society that would have the values of enjoying the outdoors, skiing, a good didactic program, and a very sociable interchange with the members.” Within two weeks Volz replied with a detailed letter outlining his vision of the proposed fledgling trauma organization. He also favored incorporation (in Colorado), and a maximum 100 members. His early influence in guiding the new organization toward scientific legitimacy was evident in his additional proposal that all members be board-certified, required to attend the meetings, and submit a paper at least once every three years. He also suggested limiting the participation to the surgical specialties and to recruit neurosurgeons and plastic surgeons to the fold. He “earnestly” suggested that the first meeting be held in the resort of Vail, Colorado, because of its “attraction” as a ski area, its “easily accessible” location by ground and air, and its proximity to the “great concentration of physicians in and around Denver,” which could favor attendance and recruitment. Later, Volz admitted he was “selfishly” partly in favor of Vail because he had a place there; but argued that this situation favored his involvement in organizing and presenting the meeting. Foreshadowing an issue that could complicate the goal of a truly multispecialty organization, he favored holding the meeting in February to avoid conflict with a major orthopedic meeting in March.

One week later Teal replied with another detailed letter. Among other issues, he argued for incorporation in Montana, in exchange for “agree[ing] to have the first meeting in Vail.” He was concerned that the membership not be over-weighted with members from Denver, and encouraged a goal of achieving a regional or national organization. He had obtained, with permission, the waiting list of the RMTS to aid in recruitment. Most significantly, based on the advice of his Montana lawyer that the new organization’s name should reflect its purpose and be different enough from the existing RMTS, he proposed a name for the new group: the Western Trauma Association.

The archives do not disclose how the incorporation conflict was resolved, but in the end the WTA was incorporated as a nonprofit entity in Colorado in December 1970. The attorney who facilitated the process was a friend of Volz’s named Joseph Jaudon, and his office in Denver was the official address of the new organization. The Articles of Incorporation are remarkable for Article Three, which states the purposes of the organization: “...devoted to the exchange of educational and scientific ideas and principles at the highest level, in the diagnosis and management of traumatic injuries and

conditions, in the promotion and advancement of the science and art of medicine, primarily by means of discussions, seminars, research papers, etc., and for any other lawful purpose.”

The incorporators were listed as Volz, Teal, a Denver plastic surgeon named Douglas McKinnon, and an orthopedic surgeon from Omaha, William Hamsa (Figure 4), who would go on to become the WTA’s third president. Also listed in the Articles of Incorporation were the initial board of directors, consisting of the four incorporators plus: David E. Klein, a general surgeon from Billings, Montana; Arthur M. McGuire, a general surgeon from Cody, Wyoming; and William Kane, an orthopedic surgeon from the University of Minnesota in Minneapolis. The role of the board of directors, in the time between the incorporation and the first meeting, was most important for the process of recruiting prospective members. Each board member was tasked with recruiting six or seven candidates for participation and membership at the first meeting. Thus a goal of approximately fifty prospective members was set. A letter of solicitation was prepared; the initial membership fee was \$25.



Figure 4. Bill Hamsa, MD ca. 1971 Vail; Bill and Karol 2019

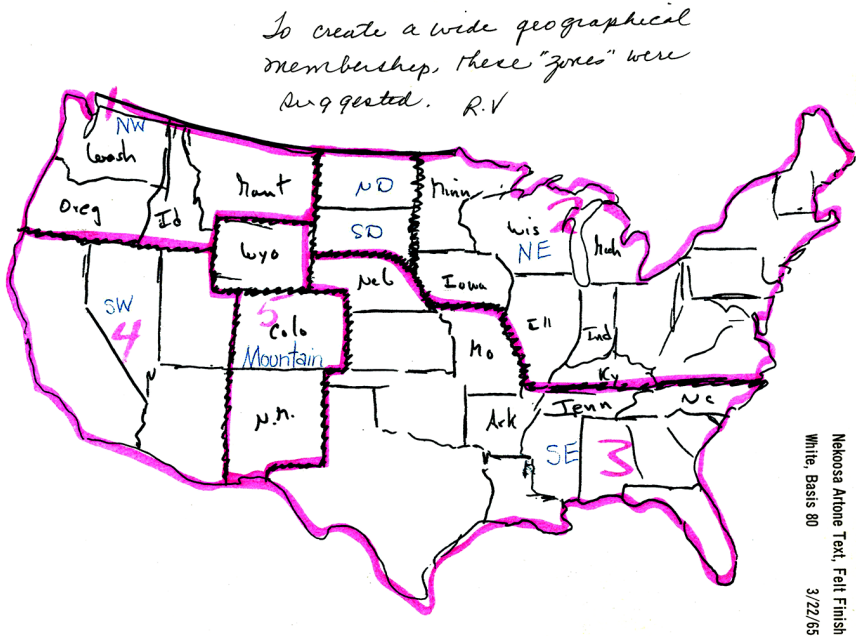


Figure 5. Hand drawing of suggested WTA geographic regions

Although it is uncertain when and where the document was produced, WTA archives contain a rough drawing of the United States divided into suggested geographic regions, presumably with the idea of limiting membership and specialty numbers within each region (Figure 5). This limitation was considered in deciding whom to accept for membership as late as the 1973 meeting; but in later years the only requirements enforced for new members were board certification, no more than 25% of the membership of one specialty, attendance at least every three years, and submission of an abstract for possible presentation every three years, which reflected the principles for membership as envisioned in early discussions among the founders.

The First Meetings

Having chosen Vail as the venue and set February 3–6, 1971 for the meeting dates, Volz arranged for the host hotel to be the Vail Village Inn, a modest lodging near the base lifts of Vail Village. It was a two-story, wood-framed complex of buildings with an attached bar and restaurant, and an outdoor pool (Figure 6). Room rates were \$25 a night, double occupancy. It was demolished in 2004 to make way for a newer, grander facility.

There are no existing definitive documents in the WTA archives detailing attendees or the program at the first two meetings, and so we rely on the oral histories of founding members to recall some details. Both Volz and Hamsa recall that there

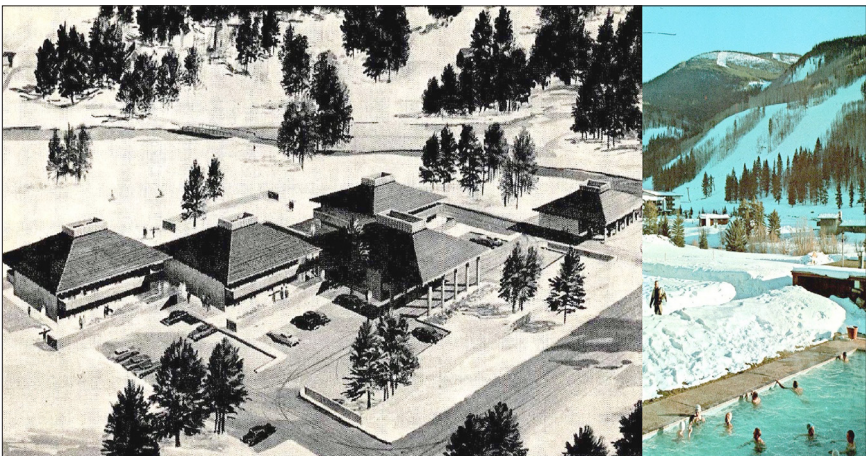


Figure 6. The Vail Village Inn, site of the first WTA meeting 1971

were no more than thirty members attending (all men as were the typical surgeons of the day), most accompanied by their wives. The presence of children was not a feature of early meetings, although this would change within a few



Figure 7. Fred Chang, MD, President 1977; Fred and Jan 2017

years. Fifth president, Fred Chang (Figure 7), recalled that the meetings were held in a smallish room with obstructing pillars, with members bringing chairs in to sit on, and the only audio/visual aids were transparencies on an overhead projector.

Per Volz’s vision, the meeting was constructed to meet Internal Revenue Service guidelines to allow deduction of meeting expenses for tax purposes. Thus, the scientific program was scheduled with sessions in the early morning and late afternoon, leaving the remainder of the day for activities on the ski hill. Bill Hamsa was the de facto program chairman for the first few meetings. He recalls, and Volz and Chang concur, that recruiting papers for the early meetings was difficult, even with the abstract submission requirement for members. Hamsa recalls putting the program brochures together on the kitchen table with the help of his wife. He and other attendees recall that presentations were rather general: topics were instructional and oriented around case reports or management of specific types of injuries.

The social program was informal, with participants getting together on the hill for a drink from a “bota bag” of wine that someone carried, or for cocktails and dinner in the evenings. NASTAR Racing was available but not featured in the group activities. However, in one of the early meetings at Vail, organizers put together a relay race in which teams of members could participate.

The first meeting was successful enough that another was held the following year, also at Vail and also with Volz as president. Records of this meeting are also disappointingly absent, but by witness reports it was slightly better attended and with a similar structure. However, by the third Vail meeting in 1973, now with Peter Teal as president, a program booklet was produced (Figure 8), which is in the WTA archives (program books are available online on the WTA website), and which provides the best detail available

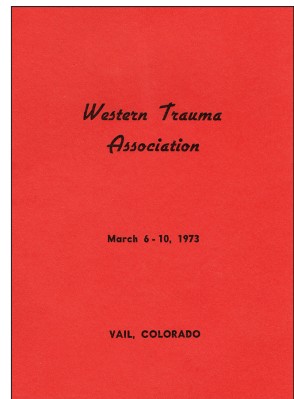


Figure 8. The 1973 WTA Program Book

about membership, program, and social activities in the nascent years of the WTA. This meeting was expanded to five days and was held Tuesday, March 6, through Saturday, March 10. The program book acknowledges “a generous contribution from Eli Lilly and Company.”

In 1973 there were fifty members listed: By specialty: sixteen orthopedics, thirteen general surgery, four each neurosurgery and plastic surgery, three each thoracic surgery and ophthalmology, two each radiology and internal medicine, and one otolaryngology (two were unknown specialty); by geography: fifteen were from Colorado, nine from Minnesota, six from Nebraska, three each from Montana, California, and Illinois, two from Kansas, and one each from Utah, Arizona, New York, South Dakota, Connecticut, Wyoming, New Mexico, District of Columbia, and Kentucky (one was unknown). Thus, by the third year of existence, the WTA had achieved a remarkable blend of medical and geographic diversity, and met its founders’ initial target goal of fifty members. However, exact attendance figures at the meeting are unknown.

The 1973 program book listed three days of presentations, from 7:15-8:15 a.m. and 4:30-5:30 each day, allowing time for skiing midday. The presentations consisted of seventeen scientific topics ranging from “Management of Head Injuries” and “Differential Diagnosis in Orbital Trauma” to “Analysis of Humeral Shaft Fractures with Radial Nerve Palsy” and “Reconstruction of Large Mandibular Defects Using an Immediately Vascularized Island Rib Flap Based on the Internal Mammary Artery.” Some prescient topics in 1973 included “Some Complications of the Use of Dextran Solution in Patients with Vascular Problems,” “The Value of Ultrasound in the Traumatized Patient,” and “Peritoneal Lavage in the Evaluation of Abdominal Trauma.” (The dextran paper was presented by a vascular surgeon from Minneapolis named Earl Yonehiro. He would become a new member the following year, later change his name to Earl Young, and become the WTA’s thirteenth president). An afternoon session that presaged a later WTA tradition was a “Panel of Experts” (though not labeled as such) discussing management of “Multiple System Extremity Injury.” The panel consisted of a general surgeon, an orthopedist, a neurosurgeon, a radiologist, and a vascular surgeon. The business meeting was held on Saturday morning.

The 1973 social program consisted of a welcome reception the evening before the meeting, a “President’s Cocktail Party” on Wednesday evening, a “Ladies’ Ski Movie and Style Show” during the Thursday afternoon meeting, and a Friday afternoon

ski race. In addition, the Friday afternoon session was devoted to a presentation on “The Conquest of Everest by the American Everest Expedition,” presumably of interest to all attendees and spouses.

Growth and Development in the Early Years

Again, definitive documentation in the archives of membership and program during the early years of the WTA is patchy. After holding the meeting at Vail for three years, the directors decided to branch out to a different venue, and the 1974 meeting was held at Aspen, Colorado, presided over by President Bill Hamsa. In 1975 the meeting moved to Sun Valley, Idaho, with general surgeon Art McGuire as president. Sixty rooms were reserved by Program Chair Fred Chang, and a request was made for slide projection facilities. First mention was made of a separate complimentary breakfast for spouses, held during the morning session, a tradition that continues today. The treasurer’s report for this meeting gives some clues about the nature of the meeting, noting forty-six registered attendees, a bit short of the sixty hoped for. The social program included a sleigh ride and a band for entertainment.

From February 14-21, 1976, the WTA returned to Snowmass under President Lynn Ketchum (Figure 9), and the meeting was expanded to the now-familiar schedule of Sunday night registration and scientific sessions from 7-9 a.m. and 4-6 p.m. during the week (although there was no Friday afternoon session scheduled). The program book lists fifty-eight members; however, demonstrating the kind of churning that occurs with young organizations, approximately twenty-two of the fifty members in 1973 had dropped out, replaced by approximately thirty new members. The specialty distribution was more diverse, with fourteen general surgery, thirteen orthopedics, six each neurosurgery, plastic surgery, and urology, five radiology, two internal medicine and one each pediatric surgery and vascular surgery. Minutes from the business meeting documented a registration of thirty-nine members and thirty guests. Comments were made that several members were delinquent in submitting abstracts, risking their being dropped from the organization.

The expanded meeting allowed for thirty-seven scientific presentations;



Figure 9. Lynn Ketchum, MD, President 1976; Lynn and Carly 2019

as before, the topics generally were concerned with management of specific traumatic conditions. However, there were several presentations dealing with trauma systems issues, including “Development of the Unified State-Wide Pre-Hospital Training Program for EMT/A, Advanced EMIC, and Crash Management,” presented by a young Norman McSwain then at the University of Kansas. In what could fairly be called the first “Family Abstract,” two members of the St. Francis Hospital (Minneapolis) Auxiliary, including Doris Nelson, the wife of member and future president, Gerald Nelson, presented “A Hotel Room in a Hospital—Where Do the Dollars Go?” This was followed by a presentation on “Olympic Sailing” given by Fernando Ortiz-Monasterio, MD. And, a plastic surgery resident named David Kappel attended his first WTA meeting and presented “Current Surgical Management of Acute Trauma to the Eyelids.” He became an annual attendee to this day, and was president in 1995.

The 1976 social program consisted of a welcome reception on Sunday night, a wine and cheese picnic lunch on Wednesday, and a banquet with dinner and dancing on Wednesday night.

The 1977 meeting was held at Park City, Utah, with Fred Chang presiding as WTA President, from February 20–25. Chang recalls that it had been a terrible year for snow with a big thaw just before the meeting, causing as many as half of the attendees to pull out. As he put it, “The other half said, hey—let’s just make the best of it, let’s bring our tennis racquets.” Then, on arrival, in a bit of WTA magic, it started snowing hard and continued for three days straight; those who attended had a wonderful time and were able to ski most of the runs. A roster does not exist for that meeting, but a preliminary program list detailed a scheduled twenty-nine scientific presentations, two panel discussions, a presentation on medical experience with a recent earthquake in Guatemala, and a presentation by an eminent archeologist from the University of Florida, John Moore, PhD, entitled “Medicine in Archeology: On the Examination of Ancient Stools.”

The 1978 meeting held at Steamboat, Colorado, was arranged by President Glen Nelson (Figure 10). The roster lists seventy members with a similar specialty distribution, along with the addition of a new specialist, a hematologist/oncologist named Bob Edmondson who would go on to become the seventeenth president and return the group to Steamboat in 1987. There were thirty-one scientific papers scheduled with two additional case reports “to be presented if time permits.” Apparently there was not enough time, as the case report on traumatic rupture of an echinococcal cyst was



Figure 10. Glen D. Nelson, MD, President 1978; and later at the White House with Marilyn

presented the following year. Along with the scientific program, a highlight was two presentations by NASA astronaut Walter Schirra (“NASA Program, Past, Present, Future” and “Life in a Hostile Environment.”). Schirra was one of the original Mercury 7 astronauts and the only one to fly in space three times in the Mercury, Gemini, and Apollo spacecraft. For the first time, children were mentioned twice in the program book: once for getting a special rate on the complimentary breakfast (\$2.40), and again as specifically invited to the first talk by Capt. Schirra. A young surgeon from Baylor, David Feliciano, attended his first WTA meeting that year, and would serve as president in 1993 at Snowbird, Utah.

Some Remarkable Men

We will return to the 1979 meeting; but it is worth noting some interesting aspects and accomplishments concerning the early presidents of the WTA, the men who set the tone for the organization. Since member recruitment was basically by invitation and arm-twisting, many of the early members, and especially the leadership, came from similar backgrounds or institutions. Volz and Teal were boyhood friends. Hamsa and Teal both grew up in Omaha. Hamsa and Volz had connections through time in Omaha as well as at the University of Nebraska. Chang and 1980 President Kevin Ryan, were both classmates of Teal at Dartmouth. Teal did his orthopedic training at the University of Minnesota, hence the strong contingent of early members from that institution. Of course, Bob Volz’s practice in Denver at the time ensured a large group of members from Colorado.

Interviews with early presidents, and other sources, reveal some remarkable careers and interesting achievements. In 1974, Volz, having been recruited to the University of Arizona (“the arthritic belt” as he put it), created a research laboratory

in the early days of artificial joint replacement. His lab soon gained national recognition for its work on implant design and materials, surgical techniques, as well as modes of failure. Among other accomplishments, he designed a total wrist prosthesis, which he later implanted in a pianist who had severe arthritis after a fracture/dislocation earlier. The man returned to playing the piano until his death seven years later.

Third WTA president and hand surgeon, Lynn Ketchum, obtained a patent for an electrically driven wrist and hand mobilizer. He related that while skiing at his last WTA meeting, a fall resulting in a severe chest contusion prompted a thoracic surgical colleague at the meeting to recommend he have a chest x-ray to rule out thoracic aortic rupture, which was negative. He never skied or attended a WTA meeting again, fearful of a career-interrupting injury.

Bill Hamsa spent part of his early career at Edwards Air Force Base in California, where he fell in love with aviation. He later built an aerobatic airplane in the apparently spacious living room of the house on his compound in Nebraska (“the only room large enough for the project”). When he no longer flew powered aircraft, he took up flying sailplanes and distinguished himself in competitions over a twenty-year career.

Fourth WTA President Arthur McGuire had a long and distinguished career in the US Army, commanding the 67th CSH Medical Evacuation hospital in Kuwait and as deputy commander of the UN Forces Military Hospital in Zagreb, Croatia. He also served as a flight surgeon in the NASA space shuttle program.

Fred Chang was born in China. Like many Vietnam-era young surgeons he also served in the military, as chief of surgery for the US Army 30th Field Hospital in Germany. After retiring from a long career at the University of Kansas, he was talked out of retirement twice to fill academic roles: first assisting in the Graduate Medical Education department and later as interim dean of the medical school.

The 2016 obituary of 1979 WTA President Glen Nelson on the WTA website describes a remarkable career ranging from private practice surgery to vice-chairman of Medtronic, Inc., the world’s largest medical device company. He also founded his own company as an investment vehicle and was a thought-leading innovator in many aspects of health care delivery. He received many awards but once said his greatest achievement was playing football for Harvard. At age seventy-five he raced hydroplanes in Minnesota. Bill Hamsa recalled that Glen and his wife, Marilyn, were the most stylish and well-equipped skiers at the WTA.

The End of the Beginning, and the Beginning of the Next Phase

In 1979 the meeting returned to Snowmass with President Gerald Nelson. The program book listed seventy-four members, a new high, but still well within the 100-member limit that had been proposed by the founders. The program consisted of thirty-one scientific presentations; two of these were from Baylor University, one presented by Dr. Feliciano (Figure 11); and

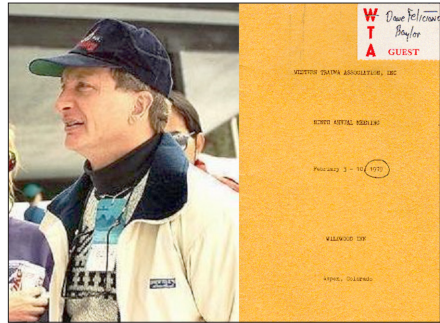


Figure 11. David Feliciano, MD and his 1978 Program Book

a third paper titled “Evaluation of Penetrating Neck Injuries” listed Eugene Moore of Denver General Hospital as senior author. As Dr. Moore pointed out in his 1989 WTA Presidential Address at Snowbird, these three papers were the only ones on the program submitted from “major academic trauma centers.” The participation of surgeons from these centers at the 1979 meeting, in particular Drs. Feliciano and Moore, marked the beginning of a transformation of the WTA and its annual meeting that would occur over the next decade—from a low-key, instructional exchange of methods and ideas, to an internationally respected and coveted forum for presentation of the best evidence-based science to serve the evolving specialty of trauma surgery. And, what was perhaps most remarkable about this transformation, throughout the process the members and leadership of the WTA managed to preserve, enhance, and memorialize the spirit of the organization that was envisioned by its founders: collegiality, family participation, winter sports, and above all, quality scientific endeavor.

A WTA MOMENT

Friendly Competition on the Ski Hill

As mentioned in the body of this chapter, one of the early WTA meetings at Vail featured a bit of slope-side fun provided by the organizers of the meeting. Some further explanation is in order...

Founding President Volz described it: “Two competing teams were composed of skiers of any degree of skill and age. They are aligned as competing pairs down a long, descending ski slope, and the baton, which is passed from team skier to teammate, is an inflated inner tube that must fit over the skier at the waist. Each relay member has been given paper instructions as to what he/she is to do when the uphill racer meets the downhill member. Such instructions might read, ‘take your ski jacket off and reverse,’ ‘carry an uncooked egg,’ ‘ski without poles,’ or ‘count to ten backwards.’ The choices were many. Obviously, the inner tube must be exchanged before any relay member continues down the hill; and the team member, once having transferred the inner tube, needs to encourage his teammate by cheering him along down the slope.”

Unfortunately, no photographic documentation of this epic race exists, but this spirited competition clearly set a tone that continues to resonate at every WTA meeting!

Chapter 2

Transition to an Academic Surgical Society, 1979–1988

David V. Feliciano, MD and Ernest E. Moore, MD



David Feliciano, MD, President 1993; David and Grace Rozycki

The papers at the early meetings of the Western Trauma Association (1971–1978) were often general reviews of non-orthopedic trauma and descriptions of operative techniques in orthopedic trauma. For example, some of the non-orthopedic topics presented at the 1978 WTA meeting in Steamboat Springs, Colorado (Glen D. Nelson, MD, President) were as follows: “Relief of the Obstructed Airway” (Stephen W. Carveth, MD, President, 1989–1990); “The Initial Approach to the Patient with Severe Chest Injuries” (Robert B. Rutherford, MD, President, 1984–1985); “Etiology and Management of Penetrating Wounds to the Neck” (Erick Ratzer, MD, President, 1981–1982); and “Traumatic Vascular Injuries” (George E. Pierce, MD, President, 1990–1991). Examples of orthopedic technique papers were as follows: “Bursting Fractures of Lower Tibia” (Ramon Gustilo, MD, soon to publish the Gustilo classification of open fractures); “Management of Late Kyphosis Post Trauma” (David S. Bradford, MD, President, 1980–1981); and “Use of Homografts in Locally Malignant Bone Tumors” (Robert G. Volz, MD, First WTA President, 1970–1972). Of interest, the guest speaker at the 1978 meeting was Wally Schirra. He was a Captain in the US Navy, one of the original seven astronauts chosen for Project Mercury, and the only astronaut to fly in all three early NASA programs: Mercury, Gemini, and Apollo. Overall, the

scientific presentations were by a mixture of private surgeons (and some radiologists) and academic surgeons.

The 1979 WTA meeting at Snowmass, Colorado (Gerald D. Nelson, MD, President, Figure 2), can be considered as an important one in the transition of the Association to a



Figure 2. Gerald D. Nelson, MD, President 1979

formal academic surgical society. There was already a strong foundation of academic general, trauma, and orthopedic surgeons, all of whom had been or would become WTA presidents including the following: Fred C. Chang, MD, KU School of Medicine-Wichita, and President, 1976-77; William R. Olsen, MD, University of Michigan, and President 1982-198; Robert B. Rutherford, MD, University of Colorado, and President, 1984-1985; and George E. Pierce, MD, University of Kansas, and President, 1990-1991. The same was true in orthopedic surgery, and past or future WTA presidents included the following: Robert G. Volz, MD, University of Arizona, and Founding President, 1970-1972; David S. Bradford, MD, University of Minnesota, and President, 1980-1981; Rudolph A. Klassen, MD, Mayo Clinic, and President 1985-1986; and Robert J. Neviasser, MD, George Washington University, and President, 1986-1987. Two young academic surgeons who would later become WTA presidents presented at the 1979 meeting, as well. Ernest E. Moore, MD, from Denver General Hospital/University of Colorado and President, 1988-1989, was senior author on a paper titled "Evaluation of Penetrating Neck Injuries." David V. Feliciano, MD, from Ben Taub General Hospital/Baylor College of Medicine and President, 1992-1993, co-authored two papers and presented "Surgical Approach to the Retained Subclavian Vein Catheter." The ratio of presentations by private surgeons to academic surgeons was 18:14. Of interest, there were thirty-three total presentations on the program including one guest lecture. Of these, only four (12%) were presented by surgical residents: two papers from Denver General Hospital, and one each from Ben Taub General Hospital and the University of Kansas-Wichita.

The 1980 WTA meeting in Snowbird, Utah (Kevin Ryan, MD, President, and the only radiologist in the list of fifty WTA presidents), was similar academically to the 1979 meeting. For the first time, the program listed a "Chairman, Scientific Program," which happened to be Robert C. Edmondson, MD, a medical oncologist and President, 1987-1988. There was the usual broad-based list of topics along with one presentation from Denver General Hospital, two from Ben Taub General Hospital (one on international surgery), and a symposium on "Antibiotics in Trauma."

Again, resident presentations were rare and only three of thirty-one (10%) paper presentations were by residents. Two of these were from Denver General Hospital.

The 1981 WTA meeting in Jackson Hole, Wyoming (David S. Bradford, MD, President, Figure 3), was char-



Figure 3. David S. Bradford, MD, President 1981; David and Sharon Whittier Hodges

acterized by a significant number of papers on vascular trauma. In addition to a symposium on “Vascular Trauma of the Upper Extremity” moderated by William R. Olsen, MD, President, 1982–1983, Dr. Olsen’s group had a scientific presentation titled “Nonpenetrating Injuries of the Subclavian Artery.” In addition, the three presentations from Denver General Hospital included two on vascular trauma (abdominal vascular; groin vascular), while the two presentations from Ben Taub General Hospital were on vascular trauma, as well (axilla vascular; Gore-Tex grafts). Of the twenty-nine scientific presentations and symposia (out of thirty-one presentations on the program) at the meeting, six (20.7%) were on vascular trauma and all of these were from academic centers. That year, only seven (24%) of the presentations were by residents, including three from Denver General Hospital. This, however, was a substantial increase from the eleven earlier meetings.

The 1982 WTA meeting in Vail, Colorado (Erick Ratzler, MD, President, Figure 4), was very similar to that in 1981. Of the thirty-six scientific presentations (out of thirty-nine) and one symposium on President Reagan’s care at George Washington University Hospital after the 1981 assassination attempt in Washington, DC, eight (21.6%) were on vascular, pulmonary, or cardiac trauma. Also, Denver General Hospital (#3) and Ben Taub General Hospital (#2) accounted for 12.8% of all presentations at the meeting. The trend for increased resident participation, particularly among the non-orthopedic papers, increased to 30.5% of scientific presentations.



Figure 4. Erick Ratzler, MD, President 1982

The 1983 WTA meeting in Jackson Hole, Wyoming (William R. Olsen, MD, President, Figure 5), included thirty-five presentations, one residents’ “Bull Pen,” and a panel on vascular



Figure 5. Bill Olsen, MD, President 1983; unknown year and 1995

trauma. Academic centers with significant contributions to the program (nearly one-third) included Denver General Hospital (five papers), and University of Kansas and the University of Arizona (three papers each). Of interest, the moderators for nine of the ten sessions included the current President (WR Olsen) and eight other past or future Presidents: ER Young (1983-1984), RB Rutherford (1984-1985), RA Klassen (1985-1986), RJ Neviasser (1986-1987), RC Edmondson (1987-1988), EE Moore (1988-1989), GE Pierce (1990-1991), and DV Feliciano (1992-1993). Of the nine presidents listed, eight were from academic centers or the Mayo Clinic. Ten (28%) of the scientific presentations were by surgical residents.

The 1984 WTA meeting in Steamboat Springs, Colorado (Earl G. Young {Yonehiro}, MD, President), included forty-one scientific presentations and case reports, one presentation on climbing Kilimanjaro, and one from a NASA physician. Four academic centers, Mayo Clinic (five papers), University of Arizona (four papers), Denver General Hospital (three papers), and Ben Taub General Hospital (two papers), contributed one-third of the presentations on the program.

The 1985 WTA meeting in Snowbird, Utah (Robert B. Rutherford, MD, President, Figure 6), included thirty-five scientific presentations and two case sessions (one general surgery; one orthopedic surgery). The Denver General Hospital group under the leadership of future President Ernest E. Moore (1988-1989) had an incredible ten presentations (29%) on the program (the Scientific Program Chair was R. Christie Wray, Jr., MD, President 1993-1994, and not from Denver). One of these was “Treatment of Unstable Femoral Diaphyseal Fractures Using the Brooker-Wells Intermedullary Device” by HJ Thomas and EE Moore. Tom Thomas (Figure 7) would go on to become a new member in 1987, and President in 1998-1999.

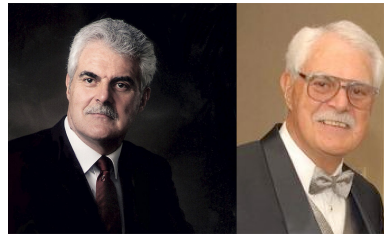


Figure 6. Robert B. Rutherford, MD; President 1985



Figure 7. Herbert “Tom” Thomas, MD, President 1999; Tom and Klasina VanderWerf

Including the presentations from the Mayo Clinic (four papers), King’s County Hospital/Downstate Medical Center (three papers), Ben Taub General Hospital and the Gundersen Clinic (two papers each), two-thirds of the program came from five academic centers. Of interest, the technique from King’s County Hospital described

in the presentation titled “A New Diagnostic Approach to Penetrating Wounds of the Back and Flank: the Contrast Enhanced CT Enema” by TF Phillips (member), S. Sclafani, A. Goldstein, and future President Thomas M. Scalea (2015-2016) is still used and discussed every day in all trauma centers—almost thirty-five years later!

The 1986 WTA meeting in Sun Valley, Idaho (Rudolph A. Klassen, MD, President, Figure 8), included forty-three scientific presentations, one symposium on hypothermia, and John W. McGill’s legendary talk titled “Inside Afghanistan, 1985.” One of the most interesting talks, “Use of the Sutureless Intraluminal Prosthesis in Traumatic Rupture of the Aorta” was presented by future President Mark T. Metzдорff, MD (2012-2013), and sponsored by future President Barry C. Esrig, MD (1999-2000). Of the forty-three scientific presentations, eleven were from private practitioners. In the remaining thirty-two presentations, major academic contributors were the Mayo Clinic (six papers), Denver General Hospital (five), Detroit Receiving Hospital (four), and Ben Taub General Hospital and King’s County Hospital (three each). The remaining eleven scientific presentations came from a variety of academic centers stretching from Washington, DC (Washington Hospital Center) to Tucson, Arizona (University of Arizona).

The 1987 WTA meeting in Jackson Hole, Wyoming (Robert J. Neviasser, MD, President, Figure 9), included forty-four scientific presentations and one travelogue on Baja California. The most interesting scientific presenta-

tion was from Michael Hauty, chief resident from Oregon Health Sciences University, and Barry C. Esrig, MD, President, 1999-2000, and was titled “Towards a Hypothermia Severity Index: Experience from the Mount Hood Disaster.” This sobering report of nine deaths (including seven teenagers) from hypothermia and exposure in 1986 documented that patients would not benefit from rewarming on cardiopulmonary bypass if they had “gel” rather than circulating blood when an artery was opened. One of the general surgery chief residents in the Oregon Health Sciences University program, who was rotating through a private hospital that day and who participated in the attempted resuscitation of two of the victims was Mark T. Metzдорff, MD, President, 2012-2013. The 1987 meeting was also the first in which



Figure 8. Rudy Klassen, MD, President 1986



Figure 9. Bob Neviasser, MD, President 1987; Bob and Ann

a certain nonmember, but future president, was the co-author of a scientific presentation (Steven R. Shackford, MD, President, 2000–2001). In the group of forty-four scientific presentations, 43% were from the following five academic centers: Mayo Clinic and Denver General Hospital (six papers), King’s County Hospital (three), and Ben Taub General Hospital and Detroit Receiving Hospital (two each). Private practitioners contributed 25% of the scientific program.

The 1988 WTA meeting at Steamboat Springs, Colorado (Robert C. Edmondson, MD, President), included fifty-four presentations, the largest number to that point. Included were four separate travelogues describing trips or medical missions to Kenya, Japan and two to China. The Japan travelogue was from future Presidents EE Moore, DV Feliciano, and PA Mucha, Jr. and discussed a 1987 trip to Tokyo and Kyoto, where each was undressed by a female attendant before entering a small square miniature bathtub in a traditional Japanese hotel. The other major memory of the meeting was the use of a cowbell by President Edmondson to get the attention of the unruly members of the WTA at each session. The first WTA multicenter study, “Major Hepatic Trauma: A Multicenter Experience,” was presented by future President Thomas H. Cogbill, MD, 1995–1996, and included data from the trauma centers at the Gundersen Clinic, Denver General Hospital, University of South Alabama, Ben Taub General Hospital, Vanderbilt University, and the Mayo Clinic.

In the group of fifty non-travelogue scientific presentations, 36% were from the following five academic centers: Mayo Clinic and Denver General Hospital (five papers each), Ben Taub General Hospital and Detroit Receiving Hospital (three each) and University of California—San Diego (two). Authors of one or more of the papers from UC-San Diego included future WTA Presidents Steven R. Shackford, MD (2000–2001), James W. Davis, MD (2007–2008), and Robert C. Macker sie (2009–2010). A total of nine presentations (16.6%) were from private practitioners.

Summary

The three trends that characterized the “transition years” 1979–1988 as the Western Trauma Association became an academic society were as follows: 1) presentations by private practitioners gradually replaced by academic surgeons; 2) academic presentations by faculty gradually replaced by surgical residents in training; and 3) many surgical residents who presented became active members and, eventually, leaders in the WTA.

The ratio of scientific presentations by private practitioners to that of academic surgeons was 18:14 in 1979 as previously noted and evolved to 9:41 in 1988. To demonstrate how much the annual meeting has evolved since 1979–1988, the 2019 WTA Meeting in Snowmass, Colorado (Roxie Albrecht, MD, President), included the following: thirty-nine scientific presentations, one Presidential Address, one Paint the Ceiling Lecture, one Founder’s Basic Science Lecture, four Algorithm reviews, two Pro/Con Debates, two Case Reports, one Military Panel of Experts, and one Family Abstract. Of interest, *all* thirty-nine scientific presentations were from academic centers.

As described, presentations were primarily by private practitioners and academic faculty in the early years of WTA meetings. In this transition period, surgical residents presented only 12% of the scientific papers at the 1979 meeting in Snowmass, Colorado, as previously noted. At the 1988 meeting in Steamboat Springs, Colorado, surgical residents presented over 40% of the scientific papers. Much of this evolution was driven by Ernest E. Moore, MD, President, 1988–1989. From one resident presentation at the 1979 meeting to ten at the 1985 meeting, the Denver General Hospital/University of Colorado group set an example for other academic centers to emulate...and they did over time.

Many of the surgical residents who presented at meetings of the WTA during the transition period were obviously impressed by the scientific excellence, camaraderie, and family-friendly atmosphere. These individuals later joined the WTA, and many have contributed substantially ever since. A few examples include the following: Bruce Ferris, MD; Stephen Lucie, MD; Donald Carter, MD; John Moore, MD; David A. Kappel, MD, President, 1994–1995; Thomas H. Cogbill, MD, President, 1995–1996; G. Jerry Jurkovich, MD, President, 1996–1997; James B. Benjamin, MD, President, 1997–1998; J. Scott Millikan, MD, President, 2002–2003; Frederick A. Moore, MD, President, 2006–2007; James W. Davis, MD, President, 2007–2008; and Mark T. Metzdorff, MD, President, 2012–2013.

The successful transition of the WTA to an academic surgical society is a reflection of the visionary leadership of the founders, the involvement of a generation of young and mid-career academic trauma surgeons, and the evolution of a generation of surgical residents from presenters to members to leaders.

A WTA PERSONAL ACADEMIC MOMENT

Dr. Feliciano Predicts the Future

In 1995 Grace F. Rozycki, MD, MBA, WTA President 2008–2009, completed a research project with David Han, MD, one of the surgical residents at Grady Memorial Hospital/Emory University. She asked me to review the abstract for the project that was to be submitted to the WTA for the Earl G. Young competition. I was quoted as saying “this abstract will go nowhere.” Dr. Han presented his research with skill and panache at the 1996 meeting in Grand Targhee, Wyoming, using a ski pole as a pointer. Needless to say, he won the 6th Annual Earl G. Young Award.

Chapter 3

Involvement with the Journal of Trauma and Acute Care Surgery

Ernest E. Moore, MD



Gene Moore, MD, President 1989; Gene and Sarah

The most significant advance in the Western Trauma Association (WTA) in the second decade of existence was the progressive incorporation of active members from major academic trauma centers, and their influence on the scientific content of the annual meeting. I first attended the WTA in 1978; I was thirty years old, and the WTA leaders had decided to recruit young members. Robert B. Rutherford recommended me for membership that year. In 1979 three (10%) of the thirty-one presentations were from academic trauma centers, and by 1985 fourteen (41%) of the thirty-four papers originated from urban trauma centers with surgical residency training programs. I learned as a junior faculty member that the ticket to attend academic meetings was a presentation resulting in a peer-reviewed publication. As the 1983 Program Chair, I began discussions with leaders of the WTA (including Robert B. Rutherford) to consider a formal relationship with the *Journal of Trauma (JOT)* since I had worked with the *Journal* beginning as a second-year surgical resident. Bob wisely reminded me that the WTA had been founded by leaders in orthopedic surgery, and that I would have to develop a compelling rationale and make a few personal calls. At the fourteenth annual meeting of the WTA in Steamboat Springs, February 29, 1984, President Earl Young appointed me to chair a new Publications Committee to investigate the potential of an agreement with the *JOT*. Other members included Robert C. Volz (a member of the editorial board

of *Orthopedics Review*), David V. Feliciano, George E. Pierce, and Hiroshi Yamauchi. We were charged to “pursue an affiliation with a reputable journal for publication of selected papers from the annual meeting.” Committee work was relatively simple in those days. After a few trips on the chairlift and a few brews during the afternoon session, we reached a consensus to pursue *JOT*. Having done my surgical training with Dr. John H. Davis (Figure 2), at the time *JOT* editor and chairman at the University of Vermont, the negotiation was straightforward. On March 5, I sent a letter to Dr. Davis proposing a formal relationship with the *JOT* based on the following stipulations:



Figure 2. John H Davis, Editor of the Journal of Trauma, 1975 -1994

1. Papers must conform to the editorial policy of the *Journal*, including being original and not published elsewhere.
2. The Publications Committee of the WTA will preselect a minimum of five and maximum of ten papers that satisfy the above qualifications and are of scientific quality to merit publication in the *Journal*.
3. The preselected papers will be reviewed and edited during the annual meeting and submitted to the *Journal* at the conclusion of the meeting.
4. Preselected papers are submitted to the *Journal* with the understanding that they will undergo standard peer review before final acceptance.
5. Approved papers will appear in a single issue of the *Journal* with a pre-heading identifying the WTA as the source.

In typical fashion, Dr. Davis called me within forty-eight hours to verify our agreement. Robert C. Volz graciously supported the plan, and requested he be replaced by Robert J. Neviasser on the committee. President Young, on behalf of the board, supported the draft memorandum of understanding, and wrote me a personal letter indicating “...you have exemplified what the WTA stands for.” There was no initial letter of agreement from the *JOT* until Dr. Davis wrote to me in November stating, “I am replying formally to your letter of March 5, which you jogged us on at the trauma meeting (AAST). The five stipulations that you made are agreeable.”

The Publications Committee believed we should complete the WTA review during the meeting to foster mentoring and promote a collegial effort to publish the outstanding science generated at our annual meeting. Success required an extra effort from the Publications Committee as well as the authors of these initial papers.

Three hard copies of the papers (no email in those days) were requested to be submitted to the Publications Chair before the opening session. The chair distributed these papers to members of the committee based on their interest and expertise. Suggestions from the reviewers were conveyed in writing to the authors, with an itemized scoring sheet, and the Chair of the Publications Committee discussed the reviews directly with the senior authors after the morning session (unless it was a powder day). Many authors, as well as reviewers, sacrificed skiing time to refine and retype their papers. Collectively, we met our goals at the Snowbird meeting in March 1985, and all six of our recommended papers were published in the ensuing September issue of the *JOT* (2-7).

Although we were delighted with the *JOT* success, there were some initial growing pains. Thomas H. Cogbill was the Publications Chair in 1987 and distributed his abstract selection to the board. I wrote to President Robert C. Edmondson, "I am pleased to learn that ninety-three abstracts had been submitted, but concerned that forty-four had to be rejected due to obvious time constraints. While I am absolutely convinced that Tom selected abstracts as fairly and objectively as any of us could, it certainly must have been a formidable task for him to turn away 47% of abstracts from his friends." I suggested this job was too much for a single individual, and proposed the following:

1. The Program Chairman is changed to the position of Recorder. This individual is an elected member of the board.
2. The Recorder is appointed for a two-year term, and is ultimately responsible for a) selecting abstracts for the annual meeting and b) selecting papers to be submitted to the *JOT*.
3. The President selects a Program Committee to consist of at least a) a general surgeon, b) an orthopedic surgeon, and c) another specialist.
- 4.) The President selects a Publications Committee to consist of the above. The chairman of this committee should be a member of the editorial board of the *JOT*.

President Edmondson responded, "You realize, of course, that the more usual stance for the Program Chair is trying to cajole, threaten, or otherwise induce the membership to supply enough papers for the week's meeting. This week I do not know what happened to open the floodgates so wide for us to have 93 abstracts

submitted. It must be a combination of the popularity of the site for the meeting coupled with the possibility of publications in the *JOT*.” Bob Rutherford added, “I have no problem with your suggestions, and they may be appropriate since we are obviously drifting in a direction in which we have to get more serious about the scientific end of our program and take maximal advantage of all the hard work done by those who wish to contribute.” In 1988, as WTA President, I requested that the WTA be listed on the cover of the *JOT*, and AAST secretary, Lewis M. Flint, reported, “The cover of the *JOT* now includes the phrase: ‘Official Journal of the WTA.’” Along with this recognition, members of the WTA were offered the *JOT* at a reduced price.

Incorporating *JOT* into the WTA culture was rapid and largely painless, but there were some skeptics of our progress. A very accomplished senior academic trauma surgeon (who will remain anonymous) wrote in December 1989: “My recent reading of the *JOT* prompts this letter which conveys thoughts I have suppressed for the past decade. I have been left with the notion that the WTA was organized primarily for skiers who wished to enjoy the camaraderie of skiing and scientific presentation in such a manner as to meet the federal requirements for a tax deductible meeting. The WTA appears to have matured at least to the point where it is commanding journal space in the most significant journal dealing with the broad subject of trauma. The WTA thus puts itself in competition with all surgeons interested in publishing in the *JOT*. Some of us hope that your advisory committee of past presidents (as recommended in your Presidential Address) will ask the basic questions about the purpose for existence of the WTA as it relates to science or skiing? The noble goals you have articulated can never be achieved until your ruling body matures to the recognition that not all surgeons of trauma are interested in skiing nor in spending a portion of the week located at some remote, hard-to-access resort in order to listen to brief scientific sessions in the early morning hours or the late evening hours while the most productive hours of the day are spent twiddling ones thumbs waiting for the scientific jocks to return from their exhilarating endeavors. These views are probably shared by other serious surgeons of trauma in North America.” This was copied to Dr. Davis, but not to the board.

The early maturation and expanding relationship with *JOT* was managed sequentially by Publication Chairs: E. E. Moore 1985–87, David V. Feliciano 1988–90, and Steve R. Shackford 1991–95, and the number of published papers increased from six to twenty-two. In 1994 Basil A. Pruitt, Jr (Figure 3) was selected as the new editor of

JOT. In his capacity of Publication Chair, Steve Shackford wrote preemptively to Dr. Pruitt: “At the last Editorial Board of the *JOT* I got the distinct impression the relationship of the WTA to the Board of the AAST and the *JOT* may be in the process of reevaluation. For your perusal I have included a tabular summary of the results of the editorial review and have provided you with a bibliography which lists 149 publications that have been generated from the proceedings of the WTA. Each year we receive between 100-110 abstracts. From the 110 abstracts, 42 are picked for presentation at the meeting. Of the 42 presented papers, 30-35 authors will submit manuscripts and between 15 and 25 will be considered suitable for publication. The review process is quite vigorous. In recent years I have expanded the number of reviewers from three to five with at least one extramural (outside the WTA membership). These manuscripts are judged using an explicit review process. For your review, I enclosed a manuscript reviewing score sheet. In short, the WTA is quite proud of its contributions to the trauma literature and wishes to continue its relationship with the *JOT*.” The timely correspondence was effective as this relationship was maintained throughout Dr. Pruitt’s tenure as editor.



Figure 3. Basil A Pruitt, Jr, MD, Editor of the Journal of Trauma, Injury, Infection and Critical Care, 1995 - 2011

We have come full circle. In 2011 I became the editor of the *JOT* (Figure 4) and selected Steve Shackford as an associate editor. The only modification to our agreement I requested from the WTA was to consider that all manuscripts generated from the annual meeting are submitted to the *Journal*. In sum, I am confident the WTA has a durable, symbiotic relationship with the *JOT*, now the *Journal of Trauma and Acute Care Surgery (JTACS)*. While I initiated this relationship, it would not have succeeded without the expertise, commitment, and hard work of Steve Shackford and Dave Feliciano, as well as subsequent chairs of the Publication Committee.

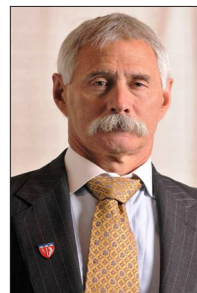


Figure 4. Ernest E Moore, MD, Editor of the Journal of Trauma and Acute Care Surgery, 2012 - present

A WTA MOMENT

The Mangy Moose Incident

The 1987 WTA meeting was in Jackson Hole, and we enjoyed spectacular powder. As typical in the earlier days after the afternoon session, a group of us would continue our beer consumption at a local bar, ultimately resulting in what some would describe as non-politically correct behavior exacerbated by shots of tequila. On a particularly memorable evening, our crew consisted of John Moore, Pete Carter, Steve Lucie, Scott Millikan, and me. Perhaps not surprisingly, John (known as Harvey by his friends and relatives) was making some comments at the bar where the bartender did not agree with the content or delivery, and the bouncer was summoned. The bouncer elevated Harvey by the collar and was escorting him rather robustly out the hinged doors of the bar. As he passed by me I requested



Figure 5. The Notorious Moore Brothers, Gene and John

an explanation, and the bouncer rudely shoved me into the bar. Despite the cowboy being somewhat intimidating, I nailed him in the nose. He went down promptly, carrying one of the hinged doors with him, and was now unconscious on the floor. I was unaware of the risk of BCVI at that time. Needless to say we made a quick escape, but during the remainder of the week we maintained a low profile as the word on the street was that the local authorities were on the lookout for a group of renegades (Figure 5).

Chapter 4

Western Trauma Association Multicenter Trials

Thomas Cogbill, MD and Peggy Knudsen, MD



Tom Cogbill, MD, President 1996; Tom and Jan

Peggy Knudsen, MD and Steve Delateur

How It All Began

As with so many other things in the WTA, it all started with a conversation among friends at a bar. The date was September 9, 1987, and the place was Montreal, Quebec, Canada, site of the AAST meeting that year, and Tom Cogbill, Jerry Jurkovich, and Gene Moore were having drinks one evening. Tom had started his surgery practice at the Gundersen Clinic in La Crosse, Wisconsin, and Jerry was in the Department of Surgery at the University of South Alabama in Mobile. Tom and Jerry had finished their surgery residency under the tutelage of Gene at the University of Colorado/Denver General Hospital.

Each may claim the idea of a multicenter study group as their own, but somehow the idea clearly evolved during the course of this conversation among friends who were used to collaborating with one another both scientifically and socially. Tom was looking for a way in which a smaller volume, rural trauma center that saw primarily blunt injuries could participate in answering important questions in trauma management that required large volumes of patients. Jerry had a similar perspective from a developing academic surgery department in a city with moderate volumes of blunt and penetrating trauma but no organized trauma program. Gene shared a broader view in which he sought opportunities for the WTA to be

recognized nationally and internationally, which would strengthen the developing publication relationship between WTA and the *Journal of Trauma*. The three surgeons postulated that pooling data might serve to validate the recently proposed trauma injury scoring system from the AAST. At the conclusion of the conversation, Gene suggested that the first topic should focus on the contemporary management and outcomes of severe liver injuries, and Tom “volunteered” to lead the initiative.

The next day at the AAST meeting, Tom invited John Morris from Vanderbilt University to join this first collaborative effort. One day later, Tom talked with David Feliciano from Baylor University’s Ben Taub Hospital in Houston, Texas, at the airport as they departed for home. Dave was excited to participate and suggested that they involve Peter Mucha from the Mayo Clinic in Rochester, Minnesota. A phone call to Peter the next week completed the process of establishing the six principal investigators for the first WTA Multicenter study. What followed in the ensuing eight weeks before the WTA abstract deadline was amazing and classic WTA history in so many ways. Each of the six principal investigators from that first WTA Multicenter study searched their own trauma databases (most were handwritten lists at that time), completed a three-page Xeroxed data collection form on each patient (Pete Mucha’s were illegibly written in pencil) and sent the forms to La Crosse in manila envelopes. The data were entered onto huge spreadsheets made from the back side of used desk calendars that were laid out across the Cogbill’s bedroom floor, and the collation of data began. Statistical analysis was performed using published tables (not computer programs). The abstract was written by Tom and then edited by Gene, with the final touches applied by all six co-authors. All correspondence was by United States Postal Service mail, telephone, and occasionally Express mail (there was no email!).

This first WTA multicenter study, “Severe Hepatic Trauma: A Multicenter Experience with 1,334 Liver Injuries,” was accepted and then presented at the WTA meeting in Steamboat, Colorado, on March 3, 1988. The slides were white on black Kodalith and colored by hand, using markers. This was a vast improvement over Kodalith slides colored with tiny strips of colored, sticky cellophane tape! The submitted manuscript was written by Tom and edited by Gene, with additional contributions from all authors. The paper was published in the October 1988 issue of the *Journal of Trauma* and as of January 2019 had been cited 203 times (see Table 2).

Maturation

Over the next five years, the WTA Multicenter Trials Committee (MTC) remained an informal group of collaborators; Tom Cogbill was the de facto chair and one or two investigators were added each year. The group focused on one trauma-related topic per year. This was not an effort to be exclusive but rather to keep the number of institutions manageable and to assure that the endeavor would remain collaborative. Over the next several years as these studies were presented at the WTA meetings and published in the *Journal of Trauma*, widespread interest in joining these investigations grew. In 1992 the WTA Multicenter Trials group opened up to the entire WTA membership and the tradition was established of an evening meeting during the annual meeting for the proposal of new topics, recruitment of co-investigators, and review of progress reports on current studies delivered by principal investigators. Although open to all WTA members, there was typically a cadre of ten to twelve surgeons present at these initial meetings, and as has always been true of the WTA, study discussions were insightful, frank, and spirited.

Rules of Engagement

After Tom Cogbill's unofficial run as chair of the MTC for thirteen (!!) years, he relinquished this position in 1999 to Peggy Knudson, who served for the next seven years. During that time, the "official" rules were being developed and ultimately included in the famed "Mountain Manual," which resulted from the first WTA retreat held by President Steve Shackford in Big Sky, Montana, in 2001. Soon after the retreat, the MTC became a standing committee with WTA bylaws' changes adopted in 2003. These guidelines were further revised by later MTC chair Krista Kaups in 2009. Below is a summary of the current guidelines for the WTA MTC:

Role of the Chair:

The Chair of the WTA Multicenter Studies/Trials group is an *ex officio* member of the Board of Directors

The Chair is appointed by the President with Board Approval for a term of at least 6 years (later revised to 3 years)

The Chair can request to be removed from the position after 6 years or upon assuming another office in the organization

The Chair convenes meetings as often as necessary, including one meeting during the annual WTA meeting

The Chair provides an annual report to the Board of Directors and to the Membership during the annual Board and Business meetings

The Chair maintains a database (including email addresses) for all members participating in the MTC

The Chair coordinates all WTA studies and acts as a “clearing house” for all information regarding ongoing studies

Rules for Participation in WTA studies:

A Principal Investigator (PI) is identified for each study

The PI for each participating center must be a member of the WTA

A limit of 2 authors per institution unless circumstances dictate otherwise (i.e., participation of radiologists, etc.)

The authors are listed (after the PI) in the same order as the number of patients supplied to the study

Abstract and Paper Submissions for WTA Studies:

- The WTA has the right of first refusal for all WTA Multicenter studies; after that, the PI may submit the abstract to other meetings
- The timing of submission for presentation (that is, what year to submit) will be at the discretion of the lead author with input from other study participants and the Chair. However, abstracts submitted for presentation at the WTA annual meeting must adhere to the normal submission deadlines
- It is the expectation that the manuscript will be prepared in time for submission at the time of the WTA annual meetings with resulting submission to the *Journal of Trauma* (now the *Journal of Trauma and Acute Care Surgery*) for consideration for publication. If, however, the manuscript is rejected from that *Journal*, it will then be at the discretion of the lead author (with input from the other authors) about alternative venues for submission.
- Failure to submit the manuscript in a timely manner, according to Bob Mackersie, could result in punishment by:
 - a. being boiled in oil
 - b. wearing your ski helmet backward for the first day of skiing
 - c. being pummeled with dinner rolls thrown by, well, you know who...

Two Firsts

As the MTC continued to grow and mature, so too did the studies. The first WTA *prospective, randomized trial* was completed in 1997 under the leadership of Dr. Harvey Sugerman (WTA president in 2007). The study was designed to address the optimal timing of tracheostomy in ICU patients who required ventilatory support and focused on the potential complications associated with endotracheal tubes (glottic and subglottic stenosis) as well as the serious complications associated with tracheostomies (tracheal stenosis, hemorrhage, erosion). The study included three groups of patients, primary head trauma, non-head trauma, and critically ill non-trauma

patients, who were randomly assigned to early tracheostomy (three to five days post-intubation) or late tracheostomy (ten to fourteen days). The intention was that all patients would undergo laryngoscopy performed by ENT specialists to evaluate for potential pharyngeal/laryngeal/tracheal injury at the time of extubation and again three to five months later. Although the study was limited by low enrollment numbers (a total of 157), late randomization, and lack of endoscopic evaluations in many patients, there did not appear to be any significant differences due to the timing of tracheostomy in the primary endpoints of ICU LOS, development of pneumonia, or death. In those patients who did undergo late laryngoscopy, there were no late vocal cord or laryngeal complications, and no tracheal-innominate artery fistulae.

The first WTA MTC *funded study* was completed in 2009. This study focused on the use of recombinant activated factor VII (rFVIIa) for hemorrhage control, a drug that was being heavily utilized by the US military in Iraq. The drug, developed as therapy for patients with congenital hemophilia and acquired inhibitors, was marketed by Novo Nordisk Pharmaceuticals Inc., and representatives from that company attended one of the WTA MTC meetings. In addition to the potential for inducing a hypercoagulable state (VTE, MI, etc.), the charge for a single treatment with rFVIIa was approximately \$10,000 and there were very limited data to prove effectiveness following hemorrhage in injured patients. Given the lively discussion that followed their presentation at the meeting (as only the WTA can do!) the company representatives offered to fund a study, with sufficient support for a research coordinator, statistical analysis, and a per-patient enrollment supplement. Further, the overhead from the grant was directed to the Western Trauma Foundation to support future research. Over a five-year period, data from 380 patients who had received rFVIIa as an adjunct for hemorrhage control following trauma was available for analysis. The mean time from admission to administration of the drug was six hours with an average of eighteen units of blood transfused prior to that time. Significant predictors of a poor response to rFVIIa included low pH, shock, and low platelets (< 100,000) at the time it is given. It was concluded that the role of rFVIIa in traumatic hemorrhage was unclear at that time. Fortunately, balanced resuscitation was also being evaluated by the US Military with a clear mortality advantage in combat casualties, and rFVIIa nearly disappeared in most trauma centers with the wide adoption of 1:1:1 resuscitation protocols.

From the Past to the Present

The WTA MTC group continues to attract a large collection of investigators and now meets twice a year (at the annual WTA and the AAST meetings). At any one time, as many as eight studies are concurrently ongoing (listed on the WTA website). This vibrant group has been led over the years by the following chairs:

- Tom Cogbill (1986-1999)
- Peggy Knudson (1999-2006)
- Krista Kaups (2006-2011)
- Rosemary Kozar (2011-2015)
- Mitch Cohen (2015-2019)
- Carlos Brown (current)

Publications, Authors, Institutions, and Citations

At the time of this writing forty-two WTA MTC papers have been published (see WTA website for the complete list). These include 344 *different* authors from eighty-three institutions and thirty-four states as well as some international collaborators as listed in Table 1. Although all of the papers have value, the ones with the highest number of citations to date in the *Journal of Trauma* or the *Journal of Trauma Acute Care Surgery* are listed in Table 2.

TABLE 1:

Participating Institutions by State

Alabama

U. of South Alabama, Mobile

Arizona

Banner University Medical Center, Tucson
Scottsdale Health Center, Scottsdale
Abrazo Medical Group Goodyear, Avondale

California

University of California San Francisco/
Zuckerberg SF General Trauma Center
University of California San Diego
University of California Davis, Sacramento
University of California San Francisco/
Fresno
Los Angeles County/U Southern California,
Los Angeles

Cedars Sinai Hospital, Los Angeles
Scripps Mercy Hospital, San Diego
Huntington Memorial Hospital, Pasadena

Connecticut

Yale University Medical Center, New Haven

Colorado

Denver Health Medical Center, Denver
Colorado Children's Medical Center, Aurora
U. of Colorado Medical Center, Colorado Springs
U. of Colorado of the Rockies, Loveland
U. of Colorado Medical Center, Aurora

District of Columbia

Washington Hospital Center
George Washington University

Florida

U. of South Florida, Tampa
U. of Miami Ryder Trauma Center, Miami

Georgia

Memorial Health University Medical Center, Savannah
Emory University/Grady Memorial, Atlanta

Hawaii

Queens Medical Center, Honolulu

Illinois

St. Francis Medical Center U. Illinois, Peoria
John H Stroger Jr Hospital of Cook County, Chicago
Loyola University, Maywood

Indiana

University of Indiana, Indianapolis

Kansas

Wesley Medical Center, Wichita
Via Christi Hospital on St. Francis, Wichita
U. of Kansas, Kansas City

Maryland

R. Adams Cowley Shock Trauma Center,
U. of Maryland, Baltimore
Massachusetts General Hospital, Boston

Michigan

University of Michigan Medical Center,
Ann Arbor

Minnesota

Mayo Clinic, Rochester
Hennepin Country Hospital, Minneapolis
North Memorial Health Center, Robindale

Missouri

Mercy Hospital, Springfield

Nevada

University of Nevada, Las Vegas

New Jersey

Cooper Medical Center, Camden
Rutgers New Jersey Trauma Center, Newark

New York

New York University, New York City
Kings County Medical Center, New York City
U. of Rochester, Rochester

North Carolina

Duke University Medical Center, Durham
 Wake Forest Medical Center, Winston-Salem
 Wakefield Health, Raleigh
 East Carolina University, Greenville

Ohio

St. Elizabeth's Health Center, Youngstown
 Grant Medical Center, Columbus
 Metro Health Center, Cleveland

Oklahoma

University of Oklahoma Medical Center,
 Oklahoma City

Oregon

Legacy Emanuel Hospital, Portland
 Oregon Health Science University Hospital,
 Portland

Pennsylvania

U. of Pittsburgh, Pittsburgh
 Lehigh Valley Medical Center, Allentown
 Mercy Hospital, Pittsburgh

Rhode Island

Brown University Medical Center,
 Providence

South Carolina

Medical University of South Carolina,
 Charleston

Tennessee

Vanderbilt University, Nashville
 Erlander Medical Center, Chattanooga
 U. of Tennessee, Memphis

Texas

University of Texas, Houston
 Methodist Dallas Medical Center, Dallas
 Baylor University/Ben Taub, Houston
 U. Medical Center at Brackenridge, Austin
 Medical Center, Plano
 East Texas Medical Center, Tyler
 University of Texas Southwestern, Dallas
 University of Texas San Antonio
 US Army Institute of Surgical Research

Utah

University of Utah, Salt Lake City

Vermont

University of Vermont, Burlington

Virginia

Medical College of Virginia/Commonwealth
 University, Richmond
 Virginia Tech Carillion School of Medicine,
 Roanoke
 Inova Fairfax Hospital, Falls Church

Washington

Harborview Medical Center/U. Washington,
 Seattle

Wisconsin

Medical College of Wisconsin, Milwaukee
 Gundersen Lutheran Medical Center, La Crosse
 Marshfield Clinic, Marshfield

International

Calgary Foothills Medical Center, Calgary
 Alberta Canada
 Hadassah Hebrew University, Jerusalem,
 Israel

TABLE 2:**Top Ten WTA MTC Papers Arranged by Number of Citations**

Rank	Reference	Number of Citations (as of 1/2019)
#1	Pachter HL, Knudson MM, Esrig B, Ross S, Hoyt DB, Cogbill T, Sherman H, Scalea T, Harrison P, Shackford S, Ochsner MG, Mucha P, Hofstetter S. Status of nonoperative management of blunt hepatic injuries in 1995: a multicenter experience with 404 patients. <i>J Trauma</i> 1996;40:31-38	226
#2	Cogbill TH, Moore EE, Meissner M, Shackford SR, Wallace JR, Ross SE, Ochsner GA, Sugerman HJ, Moore FA, Jurkovich GJ, Cocanour CG, Potenza B, Chang MC, Trevasani GT, Abrahamian C, Frankel. The spectrum of blunt injury to the carotid artery: a multicenter experience. <i>J Trauma</i> 1994;37:473-79.	224
#3	Cogbill TH, Moore EE, Jurkovich GJ, Feliciano DV, Morris JA, Mucha P. Severe hepatic trauma: a multicenter experience with 1335 liver injuries. <i>J Trauma</i> 1988;10:1433-38.	204
#4	Shackford SR, Wald SL, Ross SE, Cogbill TH, Hoyt DB, Morris JA, Mucha P, Pachter HL, Sugerman HJ, O'Malley K, Winchell RH, Rutherford E, Rhodes M, Koslow M, DeMaria EJ. The clinical utility of computed tomographic scanning and neurologic examination in the management of patients with minor head injury. <i>J Trauma</i> 1992;33:383-94.	193
#5	Cogbill TH, Moore EE, Jurkovich GJ, Morris JA, Stolee RT, Moore FA, Farnell MB, Molin M. Nonoperative management of blunt splenic trauma: a multicenter experience. <i>J Trauma</i> 1989;29:1312-17.	188

Rank	Reference	Number of Citations (as of 1/2019)
#6	Hoyt DB, Bulger EM, Knudson MM, Morris J, Ieradi R, Sugerma n HJ, Winchell RJ, Jurkovich GH, Chang M, O'Malley K, Trevisani GT, Cogbill TH. Death in the operating room: an analysis of a multicenter experience. J Trauma 1994;37:426-32.	151
#7	Haan JM, Biffl W, Knudson MM, Davis KA, Oka T, Majercik S, Dicker R, Marder S, Scalea TM. Splenic embolization revisited: a multicenter review. J Trauma 2004;56:542-7.	139
#8	Mosenthal AC, Livingston D, Lavery R, Knudson MM, Morabito D, Manley GT, Nathens A, Jurkovich GH, Hoyt DB, Coimbra R. the effect of age on functional outcome in mild to moderate traumatic brain injury: interim report of a prospective multicenter trial. J Trauma 2004;56L1042-48.	130
#9	Sugerma n HJ, Wolfe L, Pasquale MD, Rogers FB, O'Malley KF, Knudson MM, Dinardo L, Gordon M, Schaffer S. Multicenter, randomized, prospective trial of early tracheostomy. J Trauma 1997;43:741-47.	128
#10	Cogbill TH, Moore EE, Morris JA, Jurkovich GJ, Ross SF, Feliciano DV, Shackford SR. Distal pancreatectomy for trauma: a multicenter experience. J Trauma 1991;31:1600-6.	100

A WTA MOMENT

Cogbill gets real skis!

In 1975 University of Colorado medical student Tom Cogbill purchased a brand-new pair of K2 "Freestyle" skis at Gart Brothers Ski Mart in Denver for \$19.95. They were great skis, especially for Colorado powder days. They made the trip to every WTA meeting from 1982 to 1996. In the latter years, many fellow skiers and lift operators at different resorts would spontaneously comment that they had owned and loved a similar pair of red, white, and blue K2s or that they had "mounted a pair just like them" up on the wall of some mountain cabin. By 1996 the skis had aged to a lovely red, YELLOW, and blue. In 1997 WTA members, feeling sorry for their president, presented Dr. Cogbill with a new pair of K2 all-mountain skis at the Grand Targhee meeting in Alta, Wyoming (Figure 3). They too were wonderful skis but met an early death at the Lake Louise WTA meeting in 1998. After striking a large number of rocks in that low snow year in Alberta, the skis delaminated and were missing several 12-inch segments of the metal edges. This made skiing the rest of the week even more challenging and the skis were retired with honor.



Figure 3. President-elect Jerry Jurkovich, left, presents outgoing president Tom Cogbill with his new K2 skis.

Chapter 5

History and Evolution of the WTA Bylaws

Robert C. Mackersie, MD



Bob Mackersie, MD, President 2010; Bob and Katherine Tillotson

Beginnings: 1970–1972

In the winter of 1970, a multidisciplinary group of like-minded surgeons undertook the creation of a surgical association for those with an interest in treatment of traumatic injuries, as well as a strong interest in winter sports. In December of 1970, four of these individuals became the incorporators of what was to become the Western Trauma Association. These individuals were Drs. Douglas A. McKinnon, Robert Volz, Peter Teal, and William Hamsa. These four signatories submitted a set of articles of incorporation to the Colorado Department of State on the 25th of January, 1971, thereby establishing the nonprofit corporation titled: The Western Trauma Association (Figure 2).

These initial articles of incorporation were a precursor to the WTA bylaws and were fairly basic. They included only seven elements:

- The name of the corporation: The Western Trauma Association.
- The period of duration of the corporation: perpetual.
- The purpose of the corporation: The exchange of educational and scientific ideas and principles related to the management and diagnosis of traumatic injuries and conditions. (It wasn't until 2011 that winter sports were mentioned in the bylaws.)

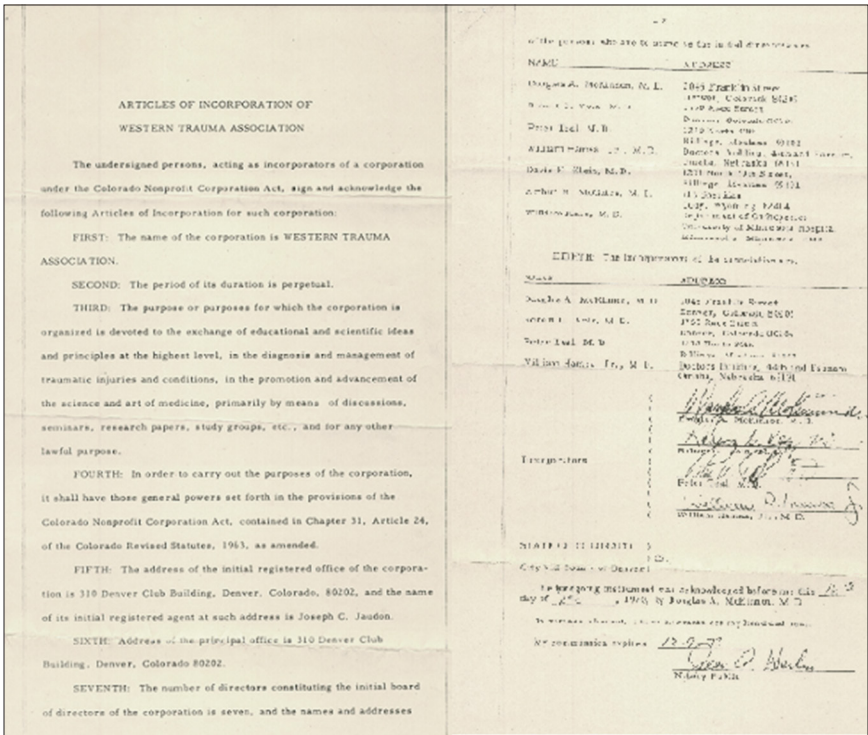


Figure 2. The original articles of incorporation of the Western Trauma Association

- A statement of the corporation’s general powers pursuant to the Colorado Nonprofit Corporation Act of 1963.
- The address and name of the registered corporation and registered agent.
- The principal address of the corporation office (same as above).
- A list of the corporation’s Board of Directors. In addition to the four incorporators of the association, the initial Board of Directors also included Drs. David Klein, Arthur McGuire, and William Kane.

Early modifications to these original articles of incorporation included limitations designed to ensure both geographic and specialty diversity in the WTA membership. In 1972 a geographic limitation of no more than 25% of membership coming from any one geographic area was established, along with a specialty limitation of no more than 25% of the membership from any one specialty. These changes were not formalized by amended articles of incorporation, however, until 1982.

Early Years: 1972–1973

The records of additional changes in the WTA articles of incorporation between 1972 and 1982 are sparse, but it is likely that these articles underwent very little change during this period of time. In 1982, following the February meeting of the WTA (at which seventy-nine members were present), the bylaws (articles) were formally amended to include the following provisions:

- A statement stipulating that the corporation not participate in any political campaign or any other activity restricted for nonprofit corporations by Colorado law.
- The powers of the corporation (WTA) were stated more specifically and expanded to include a ban on the payment of net earnings to officers, directors, members, or “private persons” except as “reasonable compensation” for services rendered (in other words: no profit sharing by anyone).
- A provision for the dissolution of the society.
- A limitation of the WTA/corporation membership to 100 members.
- A provision for making further amendments to the articles of incorporation.

Early Growth: 1983–1991

From 1983 to 1991, the Association continued to grow but the limit of 100 members was retained. Revisions to the articles of incorporation and renaming of these as the bylaws of the Western Trauma Association occurred from 1987 to 1990. At the 1990 meeting of the WTA, revisions of the bylaws proposed in 1987, 1988, and 1989 were approved, resulting in a significantly expanded and detailed set of articles. These new additions included the following:

- A defined territory was outlined, which included the United States of America, but interestingly stated that “It shall not be constrained, however, from holding its annual meetings at any designated site throughout the free world.”
- The limitation of membership by specialty was eased from 25% to one-third of the membership.

- An MD degree and Board Certification were established as qualifications for membership.
- A requirement for notice of the time and place of the annual meeting was established.
- An entire section allowing for the establishment of registration fees, dues, and other assessments (for scientific programs at the annual meeting) was added.
- Allowance for waiver of annual dues for reasons of deployment in the armed forces or physical disability, etc., was created.
- An article related to voting rights and the manner of voting was added to the bylaws. This included a requirement of two-thirds vote of members in good standing.
- A new article stipulating officer positions of the Association (President, President-Elect, Vice President, Secretary, Treasurer) along with the provision for their terms, vacancies, election, removal, and resignation.
- A list of specific duties for each of the officers: It was here that the WTA President-Elect was granted the ability to “plan and organize” the subsequent annual meeting.
- The composition of the Board of Directors was stipulated, including, in addition to the officers, six (6) members at large to be elected to the board with a term limit of no more than three years.
- Standing committees of the association were now stipulated in the bylaws. In the 1990 revision, they included: Nominating Committee, Program Committee, Membership Committee, and Publications Committee. This article also stipulated the specific composition of these committees and included a provision for appointment to membership in the committees.
- A provision that a change to the bylaws requires a two-thirds vote of a quorum of membership, increased from a simple majority in previous versions.

WTA bylaws were further revised and adopted in 1991 and included the following provisions:

- In response to a desire to increase membership among general/trauma surgeons, the individual specialty restriction was eased from 33% to 40%. The total membership limit was retained at 100. Although never formally included in the WTA bylaws, the subsequent inclusion of “Surgical

Critical Care” as an official “specialty” allowed further increased WTA membership opportunities among those general/trauma surgeons who had become board-certified in that specialty.

- The category of Associate Membership was added to the bylaws, allowing qualifying non-MD, non-DO healthcare providers to join the association as nonvoting members.
- The qualifications for membership were expanded to include a provision that a new member attend the meeting in the year prior to the year they were to be voted on for membership. This particular stipulation would prove problematic in subsequent years due to increasing membership wait times (which were in turn due to specialty and overall membership limits), and thus there was difficulty in forecasting the year in which an applicant would be voted into membership.
- A section on membership retention was added, which required members to attend one out of every three consecutive meetings of the association and to submit a scientific abstract to one out of every three consecutive meetings.
- The category of Senior Membership was added, with the age cutoff beginning at sixty years, at which point a “senior” member had the *option* to accept Senior Membership status and with it, be granted a waiver of both the meeting attendance and abstract submission requirements.

Middle Years: Dealing with Demand for Membership 1992–2002

The bylaws remained largely unchanged from 1991–1992, with the exception of a modification of the Senior Membership requirement reducing the age cutoff from age sixty to fifty-five, and making acceptance of Senior Membership status mandatory. The dues requirement was maintained and the stipulation was made that senior members retained all voting privileges and rights of active members. Notably, language was added stipulating that Senior Membership would *not* be counted as part of a given specialty membership quota or the total membership number. These changes reflect the ongoing demand for active membership in the Western Trauma Association, but with a continued membership limitation of 100. The automatic exclusion of fifty-five years and older senior members from specialty and overall membership totals served to free up room for additional active membership positions in the Association.

The primary change in the bylaws adopted in 1993 was the addition of an Honorary Membership category. Those who have made extraordinary contributions to the WTA could be considered for Honorary Membership. Their appointment to this membership category requires a two-thirds approval vote by the Board of Directors. Interestingly, this category was eliminated the following year.

There were no changes to the bylaws made in 1995. The primary change in 1996 was the addition of the Western Trauma Association Historian to the officer's roster. A section outlining the roles and responsibilities of the WTA Historian was also added, and included responsibility for the maintenance and safeguarding the archives of the Association and keeping a continuous account of the history of the Association for the use of the membership. The Historian was made an *ex officio* member of the Board of Directors.

The requirement to submit an abstract to the Association one out of every three consecutive years, was dropped in 1997. In addition, for the first time since the founding of the WTA, the membership limitations were increased in 1997 from 100 to 125 members. The single specialty limitation remained at 40% of the total membership.

There were no changes to the bylaws made in the years 1998 to 2001. In 2002, changes to the bylaws were fairly minor and included a clause in membership retention that called for behavior conforming to a code of ethical and moral standards "described by the American College of Surgeons or the American Medical Association." One additional change made in 2002 was the expectation that the WTA Treasurer engage a certified public accountant for an annual audit of the Association's financial records.

Big Changes after the 2001 Retreat: 2002-2004

The WTA bylaws underwent a more extensive set of changes adopted in 2003, many the result of the Big Sky Retreat in 2001 (see chapter 13). These changes included the following:

- A statement of Core Value was added: "Continuing education by participation in a diverse multidisciplinary scientific program with the goal of improving the care of injured patients."
- A WTA Mission Statement was crafted and incorporated into the bylaws: "The Western Trauma Association is committed to the improvement of

trauma care through research, education, sharing of clinical experiences and the development of physicians of all specialties who are involved in the care of trauma patients.”

- A notation of the 501(c)3 status for the WTA (obtained in 2002), was added to Article 1, and “throughout the free world” was dropped from jurisdiction and territory section, leaving the clause stating simply that the WTA could hold its annual meeting at “any designated site.” (Waterskiing in Aruba, anyone?)
- Two new categories of membership were added:
 - Retired Membership that allows continued Senior Membership with an exemption from dues but relinquishment of voting rights, and
 - Emeritus Membership denoting special recognition for senior members of the association who have made a significant contribution to the WTA.
- A stipulation that prospective members must attend a meeting within three years prior to the meeting in which they are voted on for membership. This change was made in response to the longer wait times for WTA membership amongst trauma/general/critical care surgeons.
- The Program Committee Chair was made an *ex officio* voting member of the Board of Directors.
- The chairs of the Multicenter Trials Committee and the Western Trauma Foundation, along with the WTA Historian were made nonvoting, *ex officio* members of the Board of Directors.
- Additional requirements for the Board of Directors’ meeting were added in regards to scheduling and agenda items. In addition, all BOD sessions were deemed “executive sessions” and thereby closed to other than BOD members and invited guests.
- A provision for telephone conference calls in lieu of face-to-face special meetings of the board was made, and proxy voting at board meetings was eliminated.
- Additional language regarding dues and the failure to pay dues for three consecutive years was added, including a requirement for notification of members in arrears by the Treasurer, and establishing failure to pay for three years as cause for termination.
- Additional language was added to terms and vacancies for the officers of the Association specifically related to officer term limits, a one year overlap for the elected WTA Treasurer, and the immediate assumption of duties at the close of the annual meeting at which they were elected for the President, President-Elect, Vice President, and Secretary.

- Additional language was added stipulating duties for the Vice President, Secretary, and Treasurer. These included the following:
 - The Vice President to serve as the Chair of the Website Committee.
 - The Secretary’s duties were expanded to include maintenance of a membership database, collection and maintenance of reports from officers and committees, bylaws changes, corporate documents, and preparation of an annual report for the membership and the Board of Directors.
 - Added duties of the Treasurer included organizing the registration process, preparation of registration packets, service on the website committee, dissemination of dues statements, and management of accounts.
- The committee structures were modified, making the Multicenter Trials Committee official, adding a Website Committee, and adding a provision for other ad hoc committees to be established as determined by the Board of Directors.
- In addition, the Program Committee was expanded to ten members, a stipulation was made allowing the Publications Committee to be expanded to include “as many other members as the Chairman and President deem necessary and appropriate,” and the term of the Publications Committee Chair was limited to two years.

The major bylaws changes made in 2004 reflect the requirement for Directors and Officers Insurance and the addition of two additional articles related to indemnification, conflicts of interests, loans and private inurement. This added four pages of rather terse, legalistic language to the bylaws and was designed to protect directors and officers from any liability they may incur when acting in an official capacity with the Association. In addition to the provision for the Directors and Officers Insurance and indemnification, this language also adds specificity to conflict of interest and forbiddance of private inurement. Good stuff, but not easy reading.

Stability to Maturity: 2004–2019

Having apparently exhausted itself with the legalistic changes made in 2004, the WTA made no major changes to the bylaws between 2005 and 2011. In the years 2010–2011, a number of modifications were made and adopted:

- The WTA Mission Statement was modified to include the goals of the Association: “The goals of the association are not only the intellectual growth attained through increased knowledge, but also the emotional growth attained through comradery and interaction with family and friends in an environment conducive to winter sports.”
- The ‘core values’ were modified to include “outdoor activity by participation in winter sports in a mountainous setting,” and “interaction with friends and family in the spirit of collegiality.”
- The provision for Emeritus Membership was dropped.
- Additional language regarding membership retention was added that provided for the waiver of any attendance obligation for deployed military, and the provision for petitioning the WTA Secretary for attendance waiver in any single year.
- A specific stipulation that the business of the WTA shall be managed by the Board of Directors.
- In order to improve the continuity of leadership within the organization, the BOD membership was increased to include *three* immediate past WTA presidents. Only one had retained BOD membership previously.
- Specific term limits for the at-large members of the Board of Directors were stipulated (no more than three years).
- The requirement of the Secretary to enlist the help of the Treasurer in maintaining the membership database and an elimination of this task under the Treasurer’s list of responsibilities.
- The Western Trauma Foundation Chair and Historian were dropped from *ex officio* Board of Directors’ membership.
- The Website Committee, previously chaired by the WTA Vice President, was eliminated.
- In lieu of the Website Committee, the post of WTA “Webmaster” was established. Appointed by the President and approved by the Board of Directors, the Webmaster was to have a service term of five years, and a set of duties was outlined that includes serving as the point person or interface between the WTA and the website hosting company.
- An Algorithms Committee was established through the bylaws, and the Past Presidents Committee was formalized in the bylaws as an advisory body to the Board of Directors.

The bylaws were again revised in 2012 with changes that included the following:

- Additional authorities of the President were added that included the ability to appoint members to any committee, to create ad hoc committees not otherwise provided by the bylaws, and to appoint liaisons to other professional organizations as needed.
- The requirement that the Treasurer serve on the Website Committee and organize the registration process was dropped.
- A membership category termed “Honorary Life Membership” was established, to be bestowed by the Board of Directors for both notable contributions in the field of trauma and longstanding service and commitment to the WTA. This effectively replaced the Emeritus Membership category that had been dropped in 2011.
- Stipulations regarding new member certificates and the responsibilities of newly elected members to attend a meeting following their election to membership, and a stipulation that failure to attend two consecutive meetings immediately following their election, without cause, would result in forfeiture of membership.

Between the years of 2013–18 there were mostly just minor language revisions to the bylaws; the most significant being capping the Publications Committee membership at twenty in 2014.

From 2018 to the current version, only minor modifications to the bylaws have been made, mostly concerning requirements for prospective members including the following:

- Abstract submission must be done within five years after time of application.
- Changes in attendance requirements (changed from three years to five years from the time of application).
- Clarification of the expectation that a prospective member attend one out of every three consecutive meetings within the time prior to them being elected on to membership.

The WTA bylaws have thus evolved from a very basic set of seven articles of incorporation in 1971 to the current version, containing fifteen articles. Despite remaining a small organization, the WTA has experienced a substantial increase

in the scope and complexity of its activities, as reflected by these bylaws. Driven by a shared vision, now codified in its mission, core values, and goals' statements, the WTA has managed to refine and strengthen its governance, add committee structure and depth, promote the engagement of future members, and enhance its scholarly programs, all against the background of an enduring collegiality among members, families, and friends. As the WTA continues to evolve over the next fifty years, it promises to retain the unique qualities that have made it both a professional and communal "home" for physicians and other health care professionals dedicated to the care of the trauma patient.

A WTA MOMENT

Dr. Davis is called to additional service

In the latter half of the 2009–2010 year, David Livingston, as WTA Secretary, and I undertook the task of further modifying the WTA bylaws. One of the changes made was directed at increasing the “institutional memory” of the organization (which had grown considerably more complex over the years), by increasing the Board of Directors’ membership to include the immediate past three WTA Presidents—a change that remains in place currently. Now one might think that such a change would be welcomed by those past presidents affected by it. However, the look on Jim Davis’s face when informed that the bylaws had been changed to extend his tenure on the Board of Directors, as a WTA Past President, quickly disabused me of that notion. I think it must have been that Jim (Figure 3), thinking himself to have been freed of BOD responsibilities, was looking forward to dinners out with Amy and the kids as opposed to the sometimes long, late, arduous BOD meetings followed by cold pizza. Freedom was not to be his for another two years! Ironically, it had been Jim’s own “institutional memory” (and longstanding commitment to the WTA), that gave rise to making the change to begin with. And, he served with distinction and without complaint, for the remainder of his obligation as outlined in the newly amended bylaws.



Figure 3. Jim Davis, WTA President in 2008, and Board of Directors member until 2011; Jim and Amy

Chapter 6

The Past Presidents Committee

Mark Metzdorff, MD

In his seminal Presidential Address at Snowbird in 1989 titled “Western Trauma Association: Past, Present, Future” (full text available on the WTA website), Gene Moore reviewed the early history of the WTA, described the “adolescent” growing pains of its second decade, and made some predictions about the organization’s future needs and direction. He presciently highlighted challenges the organization would face, including declining multispecialty representation in the membership, the importance of maintaining the contributions of private practice physicians to the program, and the constraints of the limited membership versus the loss of intimacy with expansion. All of these issues, and more, would be confronted in the organization’s subsequent decades.

One of the most significant recommendations he made to the group in 1989 was as follows: “I suggest an Advisory Committee, composed of the past presidents who remain active members, meet to identify critical issues and offer constructive suggestions in a formal report annually to the board.” This was the beginning of what is now known as the Past Presidents Committee (PPC).

Informal but reportedly effective meetings were held in the first few years after Gene’s address; when the WTA committees were formally stipulated in the 1990 bylaws revision, the Past Presidents Committee was not among them. It was not until 2010 that the PPC was added to the bylaws as an official committee of the WTA, and so from around 1990 until 2010, it existed as an ad hoc committee. By 1994 the minutes of the board of directors included a report of the Past Presidents

Committee from David Feliciano, Peter Mucha, and George Pierce (Figure 1). They recommended four things: “1) write letters to the most recent five to ten past presidents each year encouraging



Figure 1. George Pierce, MD, President 1991; George and Caroline

them to stay active in the WTA; 2) cross-check dates of future meetings of the Orthopedic Academy to avoid the conflict that occurred this year; 3) if the waiting list for general surgeons exceeds ten to fifteen well-qualified individuals, consider increasing the percentage in the bylaw in any one specialty to fifty percent; and 4) formalize the existence of a Multi-Institutional Trial Committee (MTC) by making it an ad hoc committee with a nominated or elected chairman each year.” Only one of these recommendations was acted upon, with the board declaring Tom Cogbill coordinator of the ad hoc MTC. It was not until 2001 that the MTC was adopted as a formal committee of the WTA.

Once again, due to relaxed WTA archival recordkeeping, the actions and recommendations of the Past Presidents Committee in its early years is a difficult trail to follow today, but there is no doubt that the PPC has had a tremendous influence on the development of the WTA. The bylaws’ description of the PPC lays out its role:

Section 6: Past Presidents Committee

Section 6.1 The Past Presidents Committee provides institutional memory and consistency of vision for the Association in accordance with the Association’s Core Values and Mission Statement. In that respect The Past Presidents Committee serves as an advisory body to the current Board of Directors

Section 6.2 The Immediate Past President of the Association serves as the Chair of the Committee

Section 6.3 The Past Presidents Committee shall meet at the annual meeting of the Association and provide a report to the Board and the annual business meeting.

These duties go beyond Gene Moore's vision for the PPC as an "identify and advise" body, because in the interval between his address and the bylaws amendment formalizing the PPC, the WTA developed its mission and values statement. It was clear to all that the PPC embodied the institutional memory of the WTA perhaps more than any other subgroup of the organization, and its membership was well-equipped to be stewards of these core values in the context of changes as the organization evolved and matured. In fact, this stewardship is what has occurred in the second half of the WTA's existence.

Since approximately 1993, the PPC meets annually on the Sunday night before the meeting, after the welcome reception. All past presidents who are in attendance leave their friends and families behind, often grabbing a beverage or bottle for the table, and meet in a nearby conference room. An interesting thing, as noted in the bylaws, is that the immediate past president chairs the committee. Since he or she is newly a past president, as 2006 President Sherman put it: "It's the only meeting I've chaired where I've never before attended." In typical WTA fashion, this seemed fine for many years, but around 2013 it was informally decided to allow the current president to attend the meeting, setting them up for chairing the meeting the following year. The meeting often lasts for an hour or two, and sometimes a group photo is taken. The chair then gives a report of the meeting to the board of directors, and then to the membership at the business meeting.

Among WTA initiatives which originated with or were promoted by the PPC are the MTC, the Algorithms Committee, the membership category of Honorary Life Member and the idea of the Family Abstract. In addition, important issues being considered by the leadership of the WTA are often brought to the PPC for advice and consent, including issues of membership categories and quotas, overall WTA size, Foundation support, and meeting venues.

A significant action that originated in the PPC in 2018, brought to the group by Gene Moore, was the idea that the WTA should take a public stand on the role that assault weapons play in the ongoing gun violence problem in the United States. After thoughtful discussion, the PPC unanimously endorsed Gene's plan and recommended taking the idea to the board. A proposed resolution was drafted, and at the board meeting on Tuesday, the proposal was approved for presentation to the membership at the business meeting. The resolution, titled "Western Trauma Association Resolution Regarding Assault Weapons" was unanimously adopted by the members, and was later made public. It was one of the first, if not the first, anti-assault weapons stand

taken by a surgical organization, and on April 11, 2018, WTA past presidents Gene Moore, Tom Scalea, and Dennis Vane (Figure 2) made a presentation on the resolution and its significance at the National Press Club in Washington, DC.



Figure 2. Dennis Vane, MD, President 2018; Dennis and Jerrie

Thus the influence of the Past Presidents Committee proposed in 1989 resulted in a significant national action by the WTA nearly thirty years later, and fittingly Gene Moore was instrumental in both instances.

In an informal survey of WTA members, no one could identify a similar advisory body in any other organizations to which they belonged, so it is reasonable to conclude that the PPC is likely unique to the WTA. The Past Presidents Committee is indeed a major repository of the “institutional memory” of the WTA. More than that, it is a thoughtful group of leaders who value the WTA as an institution; a committee well-positioned to provide ideas and advice to the WTA and thus to the greater community of specialists and organizations involved in trauma care. Its influence on the WTA has been significant in the evolution of the organization, and in keeping foundational principles in mind during this evolution.



Figure 3. 2019 Past Presidents Committee

A WTA MOMENT

Chris Wray, MD—A WTA Treasure

There was one WTA Past President who made many significant contributions to the organization, but who never had the chance to preside over his meeting: 1995 President Dave Kappel (Figure 4) recounted the beginning of the tale:

“In 1994, Chris Wray (Figure 5) was the President for the meeting at Crested Butte and I was President-elect. I figured I would just shadow Chris so I would be all ready for the following year. My responsibility would only entail showing up at the member’s meeting to tell everyone we were going to some place called Big Sky, Montana, for the first time. Imagine my consternation when I ambled into the opening reception to learn Chris had collided with another skier that afternoon and suffered a complex fracture of his maxilla necessitating a flight for him back to Denver for definitive surgical care. Needless to say my learning curve that week was steep and I was often flying by the seat of my pants.

“I was prepared for the meeting the next year though, in more ways than one. Over the intervening months I was able to obtain a copy of his x-rays post ORIF (Health Insurance Portability and Accountability Act was not passed until 1996). I purchased a full skull replica and talked the sales rep for the company manufacturing the maxillofacial plates and screws to give me the same plates and screws residing in Chris’s face. I mounted all of them on the skull and carried it

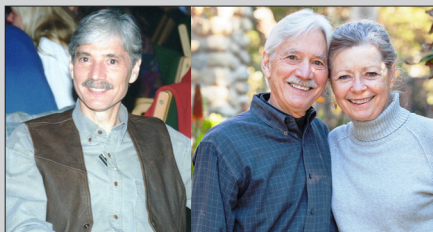


Figure 4. David Kappel, MD, President 1995; David and Charlene Kappel



Figure 5. Chris Wray, MD, President 1994; Chris and Rockye 2012

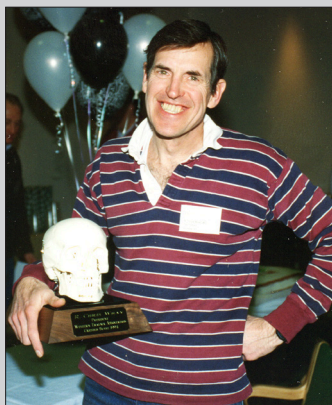


Figure 6. Chris Wray with the anatomically correct facial reconstruction model

with me to Big Sky. We made a formal presentation to him during the meeting, which he took good-naturedly (Figure 6). His wife, Rockye, said he kept that skull close to him the rest of his life.”

The next year, Chris orchestrated a new WTA award, The Past Presidents Award, to be given annually to “the most interesting accident involving a member” at the prior year’s meeting. The first winner in 1996 was Leon Pachter (Figure 7), who sustained his injury while getting off the chairlift during the 1995 meeting. The award was given for a number of years, but eventually faded from the scene.



Figure 7. Leon Pachter 1990

Chris went on to become the WTA’s second Historian and served with great enthusiasm and distinction from 1997 until 2011, when the ravages of Parkinson’s disease prevented him from meeting his own high standards of duty. He did not attend the 2011 meeting, but by phone at the business meeting read a message to his WTA family including a poem he wrote, “*dedicated to the membership of the Western Trauma Association and to their families.*” At the conclusion, there was not a dry eye in the room:

RESIGNATION—THE LAST RUN

by Christie Wray Jr.

March 2, 2011

For the Western Trauma Association

Honored was I to be asked

And gladly

Did I serve

Now in my mind’s eye

I have not skied

The last run with you

But time and illness

Demand their due

Nameless the last runners

Shall be

But known well to me

And to yourselves

And one another

I dream the last run

Will look

Like this

Twenty-three inches new

Tracks neither

Fore nor Aft

Old tower 3

Just close behind

With tower 3 chutes

Ahead

And all Jackson abounding

Now in my heart's eye

I have not skied

The last run with you

And

I never will

Chapter 7

WTA Identity and Branding

David H. Livingston, MD



David Livingston, MD, President 2014; David and Debbie

What's in a Name?

When the WTA was created in 1971 the official and legal name of the organization was actually the Western Trauma Association, Inc. This name was proudly displayed on the earliest program books that still existed until 1990 when for some reason, and upon advice of legal counsel, the “Inc.” could be dropped. All subsequent documents, letterheads, and logos to the present day now reflect that change.

The Shield, the Logo, and the Program Book Cover

The WTA shield did not make an appearance on the program books until 1983. Prior to 1983 the program book merely had the name of the organization. It is also unknown if it was used on any WTA swag prior to 1983 as none is known to exist. The original WTA shield was modeled on Denver General’s “Knife and Gun” shield and came to the WTA through Gene Moore. The goal was to begin to provide the organization with brand recognition similar to other organizations such as the American Association for the Surgery of Trauma (AAST) or the American College of Surgery (ACS). The original Denver General (DG) shield (Figure 2) was created by a grateful patient who survived his critical injuries and who happened to be a woodworker. It was presented to Dr. Ben Eiseman (chief of surgery at Denver General) in 1972, and it was displayed in his office until he “bequeathed” it to Dr. Moore when he arrived as Trauma Medical Director at DG in 1976.

A line drawing of the DG shield graced the front of the program books from 1983 until 1988. In 1989 a car suddenly appeared on the shield. Dr. Cogbill, who was program chair during this time, made the change as it was apparent to all that a knife and gun did not represent the full gamut of trauma being seen and treated by trauma surgeons. There was no board vote or any other discussion. In true WTA fashion, Tom saw a need and got the job done. The revised shield was on the cover of the WTA program book until 1992 when the entire program book got a makeover and a new look. This change resulted in what we all know as the “WTA logo” to be displayed on the cover, and the shield would not make a re-appearance until 2007. It is unclear how the shield was used during these intervening years but in asking some senior members, it may have been used on some swag.

In 2007 when I was program director, I thought the shield needed to make a comeback (Figure 3). This time also marked the beginning of the WTA’s entree to the World Wide Web. Desktop publishing and digital image manipulation was well-established and thus the shield got an upgrade from a line drawing to photorealism. Again, as typical with the WTA, change just happened without board or committee meetings. With the help of my son Jason, the knife became a Marine K-bar, the gun became a gold-plated Desert Eagle 50 and the car became a classic example of Detroit steel and power, a 1967 GTO. The mountain on the top of the shield was a photograph of the mountain that organization would be meeting at, updated each year. These “mountain-specific” shields remained on the cover of the program book until 2015. If one looks carefully at the 2011 cover for the Vail meeting, the iconic statue of the soldier from the 10th Mountain Division also makes an appearance. From 2016 to our present day, the program book got a further upgrade and the cover has consisted of stock footage of the mountain venue with date and place upper left and logo upper right. It is unclear what prompted



Figure 2. The original Denver General trauma shield



Figure 3. 2007 Remake of the WTA shield



Figure 4. The WTA logo/letterhead

this change. Will the shield rise again for its fourth iteration? Only future program directors will know!

In the above discussion about the shield, there are several references to the “WTA logo.” What I think most of us mean by that is seen in Figure 4. There are actually two parts to that logo: the logo itself and the words above it. This logo first made an appearance and was printed in LaCrosse, Wisconsin, on the 1992 program book when Tom Cogbill was Program Committee Chair. The logo itself was actually created by Paul Rodgers who was the graphic artist in the department of surgery at UMDNJ-Cooper Hospital in Camden. He took on the assignment at the request and as a favor to Dr. Steve Ross who was a member of the Program Committee during that time. The logo has been featured prominently in all WTA correspondences and swag since that time. Who came up with the exact wording is unclear but the words do reflect our core values and mission statement, which temporally may have been inspired by the retreat at Big Sky in 2001. If you look carefully at the program books in 2003 when Gage Ochsner was Program Committee Chair, the cover logo acquired a drop shadow, which remained until 2007.

The Gavel

Sometime during Dr. Rozycki’s tenure as an officer, possibly during her time as treasurer, she brought up to the board that the WTA was the only trauma organization that did not have a gavel. In questioning her on this topic she replied, *“I had attended multiple meetings and they all had openings with gavels. It added to the organizations’ histories. It seemed as though we were advancing in “sophistication” and moving from “shoe boxes of stuff” to becoming a modern organization. Overall, we were growing and developing and a gavel was part of it to solidify our history.”* Her point was well-taken, and at this time-point the AAST had two gavels (now three): Cotton’s Hammer and the one that Dr. Pruitt gave the organization, which was made from a Vietnam-era stretcher. The Eastern Association for the Surgery of Trauma (EAST),

during the time when Mike Rotondo was president, had acquired a rather standard gavel. While the gavel itself was unimpressive, it was housed and presented in a very beautiful, handmade box created by a Carolina woodworker that included a piece of a military tourniquet. I am certain there was some “gavel envy” involved, but clearly the WTA needed to do it their own way. This idea percolated within the organization without any action for a couple of years. I heard about the need for a WTA gavel before I rejoined the board as secretary in 2010, and since that was going to be the 40th WTA Anniversary meeting, I thought the time was right.

Living with an extremely talented artist, and in a “design forward” family, I had a lot of help and input. I thought that any WTA gavel had to be made out of old skis, somewhat similar to the chairs and tables that are created from cast-off skis. I initially explored using skis made in 1970-71, which would coincide with the founding of the organization. There were two obvious problems with that concept. The first is that it was hard to pin down and actually find an “iconic ski” of that era, and more importantly, they all had metal and other composite cores that would make creation of a gavel well above the capabilities of my home shop. Plan B was then to just get old wood skis. This solved the creation problem, but looking up real antique wood skis on the Internet revealed that they were really expensive, often selling for several hundreds of dollars. As I was going to cut them apart this seemed a bit steep. In the fall of 2009, I was on a biannual “Drinkers with a Hiking Problem” trip with two friends from high school in Blue Mountain Lake in upstate New York. The weather that day was pretty dreadful, so no hiking. After a beer-infused lunch at a local brew pub we wandered across the parking lot to a local weekend flea market. There in the back of one tent, in the dark, was a bunch of nondescript wooden skis for sale. “How much?” I asked, dreading the answer. “Twenty bucks,” the owner says. Indignant, I say, “You have to be out of your mind. They are filthy and all gouged up. Ten.” I ended up walking away once until we finally agreed upon \$13.

Down to the basement, where I cleaned them up and began taking them apart. Under the dirt, they turned out to be a really nice mahogany. They had bear trap bindings and an overall cambered shape. There was a triangular logo with a skier in the middle and the words “Bröderna Sandströms Skidfabrik” and “Lindesberg.” Returning to the Internet, I found that the Sandströms ski factory in Lindesberg was the eighth oldest ski manufacturer in Sweden, established in 1910. It became famous for the quality of its skis and was a major player from the 1930s through the 1950s. Twenty percent of their output was exported to the US. Attempting to

date our particular skis is difficult, but it appears they were probably manufactured between 1945 and 1955. Enlisting my whole family for input, but predominantly my son Jason for construction (Figure 5), we embarked on the design. After several iterations, we arrive on a gavel: 1) that embodies the spirit of the WTA. Just looking at it makes you smile, 2) had great balance and hand feel and can even be juggled and, 3) will kick the crap out of any other organization’s gavel in any “gavel-off”! It was presented to WTA in time for Bob Mackersie to open the 40th WTA Anniversary meeting (Figures 6a and 6b).



Figure 5. David and Jason Livingston with the skis that provided the material for the WTA Gavel

[This “history” of the WTA’s foray into identity and branding was compiled with the help and “imperfect” memories of many past leaders, including but not

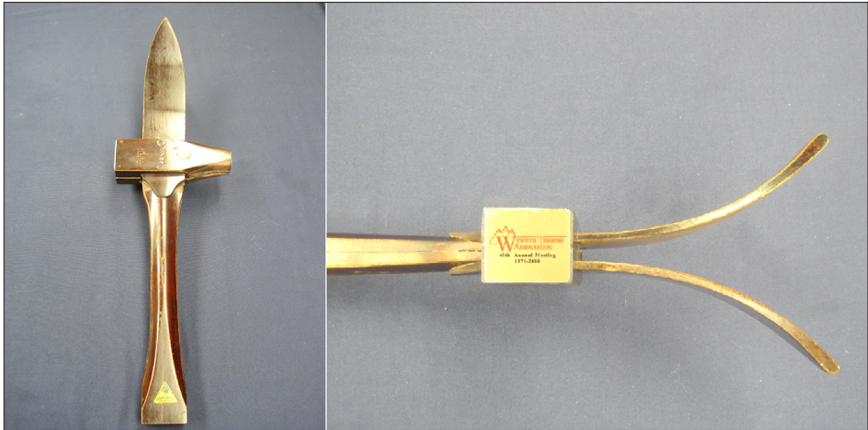


Figure 6. WTA Gavel: a. side view. b. top view

limited to Gene Moore, Steve Shackford, Barry Esrig, Grace Rozycki, and Tom Cogbill.]

A WTA MOMENT

Son Schools Dad

As mentioned in this chapter, the creation of the gavel was a family affair, but the majority of the construction fell to my son Jason and me. Jason is a mechanical engineer product designer who also has Debbie's artistic sense and abilities. As such, he had definite ideas on how the gavel could and should be constructed and would not let any corners be cut. It would be safe to say that this created some creative tension at times. Things came to a head when we got to the point of final assembly which required several precise router cuts to ensure a perfect fit. With the pieces clamped into the workbench's vise, he allowed me to make the first cut. The silence was deafening, and even without looking I could feel him cringe. After I handed him the router, he then totally schooled me in what younger eyes and steadier hands could accomplish, without ever saying "let me do it". The final construction of the WTA gavel is a testament to his ability.

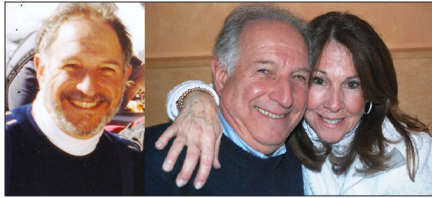


Figure 7. The Livingstons are reunited with the gavel, 2013

Chapter 8

The Earl Young Resident Research Award

Barry Esrig, MD



Barry Esrig, MD, President 2000; Barry and Darlene

Dr. Earl G. Young (Figure 2) received his medical degree from the University of Rochester, and went on to obtain a PhD in surgery from the University of Minnesota. He also obtained advanced training in cancer research at Harvard, completed a cardiovascular fellowship at Baylor University in Houston, and studied microvascular surgery at the University of California, San Diego. Earl was a practicing general and vascular surgeon in Minneapolis, Minnesota. His original surname was Yonehiro. However, according to

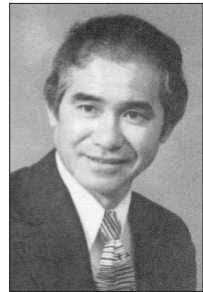


Figure 2. Earl G. Young, MD, President 1984

him, he changed his surname to Young because it was easier to have call-in prescriptions filled and had less spelling errors on the part of the pharmacists by using an easily spelled and understood western-type name. Earl became a faculty member at the University of Minnesota Medical School, and rose to the rank of Clinical Professor of Surgery. He practiced at the Park-Nicollet Clinic in Minneapolis beginning in 1960. Throughout his entire career he was nationally known and actively involved in both research and education.

A little-known part of Earl's formative years is that he fought in World War II as a part of the famous 442nd Regimental Combat Team, made up almost entirely of second-generation Japanese-American soldiers, many of whom served while their families remained in internment camps in the United States. The 442nd became

the most decorated unit in US military history, and one of its awards was a Silver Star, given to Earl Yonehiro for his “gallantry in action,” which involved leading two other soldiers in attacking and neutralizing emplaced German defenders on a hillside in Italy in April 1945, just one month before the surrender of Germany. Earl was only eighteen years old at the time of this action. As with many of his peers in the “Greatest Generation,” apparently he rarely spoke of this experience, as it was known to only a very few of his Western Trauma Association (WTA) colleagues.

Earl Young was virtually a founding member of the Western Trauma Association. He was an outgoing, vibrant person with a love for his students and residents, as well as skiing. One can still recall the “yips” of delight as he skied the powder and the bumps, and gave his thoughtful comments in the discussion portion of WTA paper presentations. He was influential in recruiting new members, this writer included, into the fledgling Western Trauma Association. He was not above lending ski gloves to a new person, not yet a member, who had torn his, nor was he above making certain that lone individuals never felt alone at the meeting or at the Association’s activities.

Earl became the fourteenth president of the Western Trauma Association, and his meeting was held in Steamboat Springs, Colorado. He encouraged new membership from his residents and colleagues to this multispecialty Association, helping to grow its ranks and academic credentials. He was an ever-present leader and colleague, yet was truly committed to the family-inclusive atmosphere that has always been the hallmark of the WTA.

His commitment to academics and teaching was recognized in 1988, just one year prior to his very untimely death, by his receiving the Owen H. Wangenstein Award for Academic Excellence at the University of Minnesota Health Science Center. In the selection process for this award he received a truly unprecedented unanimous vote of all seventy-two residents.

It was at the nineteenth meeting of the WTA in Snowbird, Utah, on the first day of the meeting, Monday, February 27, 1989, on the first ski run of the day, that Earl suffered a myocardial infarction and cardiac arrest. Efforts at resuscitation on the hill were unsuccessful. For those of us who were at that meeting, we will never be able to forget the sadness that came over the entire meeting, and the cancellation of the afternoon scientific session, delayed to another time. Nor will anyone be able to forget the sunrise memorial service held for him at the top of the tram the following morning, as the entire association stood at the Snowbird peak as the sun

came up. The serenity and majesty that we all felt during that service summarized how Earl affected each and every one of us. We all knew that Earl died doing what he loved most, being in an academic environment, with his WTA family, and skiing Utah snow.

At the business meeting it was proposed and unanimously adopted, true to Earl's values of resident and student teaching and research, that an annual resident research prize be established to continue his legacy. To honor his memory as a founding member of the WTA, this resident research prize was named in his honor. This prize was only open to residents, required a member to be a sponsor, could be for either basic science or clinical research, and carried a \$500 cash prize for the winner. The prize would be awarded as judged by the publications committee on the manuscript, the presentation, and the discussion.

To fund this award, a separate fund was created for members' donations. It was suggested that \$50 be the donation per person. The response was overwhelming, and the following year it was announced that the WTA would accept resident abstracts for the competition with the first award to be given at the twenty-first meeting in 1991. Over the years this research prize has been one of several defining parts of the annual meeting and the culture of the Western Trauma Association. This award has significantly contributed to the increased academic bona fides of the Association, allowed a venue for the residents to present and publish their academic work, and has resulted in increased exposure that has aided in the growth, both in numbers of abstracts submitted, and in academic stature, for the WTA. A list of winners of the Earl Young Award is in Table 1.

The Earl Young Resident Research Prize has become, over the years, a hallmark of the Western Trauma Association, a consistent inspiration for high-quality academic presentations, and a sought-after opportunity for resident presentation. It has been inspired by Earl Young's commitment to research and education, and continues in memory of his lasting legacy not just to the WTA, but also to academic excellence generally.

TABLE 1.**Earl Young Award Winners**

<i>Year</i>	<i>Winner</i>	<i>Institution</i>
1991	Joseph Schmoker, MD	University of Vermont
1992	Joseph Schmoker, MD	University of Vermont
1993	Charles Mock, MD	University of Washington
1994	Gino Travisani, MD	University of Vermont
1995	Philip Ridings, MD	Medical College of Virginia
1996	David Han, MD	Emory University
1997	Preston Miller, MD	Wake Forest University
1998	Geoffrey Manley, MD, PhD	University of California at San Francisco
1999	James M. Doty, MD	Medical College of Virginia
2000	D. J. Ciesla, MD	Denver Health Medical Center
2001	Ricardo J. Gonzales, MD	Denver Health Medical Center
2002	Scott C. Bakenridge	Cook County Hospital
2003	Adena Osband, MD	University of Medicine and Dentistry of New Jersey
2004	Cindy Lee, MD	University of Medicine and Dentistry of New Jersey, New Jersey Medical School
2005 (tie)	Ernest Gonzalez, MD Jennifer Watters, MD	Univ. of Texas Med. School Houston Oregon Health and Science University
2006	Jennifer Wan, MD	University of California at San Francisco
2007	Jennifer Wan, MD	University of California at San Francisco

2008	Keir Warner, MD	University of Washington
2009	T. W. Costantini, MD	University of California at San Diego
2010	C. Anne Morrison, MD	Baylor College of Medicine
2011	Marlin Causey, MD	Madigan Army Medical Center
2012	Matthew Kutcher, MD	University of California at San Francisco
2013	Kimberly Song, MD, MA	University of Medicine and Dentistry of New Jersey, New Jersey Medical School
2014	Lucy Kornblith, MD	University of California at San Francisco
2015	Hunter Moore, MD	University of Colorado
2016	George Black, MD	Madigan Army Medical Center
2017	Morgan Barron, MD	Madigan Army Medical Center
2018	Patrick Murphy, MD	Indiana University Health
2019	Joshua Sumislawski, MD	Denver Health Medical Center

A WTA MOMENT

Tribute to a WTA Hero



Figure 3. Photo at sunrise taken from the Snowbird tram at the time of the Earl Young memorial service, February 28, 1989



Figure 4. The Silver Star medal

Chapter 9

The “Paint the Ceiling” Lectures

Christine Cocanour, MD



Christine Cocanour, MD, President 2015

In 1997 Dr. Gregory “Jerry” Jurkovich (Figure 2) delivered his Presidential Address titled “Paint the Ceiling: Reflections on Illness” at the annual meeting in Snowbird, Utah. The year prior, Jerry had been diagnosed with non-Hodgkin’s lymphoma, and underwent extensive and debilitating chemotherapy and radiation therapy, as well as stem cell harvesting. This was before the era of treatment with biologic agents. While recovering, he began to draft his Presidential Address, which, in his words, was taking hours of fruitless time away from his family. On one particular Saturday one of his young daughters, anxious to play, asked him with some irritation: “What is the point of what you are trying to say?” Upon his reflection, the point became clear that

the patient’s perspective is often very different from that of physicians, nurses, and health care workers of all types. As stated in that address, “The world of the ill is quite different from the world of the well—and most of us,



Figure 2. Gregory “Jerry” Jurkovich, MD, President 1997; Jerry and De

as I did, will one day find ourselves in that world...in the long, dark night of illness and suffering, it is always 3 a.m. And at that time, when we ring the call bell, we should expect not only to be cured, but perhaps more importantly, to be cared for.”

At the close of this address (Figure 3), Dr. Jurkovich noted, “Patients are most often on their back, looking up at the ceiling. It is not a common perspective for doctors or administrators, but it is, after all, the patient’s perspective—and that should



Figure 3. Jerry delivering his presidential address

matter the most.” With his perspective, came a challenge: “I would like to propose that this organization, the Western Trauma Association, begin to address these needs and concerns of our patients by setting aside time at each annual meeting for a presentation dedicated to the views and perceptions of our patients. I would like us to

take time from the scientific data, the objective measurements, and the clinical cases to hear from our patients about how they perceived their medical care. About what they thought was most important. About the issues that were central to their good health. About how we as their doctors helped or nurtured or perhaps hindered their recovery. About how we can be better physicians and healers. About the art of medicine.”

From this came a proposal at the business meeting that a spot on the program should be dedicated to the patient’s perspective and the art of healing. This now annual and invited lecture has become integral to the unique identity of the Western Trauma Association. Unlike the scientific sessions, this lecture focuses on the humanistic aspects of medicine, and in addition to attendees, guests and families are encouraged to attend. Past lectures have been personal, local, national, and global, covering topics such as first-person accounts of illness, social and societal aspects that affect all patient care, programs providing relief in troubled or impoverished areas, or personal reflections on delivering care in a humane, holistic fashion. A speaker is chosen annually by the WTA president. The Western Trauma Foundation provides an honorarium and expenses for this lecture.

Most presidents had special reasons for inviting their Paint the Ceiling lecturer. What follows is a personal remembrance from many of our past presidents about their choice for this lectureship.

Paint the Ceiling Lectures, 1998-2019

- 1998 President: James B. Benjamin, MD
 Location: Lake Louise
 Dr. John McGill
 “Doctors Without Borders”
- 1999 President: Herbert J. Thomas III, MD
 Location: Crested Butte
 Dr. William Close
 “Collegiality: Medical Center Specialists
 and Docs in the Boonies”
- 2000 President: Barry C. Esrig, MD
 Location: Squaw Valley
 Jimmy Cornell
 “Between the Iron Curtain and the Deep Blue Sea”

From Barry:

“I first met Jimmy in 1994, I think, when I sailed across the Atlantic in one of his transatlantic rallies that he organizes. He has been a friend ever since. He has a passion for the sea and its preservation as well as learning about many cultures from the countries he has visited himself. He passes on these passions to other sailors, helping them fulfill their sailing dreams, be it crossing the Atlantic or circumnavigating the globe. While doing these world rallies, he focuses on the humanitarian aspects of peace through understanding. In one rally he had a torch, which was passed around the world and even enjoyed an audience with the pope. Another rally was devoted to preserving the seas, deploying monitoring buoys to monitor the seas in different locations around the world, and calling attention to the rising level of the seas. In this rally, the countries visited included those that will no longer exist after the seas rise sufficiently as predicted. His passion for peace and understanding, as well as preserving the planet, I felt, would make a good Paint the Ceiling Lecture describing his journeys and our planet, the threats that we face ecologically and culturally.

“During his talk, he outlined the beauty of our planet, the threats to our oceans, and the importance of understanding the various cultures of the world. He cited

specifically the title of the lecture, ‘Paint the Ceiling,’ and compared ‘ceiling’ to the Spanish word *cielo*, which translates to ‘sky.’ He made the analogy of the ceiling above us to the sky above us all, and the global community of humanity. Essentially, we are all one people.”

- 2001 President: Steven R. Shackford, MD
 Location: Big Sky
 Dr. Geoff Tabin
 “Ultimate Challenges—The Last Unclimbed Face on
 Mount Everest and Eradicating Treatable Blindness”

From Steve:

“Tabin is a remarkable man—having summited Everest twice while working in Vermont and being committed to humanitarian work in Nepal.

“I would summarize his talk as ‘a call to service of those less fortunate than ourselves.’ It inspired me to work in Haiti for the last sixteen years.”

- 2002 President: James A. Edney, MD
 Location: Whistler-Blackcomb
 Dr. Red Duke
- 2003 President: J. Scott Millikan, MD
 Location: Snowbird
 David Shatz, MD
 “The United States in Domestic and International
 Disaster Response”
- 2004 President: Harvey J. Sugerman, MD
 Location: Steamboat
 Drs. Susan and Tim Baker
 “Trauma in the US and Russia—Then and Now”

From Harvey:

“Suggested by my son, David, a member of the WTA who is in the CDC and got his MPH from the Bloomberg School of Public Health. Susan Baker developed the Injury Prevention Center at the Bloomberg School and discussed injury prevention in general. Tim Baker founded The Bloomberg School of International Health and spoke on prevention of injury in second world countries.”

2005 President: Scott R. Petersen, MD
 Location: Jackson Hole
 Alex Habel, MD
 “Emerging From the Shadows: Changing Lives in a
 Developing Country”

From Scott:

“I met Alex Habel heli-skiing in Canada a few years before my WTA presidency. As I do, he loves skiing. Although Alex did not begin skiing until he was forty, he became a very accomplished powder skier.

“He is an English pediatrician and was interested in the care and rehabilitation of children with cleft-palate. He led an annual mission to Sri Lanka, which included plastic surgeons, speech therapists, pediatricians, and nurses to care for these unfortunate children. I asked Alex to deliver the Paint the Ceiling Lecture in the spirit of enlightening our membership with the satisfaction of giving back from our profession to an underserved population.

“His talk was about December 26, 2004, when Sri Lanka was hit with a devastating tsunami, destroying cities, hospitals, and the country’s only medical school. Alex spoke about the event and its implications about the future of healthcare in the country. I believe it was well-received by those who were present. Alex asked that his honorarium be donated to the relief effort in Sri Lanka. The WTA Board matched the amount and also made a contribution. This is what this lectureship is about.”

2006 President: Harold F. Sherman, MD
 Location: Big Sky
 Andrew Schneider, Author and Investigative Reporter
 “The Doctor Made Me Do It”

From Sherm:

“He was a good friend...an investigative journalist with a long-standing interest in things medical, including trauma. Over the course of his career he had worked on various projects that ended in bringing social change/justice to individuals and groups. Often these projects addressed medical issues, and physician participation was vital in reaching the outcome. He presented examples of projects where the outcome, social change and justice, was made possible by physician participation, often at risk to themselves and their careers.”

2007 President: Frederick A. Moore, MD
Location: Steamboat
Ernest E. Moore, MD, WTA President 1989
“Ruminations at Sunset”

2008 President: James W. Davis, MD
Location: Squaw Valley
Pamela Kallsen, Executive Director, Marjaree Mason
Center, Fresno, California
“The Faces of Domestic Violence”

From Jim:

“Pam Kallsen was the CEO of the Domestic Violence Shelter in Fresno. I deliberately asked her because I wanted to link the Presidential Address to the Paint the Ceiling Lecture.

“Pam gave the other side of the domestic violence issue; dealing with the aftermath of those who have escaped, the challenges in getting education, parenting classes, and services (housing, how to write a check and manage a bank account, etc.) and assuring safety.”

2009 President: Grace S. Rozycki, MD
Location: Crested Butte
Sylvia Campbell, MD
“The Journey Is the Destination”

From Grace:

“I asked Dr. Campbell to give the Paint the Ceiling Lecture as she is a dedicated surgeon and a role model for giving back to local and international communities. She began volunteering at the Judeo Christian Health Clinic while a surgical resident at Tampa General Hospital. She has cared for thousands of patients in her volunteer role, and in 2007 she was awarded the American College of Surgeons Surgical Volunteerism Award for domestic outreach. Dr. Campbell also volunteers annually in Haiti, and has been involved in efforts to build and sustain a school in Uganda.

“Dr. Campbell’s talk included her personal perspectives about caring for the underserved and how it has changed her.”

2010 President: Robert C. Mackersie, MD

Location: Telluride

William Schecter, MD

“Meditation on Mortality: Lessons from a Life in Surgery”

From Bob:

“Bill had been (and still is) a good friend and colleague. He is thoughtful, experienced, and more than anyone I’ve ever worked with, easily and regularly develops long-lasting bonds with the patients he operates on. He, in many ways, epitomizes the humanitarian surgeon. In addition, Bill is a superb speaker and storyteller. This all seemed like a perfect fit for the 2010 PTC lecturer.

“There were several messages in Bill’s lecture, reminding us to be receptive in learning from the patients we care for; remaining aware of the fundamental elements we share with our patients, not the least of which are vulnerabilities and mortality; and trying to maintain a perspective regarding the true rewards of a surgical career, quoting Albert Einstein: “Not everything that can be counted counts, and not everything that counts can be counted.”

2011 President: M. Gage Ochsner, MD

Location: Big Sky

Jeff McKenney, MD

“Je le Pansay”

From Judy Ochsner:

“Jeff was a resident under Gage and a very dear friend. Jeff always planned on becoming a medical missionary and actually did it. He is aligned with The Cornerstone Foundation and has a hospital complex in a remote area of Honduras. The area was pure jungle when he started; he brought in the roads, water and electricity, and built the buildings. Early in his career he married a lovely woman, Rosanne, while stationed in Italy (she worked as a Labor and Delivery nurse at the naval hospital), and they had three children. He is truly a Renaissance man—musician (he sang at our wedding), writer, engineer—and of course an excellent surgeon.”

2012 President: R. Lawrence Reed, MD

Location: Vail

Larry M. Gentilello, MD

“Complying with Non-Compliance”

From Larry:

“I knew that Larry had gone through some difficult challenges at University of Texas—Southwestern/Parkland because he saw how medicine was still being practiced with ghost surgery (residents operating completely independently with no attending presence in the room) despite the existing HCFA billing and reimbursement rules for attending physicians. His efforts to implement change were met with fierce opposition and moves to dismiss him.

“As far as I could tell, the response to his lecture was unanimously positive by all of attendees except one who was from UTSW. Her dissatisfaction led to some contentious communications between UTSW and the board over the next several months, so it was clear he’d touched a nerve.”

2013 President: Mark T. Metzdorff, MD
Location: Snowmass
Neil L. Barg, MD
“Things That Go Bump in the Day”

From Mark:

“Neil is my first cousin’s husband, and they have been not just family, but friends for many years. He is a first-rate infectious disease specialist who traded an academic career at the University of Michigan to go into private practice in Yakima, Washington. This move brought them closer to us in Portland and we get together frequently for holidays, skiing, hiking, etc. Around two years before my meeting, Neil was diagnosed with a dangerous chronic dissection of his ascending aorta that probably had occurred on a weekend bike ride some months earlier, an event less than 5% of patients survive. Since I am a CT surgeon, Neil came to me for advice and I steered him to Stanford for his procedure. I thought his perspective as a physician/patient in the health care system facing a difficult situation completely mirrored that of the original subject of the Paint the Ceiling Lecture, Dr. Jurkovich, and that Neil’s experience would shed additional light on the issues highlighted by Jerry. Neil touched on many of the issues discussed in the original Paint the Ceiling Lecture sixteen years earlier, including the difficulty of navigating the referral and payment systems, and the importance of human connections in his diagnosis, treatment, and recovery.”

2014 President: David H. Livingston, MD
Location: Steamboat
Ziad Sifri, MD
“When Reality Is Better Than the Dream:
The Story of ISHI”

From David:

“I asked Z to give the PTC lecture for a couple of reasons. The first is that in my estimation the PTC lecture is about the humanism of medicine. The global surgical initiative is a big part of that. There is some history of the WTA looking “outward” in this respect: John McGill’s talk about his experience with MSF just after we started the PTC, Geoff Tabin’s Himalayan Cataract project when Shackford was president, Debbie’s family abstract, and Mike Hauty’s talk being inspired by John’s PTC. As this has been part of Debbie and my experience I wanted to share it with you.”

2015 President: Christine S. Cocanour, MD
Location: Telluride
Julie Ann Freischlag, MD
“The Surgeon’s Life: Trading Burnout for Engagement”

From Chris:

“I asked Julie because I knew that she had done some work on burnout, and having experienced it while near the end of my time in Houston, I realized that it was more prevalent than most surgeons were willing to admit. I hoped that her lecture would help bring it out in the open.”

2016 President: Thomas M. Scalea, MD
Location: Squaw Valley
Lewis Rubinson, MD, PhD, R Adams Cowley Shock
Trauma Center, Baltimore, MD
“From Ebola Clinician to Exposed Person:
My Experiences Witnessing Tragedy, Fear, Chaos, and
Resilience”

From Tom:

“I struggled to pick both the Founder’s lecturer as well as the person to give the Paint the Ceiling Lecture. I was walking down the hall one day and saw Rosemary’s

office. The lightbulb in my head went off. Lewis then came to mind. I knew about his trip but not the level of detail he described in the talk. When he and I discussed him giving the PTC Lecture, the emotion started bubbling up and I thought he would be great.

“I would say he gave a very personal perspective to human suffering and large scale death at a level few of us have seen. Many of us have contemplated potential consequences when we volunteer, like at disasters. Fortunately, almost nobody has to pay the big price. Lewis came close. Hearing him talk about believing he may have contracted Ebola, confronting his own mortality and the effect it would have on his daughter, was quite powerful.”

2017 President: Carl J. Hauser, MD
 Location: Snowbird
 Kenneth Waxman, MD, FACS
 “From the Other Side: My Daughter, Cancer, and Me”

From Carl:

“Dr. Waxman is old friend of mine from my residency. I became aware of his daughter’s illness and bone marrow transplant because he would routinely send updates to all of his friends by email. I was very moved by the story of his family’s intimate involvement in the process of their child’s transplantation. The response of the audience confirmed my belief that this story would be in the best tradition of the Paint the Ceiling Lecture.”

2018 President: Dennis W. Vane, MD
 Location: Whistler
 Steve R. Shackford, MD
 “Against Empathy”

From Dennis:

“I wanted to concentrate on topics that addressed what we (each of us) could do to address ‘change.’ Steve has been working in Haiti for over ten years and when I was talking to him about my talk, he mentioned that he had changed his attitude about international ‘surgery’ and found that to effect change it took personal investment of the ‘donor’ (surgeon) and the ‘recipient’ (country or system) to effect change. Thus, my choice. (Also Gene’s lecture and the assault rifle stance.) It takes more than

doing a few cases in a foreign country to make a difference. It takes personal commitment on the part of the recipient (country, hospital, medical service) as well.”

2019 President: Roxie M. Albrecht, MD
Location: Snowmass
M. Margaret “Peggy” Knudson, MD
“Caring for All”

From Roxie:

“Peggy was a huge supporter of my involvement in WTA and from my first meeting brought me into the group both on the ski hill and during the meeting. She exudes WTA to me and I desired to honor her with the privilege of giving the Paint the Ceiling Lecture, which by the way she emphatically accepted.

“Peggy spoke of the early days of WTA when there were only two women in the room, Sandy Beal and Peggy. How things have changed. The primary focus of her talk was keeping with Jerry Jurkovich’s intent of Paint the Ceiling. Caring for all, no matter where our patients are from or how they are injured, we will go the extra mile for them. Caring for all...the WTA *ethos*: We care for our science, friends, family, our colleagues, and our patients. We Paint the Ceiling.”

2020 President: David V. Shatz, MD
Location: Sun Valley
Chris Willingham

From David:

“The Paint the Ceiling lectureship is about the humanistic side of medicine. In recognition of the many current and former military members of the WTA and the sacrifices they have made to their families and patients, the story of Chris and his military partner, US Marine Corp working dog Lucca, is a particularly moving one. The innumerable soldiers’ lives saved under their watch is remarkable and the treatment of injured dogs as military soldiers is equally extraordinary.”

A WTA MOMENT

Jerry Does the WTA Biathlon

It was Grand Targhee, 1996. I had just completed chemotherapy and radiation therapy for non-Hodgkin's lymphoma, which would be the genesis of the "Paint the Ceiling" lecture the following year. I looked terrible, hairless and weak, and felt about as bad, but made the effort not miss the annual WTA meeting. Two events emerged as classic WTA experiences during that meeting. One involved skiing, the other fly fishing.

I decided I had to make some runs on a densely snowy powder day, a hallmark of Targhee skiing not to be missed. President Tom Cogbill was leading the pack. One run in, I do a classic face plant and "garage sale" crash in the deep powder. Too weak to really help, I simply lay there. After much digging, spearheaded by Tom Cogbill, skis found, no poles, no goggles, no hat, and I limp in to the lodge to call it a week. Tom Cogbill helping, and missing a few exquisite powder runs is classic WTA moment, classic Tom.

Since skiing seems out, I decide to go fly fishing with "the boys", much to the chagrin of my wife Deanne, whose last words were: "*Do not let him fall in the water; he can barely stand on his own and I have not gone through hell to have him drown*" or something to that effect. Of course, one hour into the fishing adventure I slip and fall into the stream, and lacking the strength to pull myself up, I start sinking as water fills the waders. Millikan, Ochsner, and Mucha pull me out, strip me naked, wrap some extra clothes around me, and leave me shivering in a running car as they return to fishing. Deanne is furious as we all show up at happy hour as the sunlight wanes (Figure 4).



Figure 4. Scott Millikan, Jerry and Deanne Jurkovich, Grand Targhee 1996

Chapter 10

The WTA Algorithms Committee

Walt Biffi, MD



Walt Biffi, MD

In his Presidential Address at the 2007 Annual Meeting of the WTA, Frederick A. Moore, MD (Figure 2), described the concept of evidence-based guidelines in trauma. He discussed his own personal experience with developing clinical decision algorithms, and highlighted the potential benefits to trauma care providers of having decision management tools at the bedside. As a result, the WTA Past Presidents Committee recommended creation of a new committee to address this need, and within a year the WTA board created the Critical Decisions in Trauma ad hoc committee, which later became a standing committee of the organization.



Figure 2. Fred Moore, MD, President 2007; Fred, Paula Jo and kids

The committee was charged with creating evidence-based care guidelines—but with a unique WTA twist. The evidence-based medicine movement (EBM) emphasizes the quality of literature, and suggests that there is no role for expert opinion in creating clinical care guidelines. The Eastern Association for the Surgery of Trauma (EAST) has been known for many years for their Practice Management Guidelines, which follow EBM principles. Unfortunately, when one reads them it can become frustrating, as there may be a long list of “conditional” recommendations that leave the bedside

clinician in a quandary. Recognizing that there is a paucity of level I evidence supporting our clinical decisions in trauma, the WTA focused on creating algorithms.

Algorithms illustrate the flow of patient management with an emphasis on key decision points and the possible outcomes from those decisions. The WTA algorithms focus the reader on the decision points, and highlight the input data required to make given decisions. The algorithms provide annotation to support each decision, discussing the pertinent literature and rationale of the writing committee. In many cases, this represents expert opinion; and in many cases, there is lack of consensus. However, the key issue is that *A DECISION MUST BE MADE*. The WTA algorithms give direction to the bedside provider. If that clinician follows the algorithm, it is considered a safe approach that adheres to standards of care (i.e., what a reasonable physician would do). Every algorithm is accompanied by a disclaimer that encourages the provider to use his or her own judgment and practice within their capabilities and with their available resources.

The first two algorithms, Adult Splenic Injury (presented by Fred Moore) and Pelvic Injury (presented by Jim Davis)—debuted at the 2008 annual meeting. Since its inception and to date, the Algorithms Committee has presented twenty-one algorithms covering a range of trauma situations or injuries. After presentation at the annual meeting, suggestions are taken for revision and they are published in the *Journal of Trauma and Acute Care Surgery*, and are available on links accessible through the WTA website. The original intent of the committee was to have each algorithm reviewed every three to four years, to update the recommendations and evidence base. An additional intent was to have the “gray areas” of algorithms explored by the WTA Multi-Institutional Trials Committee. This is currently underway with a number of projects, such as the evaluation and management of pancreatic trauma.

TABLE 1:

Chairpersons, WTA Algorithms Committee

Robert McIntyre, MD, 2008-11

Walt Biffl, MD, 2011-14

Karen Brasel MD, 2014-16

Kenji Inaba, MD, 2016-19

Carlos Brown, MD, 2019-present

A WTA MOMENT

The Wagon Wheel

The algorithm for management of the patient with an unstable pelvic fracture was due for revision. The Denver group had recently promoted preperitoneal pelvic packing, adding it to the list of interventions including massive transfusion, pelvic binding, external pelvic fixation, laparotomy, and open reduction/internal fixation of the pelvis. There were impassioned pleas for the importance of each of the critical steps as the first lifesaving maneuver. Nick Namias of Miami (Figure 3) circulated a first draft of an algorithm that essentially took the form of a wagon wheel. Citing no level I evidence for any of the strategies, and expert opinion favoring each individually, he said, "Take your pick."



Figure 3. Nick Namias, MD

Chapter 11

The Western Trauma Foundation

Barry Esrig, MD

At the turn of the millennium it was apparent that the Western Trauma Association was gaining increased academic stature. Resident involvement was increasing, and faculty from academic institutions were applying for and gaining membership at an increasing rate. The Earl Young Resident Research Prize (EYA) was already established, and the funds to make it a self-sustaining award were still being accumulated. These funds were in a separate account held by the WTA proper. After Jerry Jurkovich's moving 1997 Presidential Address titled "Paint the Ceiling," the WTA established an annual humanitarian invited lecture named the "Paint the Ceiling Lecture" (PCL). Initially, the cost of this annual presentation was borne by the Association out of the general operating budget. However, as the Western Trauma Association grew both in stature and in membership, concern developed that the addition of similar academic enhancements could not be done without increasing both annual dues and/or annual meeting registration fees, which could have a negative impact on attendance and membership.

In 2001 Steve Shackford, then president of the WTA, held the first ever Western Trauma Association Board Member Retreat on the Saturday before the annual meeting. This all-day retreat has been called by some, quite fondly, the "Shackford Hostage Crisis." An account of that retreat is a separate chapter in this historical compendium, and its impact was crucial to the growth of the WTA as a truly academic society. As an item of "additional business" on the agenda that day, the idea was raised of creating a foundation, similar to those in many other organizations of

which we were members. Particularly since we were a very small-sized organization, both the benefits and pitfalls of this approach were carefully debated. The fact that the WTA had recently applied for, and been granted, IRS 501(c)(3) tax-exempt status was a careful consideration, as donations, i.e., to the EYA Resident Research Prize, were already tax deductible for the donor. However, the board members believed there could be significant advantages to an independent foundation that would support the academic mission of the WTA. It was also suggested that the foundation could be a vehicle to recognize senior members who had significantly contributed to the Western Trauma Association. The logistics were not fully understood, and some thought it a daunting task. Nonetheless, the concept of creating a foundation was approved by the board at this retreat.

This author was selected to evaluate, organize, and proceed with the development of the Foundation. During 2001, in association with Bill Mahaffey, the WTA counsel who shepherded the Association to tax-exempt status, the two created a full set of bylaws under which the foundation would function, and incorporated the foundation in the State of Colorado. The initial full name was “The Western Trauma Earl G. Young Foundation for Education and Research.” At the WTA board meeting in 2002, the bylaws and incorporation of the Foundation were presented, and it was determined that already having a resident research prize in Earl’s honor, and to clearly link the Foundation to the mission of the Western Trauma Association, that the name should be modified to just “The Western Trauma Foundation for Education and Research.” A formal amendment to the Foundation was written and approved, officially changing the name. In April 2002 the filing of this amendment in the State of Colorado was completed, and the Foundation is now, and in the future, named as noted. Also at the 2002 meeting, a six-member board of directors was elected. Those initial directors were Barry Esrig, President; Steve Shackford, Vice President; Chris Wray, Secretary/Treasurer; Jerry Jurkovich, Bob Neviasser, and Gene Moore. The directors were to serve terms of three years, on a staggered basis, and could be reelected at the end of their terms by the board. The result is that two members were up for reelection each year. In considering how to recognize donors, the board elected to set acknowledgment of donation levels to correspond with difficulty level designation of ski runs and mountain terrain, ranging from the lowest category “Green Trail” donors, to the highest level “Double Black Diamond” donors. Later, an even more exalted category was added: “The Couloir Society.” This system is based on accumulated lifetime donations to encourage continued giving, and was

felt fitting for an organization that has its annual meeting each year in a ski resort. Donors are recognized in the annual program book, and on the Association website. Throughout the years the Foundation has not had any significant administrative expenses. In fact, the only expenses have been related to preparing the mandatory annual IRS tax filing.

Filing for IRS tax exempt status was done in 2002, and temporary 501(c)(3) status was granted in January 2003. With this status achieved, the Foundation could begin soliciting donations to further its mission, and the initial funding for the Foundation was a transfer of the Earl Young Resident Research Prize corpus from the WTA. With this nidus, the Western Trauma Foundation began an active campaign to make that fund self-sustaining. It is a tribute to the commitment of the WTA membership that we accomplished self-sustainability for this prize, and began a general fund for further academic support. In 2010 the IRS granted final status to the Foundation as a 501(c)(3) public charity.

As the financial corpus grew, the EYA prize was expanded to first- and second-place prizes. As more funds were accumulated and an increasing quality of papers were presented at the annual meeting, one of the founders of the WTA, Bob Volz, realized that there was more and more basic science research presented in the annual meeting program. Wishing to recognize this important aspect of the program, Bob made a major gift specifically requiring that it support an annual basic science lecture at the meeting. A matching gift was then given by one of the Western Trauma Foundation board members, and the “Founder’s Basic Science Lecture” was born. Each year at the annual meeting, a recognized researcher in the basic sciences presents a topic of considerable interest and timeliness. A list of presenters of the Founder’s Basic Science Lecture may be found in the appendix.

Growth of the Foundation corpus allowed the organization to increase its support of the activities of the WTA. In 2016 the Western Trauma Foundation received permission from the Association to take over funding of the annual Paint the Ceiling Lecture (see chapter 9), which it funded in 2017. By taking on sponsorship of these activities, the Foundation was indicating to its donors that as a result of their donations and commitment, the Western Trauma Foundation works to further the mission of the WTA by supporting both their academic and humanitarian missions.

In 2017 the number of directors was increased from six to nine. This allowed newer members of the WTA who had fresh ideas and who were actively involved in research, to serve on the Foundation’s Board of Directors. Each director would serve

for a term of three years, and could be reelected for additional terms. Now there were three members' terms ending each year in a staggered fashion. The influence and ideas of the additional members, as well as the replacement of retiring members, has brought new ideas and additional forward thinking to the Foundation. At the same time of the 2017 bylaws' revision, and after several drafts proposed by board members, a concise mission statement was adopted to reflect the goals of the Western Trauma Foundation while incorporating the basic tenets of education, research, and professional development.

Within the last year there have been two additional major gifts with specific designations. Past President Gene Moore realized that the increase in resident abstracts accepted for presentation warranted, as the WTA and Foundation had discussed for several years, dividing the Resident Research Prize into two categories. As a result of his gift, the E. Eugene Moore Basic Science Research Prize is now a reality. The EYA prize has, therefore, been redefined to be awarded for clinical research. Additionally, both prizes will have awards for first and second place. An additional major gift from Tom Scalea has given rise to the newly established Tom Scalea New Member Research Prize. While the Foundation is pleased with what has been accomplished so far, there is more to be done. The funding of research and education and the recognition of senior member contributions to the WTA is really only the beginning. The Foundation is examining how to fund additional research, either by supporting the WTA's multi-institutional trials' research, encouraging proposals for grants to members for their research projects, or supporting other WTA initiatives that are part of the Association's academic mission.

The Foundation is pleased to be able to fund these five educational and research items (Table 1) and to recognize those individuals who have made a difference in the growth and stature of the WTA with what may be considered a relatively small (for a foundation) financial balance. However, we realize there is much more to do. How to obtain significant additional donations, how to incorporate the fund distributions to fulfill the mission of the Foundation and how those future funds are to be spent, are continual topics of discussion. We in the Foundation are inspired by the commitment that the WTA members have shown to us with both their foresight and generosity. We are pleased that from a very modest beginning of less than thirty thousand dollars, we now have more than half a million dollars in the corpus. Our goal is to grow to the point of complete self-sustainability. The WTA is truly a unique organization that has itself expanded, and thus has afforded

the Foundation the opportunity to expand to help fund their mutual missions. Although we would like 100% membership participation, the support by donation of nearly 60% of our members is higher than most organizations, a tribute to the commitment the Association members have to the growth of the Western Trauma Foundation and the WTA. Those of us on the Foundation Board are profoundly grateful for the support that the WTA members have shown toward us. We in turn look forward to further expanding our support for the initiatives and programs of this incredible, collegial, and quite frankly unique, organization.

For those inspired by this history of accomplishment, donations can be made through the “Foundation” portal tab on the WTA website, and of course legacy donations may be discussed with any members of the Foundation Board, also listed on the website.

TABLE 1.

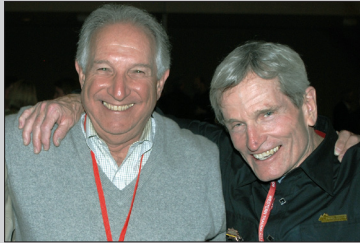
WTA Programs Supported by the Western Trauma Foundation

- The Earl Young Prize for Resident Research
- The “Paint the Ceiling” Lecture
- The Founder’s Basic Science Lecture
- The E. Eugene Moore Prize for Resident Basic Science Research
- The Tom Scalea New Member Research Prize

A WTA MOMENT

Dr. Esrig “volunteers”

It was at the first WTA retreat in 2001, or as some who attended called it “the 2001 WTA Hostage Crisis” that the concept of establishing a Foundation associated with the WTA was seriously discussed for the first time. Having started the discussion and been a vocal proponent of the concept which was approved by all, I was instantly assigned by President Steve Shackford the task of setting up the Western Trauma Foundation; once again proving the adage to keep one’s mouth shut in a public forum or be responsible for what results! However, it became one of the honors of my life to have been the first Foundation President, helping to establish its funding goals, and to begin expanding its ability to support the academic aspirations of the WTA. Thanks, Steve!



Barry Esrig and Steve Shackford

Chapter 12

WTA Travels Outside Its Comfort Zone and Enters the Era of Professional Meeting Planning

James A. Edney, MD



Jim Edney, MD, President 2002; Jim and Debbie 2019

In the spring of 1999, I began the planning process for the 2002 annual meeting. Up to that time, excluding the meeting at Lake Louise, Alberta, in 1998 under the adventuresome leadership of Jim Benjamin (Figure 2), thirty of our thirty-one previous meetings had been held within the majestic mountains of the Western United States. As a result, all reasonable venues within this country had been visited, many on multiple occasions. I thought it was time that the WTA expanded out of our comfort zone. To that end I formed an ad hoc strategic planning committee, composed of myself and trusted advisor and roommate, Debbie Edney, to search for a unique venue. The charge to this committee was to “Think outside the box.” After several weeks of contentious deliberations and an exhaustive vetting process, the committee made the recommendation to hold the thirty-second annual meeting of the WTA at Whistler-Blackcomb, British Columbia, the largest ski mountain in North America and the future site of the 2010 Winter Olympics. In addition to skiing, heli-skiing, snowboarding, winter zip-lining, snowshoeing, ice skating, tobogganing, and snowmobiling, with the largest pedestrian ski village in North America and over 170

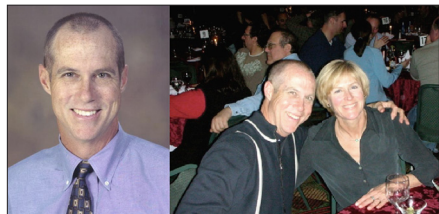


Figure 2. Jim Benjamin, MD, WTA President 1998; Jim and Laurie

restaurants and bars, there were many opportunities for the less adventuresome. The 2002 WTA meeting registration set a new attendance record.

As a result of my previous experience as executive director of another surgical society, I was very familiar with the efficiency and cost savings benefits of professional meeting management. I was of the strong opinion that the WTA had matured to the point that it was time to employ a professional meeting planner. Although the WTA was in a tenuous financial position in 2001, it was my belief that the cost savings and increased efficiency afforded by a professional meeting planner would greatly offset the modest fees we would incur. To that end I made the proposal at the 2001 strategic planning committee meeting that we employ a professional meeting manager with the initial charge to manage only the food/beverage, AV, hotel logistics, customs broker, and onsite management. To my surprise, a member of the leadership spoke strongly in opposition to this proposal. The argument was made that this put the very culture and unique nature of the WTA at risk. This past president announced he had devoted over 25% of his work hours over his presidential year in organizing the annual meeting, and in fact it was this tradition of a “hands on” presidency that defined the very uniqueness of the Western Trauma Association. The decision was made that this was a significant enough change that it should be presented to the membership at large. The pros and cons of this commitment to professional management were presented at the 2001 annual business meeting and the motion to proceed with the engagement of a meeting manager with the aforementioned limited charge was widely embraced.

I contacted the management firm of Smith-Bucklin, with whom I had prior experience through another surgical society, and asked that Carrie Steffen be assigned to the account. She was brought on in January 2002, only two months prior to the Whistler meeting. By that time the hotel contract for the 2002 meeting in Whistler had already been negotiated and she was assigned only the focused tasks outlined above. The charges through Smith-Bucklin generated a total bill of circa \$5,000. The cost savings realized from reduced hotel charges far exceeded the management fee, and this initial foray into professional management was recognized as an overwhelming success both from a fiduciary standpoint as well as a priceless improvement in overall efficiency.

In 2003 Carrie announced she was leaving Smith-Bucklin and opening her own shop, Steffen Management. The WTA was so impressed with her management of the 2002 meeting that we followed her and became Carrie’s first client.

By eliminating the redundant layer of Smith-Bucklin oversight we were rewarded with a significantly decreased hourly fee. In addition to the previously assigned tasks, Carrie undertook the very important job of hotel contract negotiation, which realized significant additional savings.

In 2005, during Scott Peterson's presidency, Carrie's services were negotiated under a mutually favorable annual fee.

In 2014 President David Livingston added financial management to Carrie's portfolio. She managed QuickBooks and all payments began coming to her rather than the treasurer.

In 2017 the WTA expressed their confidence in Steffen Management by renewing our contract with Carrie for an additional three years.

This ongoing relationship of the Western Trauma Association with Steffen Management has resulted in significant cost savings, greatly improved financial stability, overall meeting efficiency, and priceless continuity, which would be unachievable in the antediluvian schema of division of tasks among rotating officers. Gratefully, all these goals have been realized without jeopardizing the culture and unique characteristics of the Western Trauma Association.

A WTA MOMENT

Carrie Steffen

To a person, all the WTA presidents since 2002, when Carrie Steffen (Figure 3) became associated with the organization, have sung her praises as a professional meeting planner, and as a member of the WTA family. Here is a sample:



Figure 3. Carrie Steffen; sister Amy Weber and Carrie

Harvey Sugerman (2004): Carrie was wonderful. She was only in her second year with us and was really helpful for this neophyte, and helped make a lot of \$ that year at Steamboat.

Sherman (2006): First, spending time site-visiting offered me the opportunity to get to know and appreciate Carrie as a professional and a person—both strongly positive. Over time, watching her interact with the resorts made me realize how much I would have missed or gotten wrong...and what that might have cost the organization. Carrie has become a treasured friend of the organization and individual members—truly part of the family.

Grace Rozycki (2009): Carrie has been a wonderful addition. I noticed the difference immediately when I began as treasurer in 2003 and received shoe boxes from my predecessor, Sherm. I had no idea what I was doing! Carrie followed soon after and I have no idea how we survived before she joined us.

Larry Reed (2012): Carrie was instrumental in finding out about Vail's availability for us for the 2012 meeting; we had not been there since our founding days. She has also done a lot of work to offload several functions of the website such as meeting registration, member dues, and abstract submission and judging, through the incorporation of third-party companies that I just have to provide links to from the website. We couldn't operate without her.

Mark Metzdorff (2013): Carrie has been an outstanding meeting manager for the WTA, and it has been wonderful to see her business and family grow as the WTA grew during her tenure. I will never forget the tendonitis ("Luke elbow") that I sustained helping carry her infant son in his car seat around the greater Aspen area during our site visit. Through her consistently positive and helpful attitude, along with her warm feelings for the organization, she and her

family have become an integral part of the greater WTA family. I look forward to seeing her every year.

David Livingston (2014): I had the privilege of growing up together with Carrie as a board member, officer, and president in the WTA. Her help in moving the organization along and providing the WTA with increasingly spectacular meetings was and is invaluable. It is clear that she became inured to all manner of crazy ideas and was amazingly cool and did not completely flip out when I suggested that maybe I would look into Japan as a site for my meeting.

Christine Cocanour (2015): Carrie has been indispensable to the WTA. The Mountain Manual and Carrie are the institutional memory of WTA. I would not have made it through my presidential year without her, and as a consequence she is and always will be a dear friend.

Tom Scalea (2016): When we decided to have the retreat, Carrie was a huge help. She helped me conceive it, helped plan the event, arranged all the mechanical things we needed to be successful, and then collated the results. She did this on relatively short notice and on top of all the other stuff she had to do to plan that year's WTA. A real treasure.

Finally, Carrie's perspective: What WTA means to me...

Western Trauma holds a special place in my heart, and it is the best thing that ever happened to my career. Back in 2002, I was working as an entry level Convention Associate at Smith Bucklin & Associates in Chicago when Dr. Edney hired them to help with the WTA meeting. Since I was already working with Dr. Edney on the Southwestern Surgical Congress, I was assigned to work on WTA. I remember being so nervous that first meeting. It was the first meeting I ever ran on my own and I somehow managed to pull it off with roughly two months of planning. Later that year I was moving to Indianapolis and hadn't signed a non-compete with Smith Bucklin, so I reached out to the WTA Board to see if they wanted to stick with me. Fortunately, they said yes.

For several years after that, I worked full time for a meeting planning company and kept WTA on the side. Back then, for the WTA I was responsible for the meeting logistics, hotel contracting and onsite management. In 2010, I quit my full-time job to venture out on my own, and took over the WTA membership and program committee responsibilities. In 2014, I took over the financial management as well. I now currently manage five different groups and it all started with WTA.

I've experienced so many WTA moments over the years, but a few stand out

the most and they truly capture the essence of what it means to be part of the WTA family. In 2002, Jim Edney convinced me to ski with him and a group of friends. I had only gone skiing once before, so I almost had a heart attack when they took me on a blue run. The group took off ahead of us, but Dr. Edney stuck with me. He would ski down a bit and patiently wait for me as I snow-plowed my way to catch up, until finally about one-third of the way down I begged him to leave me behind so I could get to the bottom at my own pace.

In 2004, the airport shut down in Steamboat and just as I was about to rent a car with a total stranger and drive to Denver, Rosemary Kozar and Brent King appeared out of nowhere and offered me a ride with their family. A few years later, I got stranded in Dallas on my way back home. As I was standing



Figure 4. Alicia Mangram and son Mykah; Rosemary Kozar and Brent King

outside DFW waiting for the hotel shuttle, Alicia Mangram walked by me on her way to the parking garage. She refused to let me stay in a hotel and welcomed me into her home for the night. These kinds of things don't happen at other meetings (Figure 4).

Mostly because of the winter weather, the WTA is not the easiest meeting to manage. I've had cancelled flights, delayed flights and have been stranded a few times in DFW and Denver. More than once, I've had to stay up all night before the Welcome Reception reprinting name badges that never made it. This is the longest meeting I manage, and eight or nine days away from home is rough on my kids and husband, but it is still my favorite meeting and I wouldn't trade it for anything. Everyone is nice and appreciates the work I do. I was embraced into the WTA family from the beginning. I feel like I've gained at least ten extra Dads and a few extra Moms over the past eighteen years. Since I started with WTA, I got married, had three kids, moved out of state three times and grew a business. I have literally grown up with WTA and I'm so proud to be part of this family.

Chapter 13

The First WTA Retreat/Summit 2001

Steven Shackford, MD



Steve Shackford, MD, President 2001; Steve and Ellen

Every professional organization has distinctive, memorable, and endearing characteristics that set it apart from other organizations of similar ilk. Few would disagree that the Western Trauma Association has such distinctive characteristics.

In 2001 the persona of the WTA was certainly evident to its membership, but had yet to be memorialized or codified in any way. For that reason and several others (including the Association’s tenuous financial position and membership limits based on specialties leading to a ponderous “waiting list”), I exercised the prerogative of the president by calling for a “strategic retreat” to precede the 2001 meeting in Big Sky. Attendees included the officers, the board of directors, and the immediate three past presidents (Table 1).

TABLE 1.

Attendees at the 2001 Summit

- Steve Shackford, President
- Jim Edney, President-elect
- Scott Millikan, Vice President
- Scott Petersen, Secretary
- Harold Sherman, Treasurer
- Chris Wray, Historian
- Barry Esrig, immediate Past President
- Tom Thomas, Past President 1999
- Jim Benjamin Past President 1998
- Board of Directors:
 - Peggy Knudson
 - Gage Ochsner
 - Larry Gentilello
 - Steve Cohn
 - David Livingston
 - Jim Hebert

A number of issues had to be addressed: articulation of the “core values,” financial solvency, membership limit, and consideration of a website (actually under the rubric: “entering the new millennium”).

Historian Chris Wray reviewed the thirty-year history of the organization and stressed those characteristics that made the WTA unique: it was multidisciplinary, it included families, allowed for plenty of time for socializing on and off the slopes, and presented science relating to the multidisciplinary care of the injured. Another endearing attribute was unlimited (often boisterous, raucous, and hilarious) commentary on papers from the meeting attendees.

Discussion concerning “core values” ensued, with emphasis placed on the multidisciplinary nature of trauma care, the importance of being with friends and family, and the furthering of knowledge leading to improvements in trauma care. From the core values an initial mission statement was crafted, “Because of our love of the mountains, our desire to enjoy being with family and friends on the ski slopes, and our commitment to the care of injured patients, the Western Trauma Association is established to garner new, multidisciplinary clinical and scientific knowledge for its members in a magnificent setting, conducive to learning, skiing, and building camaraderie between family, friends, and colleagues.” With some wordsmithing, this evolved into our current mission statement: **“The Western Trauma Association is committed to the improvement of trauma care through research, education, sharing of clinical experiences, and the development of physicians of all specialties who are involved in the care of trauma patients. The goals of the Association are not only the intellectual growth attained through increased knowledge, but also the emotional growth attained through camaraderie and interaction with family and friends in an environment conducive to winter sports.”** Our incorporation of family and friends and emotional growth into our mission statement was and is unique, which is brought into sharp relief when compared to mission statements of other professional societies, such as the American Surgical Association: *“As a premier academic society for surgeons, the American Surgical Association will always strive to benefit the patient and the profession of surgery by advocating and promoting excellence, innovation, and integrity in science, education, and patient care,”* or the American Association for the Surgery of Trauma: *“The mission of the American Association for the Surgery of Trauma is to serve as the premier scholarly organization for surgeons dedicated to the field of trauma and the care of critically ill surgical patients.”*

Because our annual meeting expenses had risen substantially while dues and registration fees had remained stable, the WTA was facing financial difficulty. Our treasurer, Harold “Sherm” Sherman (Figure 2), recommended that we modestly increase dues



Figure 2. Harold “Sherm” Sherman, MD, President 2006; Sherm and Denise Suriano

and registration fees and that we engage a professional meeting manager to assist with planning and negotiating with hotels and ski resorts for better rates than we had received in the past. Previously, this had all been done by the president-elect. All of these recommendations were approved. It was left to President-elect Jim Edney to interview and select a management group for the WTA. Steffen Management LLC was eventually selected, and Carrie Steffen and her colleagues have served us well since 2002!

With the increase in meeting expenses and the need to increase dues and registration fees, other sources of funding for research and education were discussed. Primary among them was starting a foundation, a 501(c)(3), to which members and nonmembers could donate. A board, separate from the WTA board, would be established to comport with the mandated “arm’s length” relationship of a charitable foundation with the parent organization. Immediate Past-President Barry Esrig was charged with contacting an attorney and determining the appropriate process to create the foundation. It was also suggested that a process was needed to recognize senior members who had significantly contributed to the Association.

Sherm also thought it might be a good idea for the WTA to join the modern world of the Internet. The potential benefits of a WTA website were discussed in detail. Cost savings with registration, recordkeeping, and abstract submission, plus the potential for e-commerce were considered to be benefits. The prospects seemed to be infinite. The concept was immediately embraced and Scott Peterson (secretary) was charged with the securing rights and a domain name.

During the course of its thirty-year history the duties and obligations of the board had not been codified and relied, almost solely, on “institutional memory.” At the time of the retreat, work had begun on the “Mountain Manual.” Each officer had been asked to submit an outline of the responsibilities of his/her office or committee to the secretary. Scott had been carefully reviewing submissions to eliminate redundancies and “overreach.” It was decided that the Mountain Manual would be a “work in progress” and that changes and modifications would be necessary as the Association grew.

A WTA MOMENT

The WTA “Hostage Crisis”

Several of those members who were asked to participate in the “summit” had imagined that this would be a classically short (at that time), WTA-type meeting and that we would all go skiing and discuss important matters on the chairlift or at the bar. When it became apparent that the summit was not going to be a casual, short, WTA-type meeting, that socializing would be kept to a minimum, and there was a real agenda and objectives that would be accomplished BEFORE any alcohol was served, faux disgruntlement (and not a little bitching) subsequently occurred and the meeting became known as the “WTA Hostage Crisis.”

Chapter 14

The Founder's Basic Science Lecture

Barry Esrig, MD

One of the unique aspects of the Western Trauma Association is the commitment of the founders to shepherding the organization from its inception, through its growth, and into its current state of maturation. From a time when it was required of all members to present papers at the annual meeting and presentations were typically simple case reports, talks on indications for chest tube insertion, or treatment of snake bites, the Program Committee now has a plethora of superb abstracts from which to choose, including high-quality, molecular-level, basic science papers. As scientific trauma knowledge began moving from the organ injury level to alterations in cellular and molecular physiology that control the mechanisms of injury, inflammation, and recovery, some members found that their knowledge of the basic science behind these concepts needed updating. It was no small coincidence that at the annual meeting in 2000 a specific invited lecture given by a WTA member was added to the program, which some of us nicknamed “Cytokines for Dummies.”

Because of his continued involvement and love for the organization, and despite his being no longer active in surgical practice, Bob Volz, one of the founders of the WTA, attended some of the meetings after the year 2000 (Figure 1). When Bob attended the 2008 meeting, he was struck by the tremendous evolution of the WTA since that first meeting at Vail in 1971. Some notable aspects included the membership growth, the increasing academic bent, the tremendous

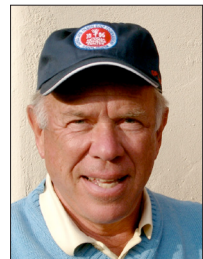


Figure 1. Bob Volz, MD, ca. 2002

resident involvement that was vigorously supported by the WTA membership, and the increasing quality of the presentations resulting from the Association's ability to cull exceptional papers from a large abstract-submission pool. He noted the increasing role of presentations involving the basic sciences and realized that this important aspect of trauma care was evolving rapidly, that it was the basis for translational research, and that the knowledge imparted was critical to trauma physicians in the understanding of how best to care for our patients.

Almost astounded by what he was witnessing from his initial founding of the society, and understanding that basic science was a significant part of the future of trauma care, Bob made a significant directed donation to the Western Trauma Foundation for the specific creation of an annual basic science lecture. His gift was matched by a past president of the organization to enable the lecture to be almost self-sustaining in terms of funding needed. Both the Western Trauma Foundation and the Association boards of directors approved these directed donations and the "Founder's Basic Science Lecture" (FBS) was born. The first lecture was given in 2009 by WTA member Raul Coimbra, and was received with great enthusiasm; the lectures to date are listed in Table 1. Over the years as the foundation has grown, this lecture has now become self-sustaining. A significant reason for this development is that almost all the Founder's Lectures have been given by members of the WTA, again demonstrating the wealth of knowledge that exists within the organization. For the first few lectures, members agreed to give the talk, foregoing both honoraria and expense reimbursement. Now, with the funding providing a fixed budget each year, members still are often foregoing either honoraria or expense reimbursement, or both, a truly generous act in the spirit of the WTA. This in turn has allowed continued growth of the Western Trauma Foundation funds.

This lecture is now a staple of the annual meeting, having been on the program each of the last ten years. The WTA has had the good fortune to have many of the leaders in the field of trauma-related basic science research as members, providing a rich pool of talent on which to draw for this lecture; and the Association also has the ability to select specific nonmember scientists for the honor of presenting this annual talk.

The "Founder's Basic Science Lecture" is just one example of the vision and foresight of the WTA founders. It has been part of the growth of the organization as an academic leader in the field of trauma. The continued involvement and commitment of the founders over these last fifty years cannot be minimized. They have fostered the spirit of the organization and inspired the younger generation to continue the academic success of the WTA, while retaining the collegiality and family-friendly uniqueness of this truly special society.

TABLE 1.

Founders Basic Science Lecturers

Raul Coimbra, MD 2009 Crested Butte

Lawrence Diebel, MD 2010 Telluride

Carl J. Hauser, MD 2011 Big Sky

Fred Moore, MD 2012 Vail

Steve Shackford, MD 2013 Snowmass

Hasan B. Alam, MD 2014 Steamboat

Charles S. Cox, Jr. MD 2015 Telluride

Rosemary Kozar, MD 2016 Squaw Valley

Mitchell J. Cohen, MD 2017 Snowbird

Ernest “Gene” Moore, MD 2018 Whistler

Timothy R. Billiar, MD 2019 Snowmass

Martin A. Schreiber, MD 2020 Sun Valley

A WTA MOMENT

Founders Donor Summits “Donation Mountain”

As mentioned in chapter 11, the Western Trauma Foundation recognizes its levels of donors with a designation based on the international signs indicating the difficulty of ski runs (Figure 2). Initially these were Green Trail (easiest) up to Couloir Society (advanced experts only). When Bob Volz made his foundational donation for the Founder’s Basic Science Lecture, the amount was well above the limit of the highest category, and typical of him, Bob initially requested anonymity out of a sense of modesty. Later when his gift was matched, and after much discussion with the Foundation Chair and given the success of the new lecture, Bob agreed to be listed by name and a new donor category, the “Summit” donors, was created to encompass Bob’s generosity. Since then, several other WTA members have been moved to increase their donation totals to join the Summit group, allowing the establishment and funding of awards for additional best paper categories in the WTA.








Donation Symbol	Donation Category	Donation Range
	Green Trail Associate	Up to \$499
	Blue Trail Associate	\$500-999
	Black Diamond Circle	\$1,000-2,499
	Double Black Diamond Club	\$2,500-4,999
	Couloir Society	\$5,000-9,999
	Extreme	\$10,000-\$24,999
	Summit	\$25,000 and up

Figure 2. Western Trauma Foundation Donor Levels by Lifetime Accumulated Giving

Chapter 15

The Panel of Experts

David Shatz, MD



David Shatz, MD, President 2020; Janice and Dave

We are all familiar with the phrase “The art and science of surgery.” Scientific insights are produced at an astounding rate. That is why we attend meetings and read journals. Often, however, it is the art of surgery, not just textbook or Internet facts, that results in a favorable outcome for our patients. That art is based on the combination of knowledge, good judgment, and experience. Or to use a common surgical aphorism, good judgment comes from experience and experience comes from bad judgment.

From its earliest years, the WTA annual meeting has included panel discussions about complex trauma topics in one format or another. In typical WTA fashion, the old program books provide little insight into what the panels were about or who the panelists were. One exception to this rule is seen in the 1973 program book, which listed a panel discussion of “Multiple System Extremity Injury,” the panel consisting of a general surgeon, an orthopedist, a neurosurgeon, a radiologist, and a vascular surgeon. The origin of what we now know as the Panel of Experts may have come in 1998. At that time, the Program Chair was Scott Peterson, and looking back at who comprised the committee, it is likely that the meeting and discussion of the Program Committee was loud and spirited. Allegedly, when a particularly offbeat abstract or idea was discussed, a comment attributed to Tom Phillips, then Chief of Trauma at Kings County (Figure 2) was “...save it for the hard liquor session.” That meeting did not have a panel session,



Figure 2. Tom Phillips and Andy Michaels, 2004

but the expression persisted and at the 2002 meeting in Whistler, British Columbia, in a format unique to the WTA, the Panel of Experts debuted.



Figure 3. Gage Ochsner, MD, President 2011; Gage and Judy

The Panel of Experts was first called “Interesting Case Presentations” and entailed case studies with opportunities to hear all three panelists offer alternative therapeutic approaches to the complex trauma scenarios being addressed. Under the aegis of Dr. Gage Ochsner, Program Chairman for 2002 (Figure 3), this session reflected his ability to engage education with humor and camaraderie—hallmarks of the WTA. The inaugural panelists were David Feliciano, Steve Shackford, and Gene Moore. To fulfill the prophecy of Tom Phillips, for the first several years, the Panel of Experts was truly the slightly raucous, none-too-elegant, but fun and collegial “hard liquor session,” during which the experts were urged to take a drink from the bottle provided if the audience disagreed with their opinion. The Panel of Experts has evolved and matured over the years. The complex and challenging cases remain, but the hard liquor is gone. In true WTA spirit, enthusiastic and very vocal audience participation remains an integral part. One year even pitted the old guys (Jerry Jurkovich, Tom Scalea, and Chris Cocanour) against the younger generation (Alex Eastman, Oliver Gunter, and Laura Moore).

The event is always educational, often highlighting differing practice patterns from institutions across the country, and is always a favorite event on the WTA program.

TABLE 1:**Panel of Experts Participants 2002-2019**

Panel Members

David Feliciano
Steve Shackford
Gene Moore
Howard Champion
Scott Petersen
Fred Moore
Jim Davis
Jerry Jurkovich
Roxie Albrecht
Gage Ochsner
Bob Mackersie
David Livingston
Carl Hauser
Carlos Brown
Paul Harrison
Karen Brasel
John Holcomb
Robert Maxwell
Tom Scalea
Larry Reed
Nick Namias
Marty Schreiber
Randy Friese
Chuck Fox
Peter Rhee
Riyad Karmy-Jones
Matt Martin
Susan Rowell
Mitch Cohen
Stephanie Savage
Nirav Patel
Ben Zarzaur
Hasan Alam
Jasmeet Paul
Bryan Collier

Moderators

Scott Peterson
David Livingston
Peggy Knudson
Peter Rhee
Andy Michaels
Tom Scalea
Steve Smith
Steve Shackford
Kenji Inaba
Ajai Malhotra
Stephanie Savage

A WTA MOMENT

First Impressions

As a brand new trauma surgeon and attending my first WTA meeting, I was standing in line for the bar at the reception when a guy in front of me turned, offered his hand in a handshake, and said “Hi, Fred Moore”. Two years later, skiing by myself at Big Sky, immediate past-president Chris Wray came up to me and said, “let’s go skiing”. While I knew Fred and Chris by reputation, they certainly did not know me. But needless-to-say, their WTA friendship left a long-lasting impression on me.

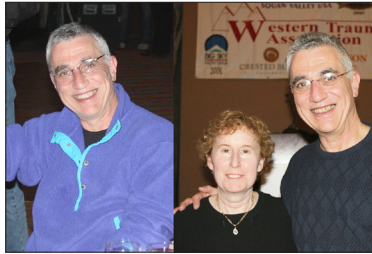
At the 2009 Crested Butte meeting, I remember being part of a group who was following a guy, traversing across the tops of several steep runs. At one point, we all stopped and that guy said “we can do this”. He disappeared off the edge and it seemed like many seconds before I heard him make contact with the snow again. It was only later that I learned that “that guy” was extreme skier Hunter Moore!

—*Dave Shatz*

Chapter 16

The Second WTA Retreat 2016

Thomas Scalea, MD



Tom Scalea, MD, President 2016; Bonnie Baron and Tom

Most societies gather representative members periodically to review their organization, discuss issues, and make plans to go forward. This is particularly important at crucial junctures in any society. The Western Trauma Association (WTA) has had two such retreats. The first, termed the WTA Mountain Retreat, was held on February 24, 2001, in Big Sky, Montana. It was chartered by then President, Steve Shackford. Attendees included officers, past presidents, and the board of directors. The group discussed strategic planning, which included a review of the history, a discussion of core values, the creation of a mission statement, a discussion about financial solvency, creating a website, membership, multicenter trials, the Mountain Manual, and the WTA Foundation. The group made several overall recommendations.

The WTA convened another retreat on February 28, 2016, just before the meeting in Squaw Valley. The impetus to have this retreat was a growing concern by several mostly senior members who were concerned about the overall direction of the WTA. Many had grown up professionally in the WTA. The meetings early in our tenure were small, more intimate, and at least had the perception of better inclusivity. One of the nicest perks of being president of the WTA is picking the meeting site. When I began to plan for my meeting, my fondest desire was to have it at Jackson Hole, Wyoming.

I attended my first WTA meeting in 1987 at Jackson. It was one of my favorite places to ski, and I wished to bring the WTA back. It had been a number of years since we had met there. The WTA was now too large to meet there. While the accommodations at Squaw Valley were fabulous, I was still disappointed. This led to a



Figure 2. Grace Rozycki, MD, President 2009; Grace and David Feliciano 2015

number of discussions, which prompted this retreat. As a prelude, Grace Rozycki (Figure 2) convened the past presidents to provide comment. In addition, Christine Cocanour convened a group of current members. Unlike the initial retreat, it seemed important to have many viewpoints from different portions of the WTA represented. Therefore, the attendees included some past presidents, some board members, and a number of younger people who were up-and-coming in the WTA. In order to collect data for discussion, WTA members were surveyed to try to obtain as large a sample of opinions as possible.

An agenda was created (Table 1) and topics assigned to the attendees. We began with an introduction, a discussion of the history of the issues, and why this retreat was needed. The mission statement was reviewed and used as a guide for all discussions. The findings on the Past Presidents Task Force were then reviewed. Dr. Cocanour presented data from the Current Members Task Force. We had spirited discussions. Each team presented data, such as it existed but also represented their own personal views. This was done without one drop of alcohol, a decidedly foreign concept to the WTA; everyone took this quite seriously. The retreat lasted for most of a day. We then collated our findings and made them ready for presentation. The results were presented the next day at the board of directors meeting and then at the WTA business meeting, later in the week. As with the first retreat, we made several recommendations that ultimately led to a few policy changes.

The member survey results can be summarized as follows: 2/3 come regularly, 2/3 value the camaraderie highly, 1/2 thought the meeting was now too large, 1/4 thought the social events had become too big and limited meeting new people, approximately 60% equated growth with limiting venues, and a review of membership age demonstrated that only 20% were in the first decade after completion of training. Graphs and data were reviewed, which demonstrated a marked increase in the number of senior

members over the past seventeen years, as well as an increase in overall meeting attendance. It appeared that meeting attendance had been driven by a marked increase in guests attending, more so than an increase in members attending.

Meeting Size

Most agreed that the target should be more or less at the current attendance levels. We did not believe the organization was looking for additional growth. While the exact number of attendees would be dictated by the logistics of each venue, in general, a total of 325 attendees (exclusive of family and friends) seemed to be a good goal. To accomplish this goal, we recommended that there should be four categories of registrants. Members should be one, as well as authors, defined as all authors on papers accepted at that year's meeting. We did not think authors should count as guests with respect to the need for sponsorship. In addition, we created the concept of initiates, those who had completed all requirements for membership but had not yet been granted membership in the WTA. Those people had demonstrated commitment to the WTA and should not require a sponsor. We thought all others would be guests. Guests would need a sponsor, and each member would only be allowed to sponsor one guest. The sponsor should be attending the meeting.

We recommended altering the registration price. Members would pay a registration fee determined by the WTA. Initiates would pay \$100 above the member price, and guests \$350 above the member price. We kept registration for residents the same, the same as a member. We maintained a one-day \$150 registration fee for trainees. We kept registration costs for family members low, thus losing money relative to actual expenses incurred by them, feeling that this maintained our commitment to strongly encourage families to attend.

Camaraderie and Fellowship

There was consensus that at our present size, the WTA would be able to maintain its essence, as outlined in our mission statement. There were some changes at the meeting at Squaw Valley designed to enhance the sense of camaraderie. During the initial welcome, our principles were stressed, including our mission statement, in an attempt to set the tone for the meeting. The named lectures were introduced in a way that let new members, initiates, and guests know why these exist and the

importance of them to the organization. We asked the moderators to encourage all attendees, not just senior members, to ask questions at the microphone. Other recommendations included increasing visual recognition of members and initiates at the meeting and on the slopes, involving younger people in the Panel of Experts, creating a system of “Mountain Mentoring,” and creating an Ad Hoc Committee to be appointed by incoming President, Carl Hauser (Figure 3) to continue discussions.



Figure 3. Carl Hauser, MD, President 2017; daughter Maria and Carl

Multispecialty Nature of the WTA

Despite the founding of the WTA by predominantly orthopedic surgeons, and the proud history of the Association as the only true multispecialty trauma organization in the USA, we realized that the reality in 2016 was that we were basically a trauma and critical care group. At that time, General Surgery and Critical Care occupied 100 of the 125 active member slots. It seemed reasonable to think this would continue into the foreseeable future. In addition, most of the multispecialty nature of the WTA came from disciplines that were offshoots of general surgery, such as vascular or pediatric surgery. We believed that the decrease in interest from orthopedics and neurosurgery was multi-factorial but likely related to competing meetings, fewer topics of interest to them, and a desire to publish in their own specialty journals. It was determined that while we would continue to welcome these specialists, there was nothing we could do as an organization to reverse this trend. Developing a panel around a single subspecialty topic, which had been attempted in the past, seemed insufficient.

The one specialty group identified that had similar interests in most of what our meeting presented, was Emergency Medicine (EM), especially EM fellows and attendings who were formally trained in critical care. We encouraged WTA members who work with EM physicians to encourage those who they thought would be a good fit with the WTA to apply and to attend as a guest.

Discussion

The discussion at the retreat was sometimes quite intense. By design, many elements of the WTA membership were represented, and all had taken preparation for the retreat quite seriously. In particular, some of the younger committee members had surveyed other young WTA members and represented their feelings quite effectively. While the discussions were always cordial, all members felt very much empowered to speak their minds. The issues where there was the most passion were the issues of camaraderie and the multispecialty nature of the WTA.

Most of the young WTA members had not been part of the WTA in the days when the meetings were truly multidisciplinary. Therefore, they did not miss them. They were very much reconciled to the WTA being a largely trauma/critical care society. While there was some angst by the more senior members, in the end, everyone realized the loss of multidisciplinary representation was likely the WTA's future and resolved to do what was possible to celebrate the past but plan for the future. In addition, many of the younger people had already formed relationships with their peers in the WTA. Similar to what the senior members had done when they were younger, the younger members socialized at the WTA, their families were growing up together, and they were quite happy with those relationships. While there was great respect for the seniors, which included a desire to learn from them, socializing was not as important. In fact, this was the next generation of the WTA, different in some ways but not in every way from the experience of the more senior members. It was not better or worse, just different. Regardless of the individual perspectives, the theme that resonated through all the conversations was a deep-seated feeling of love, respect, and warmth for the WTA. All valued their WTA family. All wanted nothing but the best for our society as it continues to evolve.

The results of the retreat were presented to the board and the membership, resulting in a good deal of further discussion, both at the level of the board and at the business meeting. In the end, the recommendations for the new registration fees carried. The WTA resolved that adults classified as a friend or family would pay \$150 and children would pay \$75. We recognized that this would not cover the expenses for these attendees, but still resolved to maintain encouragement of family involvement as a core principle of the WTA.

We agreed that the optimal number of meeting registrants would be 325. We discussed nurse practitioners and physician assistants, as an increasing number

were attending, but agreed that they needed sponsors as would any other guest.

The President's Dinner had become quite costly and quite large. It was agreed that invitees should be limited to those who contributed to making the meeting happen (board members, officers) and the president's closest friends and faculty/staff. We thought the number of attendees would be optimal at thirty to forty people.

There was additional discussion regarding an on-mountain mentoring lunch during the week for new and junior members. We thought this should be done with senior members to help dissolve some of the "silos." A small registration fee was suggested to assure attendance. We hoped that this group would ski together afterward, furthering the WTA mission of collegiality. Dr. Hauser suggested that the vice president organize this effort. In addition, we agreed that armbands would be useful to identify WTA members while on the mountain. Finally, we resolved that Carrie Steffen and Dave Shatz would edit the Mountain Manual to reflect these changes.

Summary

In 2016, the WTA held a second retreat. This was precipitated by concerns about whether the WTA would be able to stay true to its mission. Survey results confirmed there was some reason to have concerns. A group representing many facets of the WTA met and discussed these issues, which included the size of the meeting, camaraderie and fellowship, and the multispecialty nature of the WTA. The group formulated recommendations elucidated above. Discussions at the level of the board of directors and the membership at the annual business meeting allowed for further refinement and additional recommendations. These were adopted.

Since that meeting, discussions have continued. Some of the recommendations, such as needing a sponsor and/or each member only being able to sponsor one guest, have undergone further modification. The issues remain at the forefront of the WTA and are discussed by the past presidents and the board. I am personally pleased to see our society continue to struggle with these as opposed to ignoring them. Much more discussion and change will come as the society continues to mature.

TABLE 1:

February 28, 2016—Retreat Agenda

1. Introduction and History of the Issues—Tom Scalea
2. Review of the Findings of the Past Presidents Task Force—Jim Davis and Tom Scalea
3. The Size of the Meeting Creates Space Issues and a Decrease in Fellowship—David Livingston and David Shatz
4. The President’s Dinner Has Become Too Large and Costly—Jim Davis and Chris Cocanour
5. There are Too Few Subspecialists in the Society and at the Annual Meeting—Bonny Baron and Megan Brenner
6. We have Created Undesirable Silos Due to Age, Family, and Career Differences—Mitch Cohen and Rochelle Dicker
7. Summary Statements with Realistic Timelines by the Entire Committee and Tom Scalea

A WTA MOMENT

A Bionic President

A little-appreciated fact of the 2016 WTA gathering was that President Scalea came to his meeting just three months after a total knee replacement surgery. Thus, after leading the select group of WTA members at the retreat through the mogul field of institutional reform, he then gave an inspirational display of true WTA spirit in a triumphant return to the actual ski hill. It is unclear whether this activity fell within his orthopedist's instructions. As he later put it: "I was determined to ski at my meeting, and I found that skiing on one good knee and one fake knee beat the hell out of skiing with a knee that was worthless." (Figure 4)



Figure 4. From East Coast Style 2014, to Squaw Valley 2016

Chapter 17

The WTA Book Club

Marie-Louise Metzdorff, BA, MLS



Marie-Louise Metzdorff; Mark and Marie-Louise

In January 2004 Marie-Louise Metzdorff sent the following email to eight WTA members' wives: Jan Cogbill, Amy Davis, Debbie Edney, Mary Ellen Heber, De Jurkovich, Betsy Sugerman, Klasina VanderWerf and Rockye Wray:

*Please join Betsy Sugerman and Marie-Louise Metzdorff for the charter meeting of the WTA Book Club this year at Steamboat. For years, the two of us have looked forward to the WTA family breakfasts as a good time to share the books we've enjoyed over the past year. The discussion has been most fun when other people have overheard what we're talking about and moved to join us. Last year at Snowbird, we realized that we ought to try to make it a more formal arrangement. We propose meeting at 4:30 on Monday, February 23, in Betsy's room at the Lodge. We will have some refreshments and wine, tea, etc. The book for discussion will be *The DaVinci Code* by Dan Brown. M-L has volunteered to provide a bit of research about the author and report on the editorial reviews. We're envisioning "literary bonding" WTA style. We think this will add something new to the WTA meeting and we are excited about it.*

At that initial meeting everyone agreed to a format that we've continued to follow. We wanted each person to share their opinion of the subject, writing style, themes, and whatever connections they brought to the book. At the end of the discussion one of us would provide biographical information about the author and highlights of professional reviews of the work.

For the first four or five years Betsy, M-L, and Klasina collaborated on choosing

the book selection. After that first best-selling thriller, we slightly fine-tuned our criteria for books. The goal became to vary the titles by genre, culture, and gender of the author. Over the years we've chosen novels set in India, Africa, Germany, and Sweden as well as the United States. We've also read nonfiction, including a memoir of a British Muslim physician and her experience of the Haj; a documentary of families living in a Mumbai slum; an indictment of our American criminal justice system; and a book of short stories of Vietnamese immigrants to Louisiana. In more recent years we make time at the end of the meeting to vote on titles suggested by attendees.

In 2006 President Harold Sherman recognized that our gathering was a direct outgrowth of the unique WTA spirit and included the book club selection, meeting time, and location in the annual program book. The WTA Book Club became official! It has provided a wonderful opportunity for making new friends and enjoying being with old ones as we share ideas and opinions elicited by the titles we read. Our discussions are usually lively as our ages, backgrounds, and locales vary widely. We make certain that everyone has an opportunity to contribute. Attendance has varied over the years from eight to over twenty, with the occasional member playing hooky from the scientific session to join us.

The WTA is respected for its contribution to the improvement of trauma care, but it is beloved for its unique celebration of camaraderie—camaraderie among members but also among members' families and friends. The Book Club is one of the best examples of the importance that family involvement plays in the Association, originating and thriving as a direct result of the initiative of the greater WTA family.

The annual meeting of the WTA Book Club is from 4–6 p.m. on Wednesday with refreshments provided by the Association. All interested Friends and Family are welcome to join in.

TABLE 1:**WTA Book Club Selections**

2004	<i>The DaVinci Code: A Novel</i>	Dan Brown
2005	<i>The Kite Runner</i>	Khaled Hosseini
2006	<i>The Alphabet Versus the Goddess: The Conflict Between Word and Image</i>	Leonard Shlain
2007	<i>Never Let Me Go</i>	Kazuo Ishiguru
2008	<i>The Book Thief</i>	Markus Zusak
2009	<i>Infidel</i>	Ayaan Hirsi Ali
2010	<i>The Help</i>	Kathryn Stockett
2011	<i>Cutting for Stone</i>	Abraham Verghese
2012	<i>The Sense of an Ending</i>	Julian Barnes
2013	<i>The Last Town on Earth: A Novel</i>	Thomas Mullen
2014	<i>Beyond the Beautiful Forever: Life, Death and Hope in a Mumbai Undercity</i>	Katherine Boo
2015	<i>Out Stealing Horses</i>	Per Peterson
2016	<i>Quiet: The Power of Introverts in a World That Can't Stop Talking</i>	Susan Cain
2017	<i>Americanah: A Novel</i>	Chimamanda Ngozi Adichie
2018	<i>Just Mercy: A Story of Justice and Redemption</i>	Bryan Stevenson
2019	<i>A Good Scent from a Strange Mountain</i>	Robert Olen Butler
2020	<i>Where the Crawdads Sing</i>	Delia Owens

A WTA MOMENT

Breaching the Glass Wall

For the first six years of its existence, the WTA Book Club was attended only by female spouses of members and nonmember meeting attendees. In 2011 this all changed with more than a bit of drama, as Scott Petersen (Figure 2) and David Sugerman became the first of their gender to enter the hallowed confines of the WTA Book Club in Big Sky, Montana. Scott, an avid reader who was 2005 WTA President at the Jackson Hole meeting, had for years threatened to his friends to ditch the business meeting in favor of the Book Club. However, as presi-



Figure 2. Scott Petersen, MD, President 2005; Scott and Judy Munz

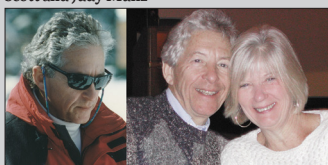


Figure 3. Harvey Sugerman, MD, President 2004; Harvey and Betsy

dent and subsequently board member for the three years after his presidency, per WTA bylaws, Scott could not be delinquent in his duty to his beloved organization and did not do so. In 2011 he was free of the entanglements of responsibility and made his move. Why it took two years after he was no longer on the board remains a mystery; perhaps it took that long to summon the courage. Sugerman, son of 2004 President Harvey Sugerman (Figure 3), was on the waiting list for membership and therefore not eligible to attend the business meeting. He was, however, a bit of a “legacy” as the Book Club was co-founded by his mother and first convened at his father’s meeting in Steamboat. Scott recalls:

“It was an interesting discussion in light of the subject of the book. I really enjoyed it. Steve Shackford asked me a couple of evenings later, ‘Did they really discuss the book or just get drunk?’ I told him it was better than most discussions



Figure 4. WTA Book Club attendees at Snowmass in 2013

of one of the program papers! I did hear from a ‘confidential’ source later that they appreciated me attending the club, but DON’T DO IT AGAIN! I understood...I was quoted in the Past Presidents meeting, ‘The WTA Book Club rocks!’

Chapter 18

The History of the Website of the Western Trauma Association

R. Lawrence Reed II, MD



Larry Reed, MD, President 2012; Larry and Geri

I am indebted to Drs. Scott Petersen and Harold Sherman (Sherm) for their recollections of the early days of the Western Trauma Association website. I interviewed Scott by phone on November 1, 2018, and Sherm and I have shared several e-mail messages. They both told me the Western Trauma Association did not have a website until the early 2000s. As those who have been in the WTA for a long time can recall, for many years we were a small group without a lot of organizational complexity.

We moved into the electronic age in the early 2000s. Steve Shackford was the WTA President in 2001, Scott Petersen the secretary, and Sherm the treasurer. Sherm suggested that the WTA should have a website. Steve asked Scott to investigate the process of setting up a website for the Association. Scott appropriately first sought to obtain a domain name (i.e., the Uniform Resource Locator, or URL, which becomes the address for the website's home page). Unfortunately, the easiest name, "wta.org," was already taken; it belongs to the Washington Trails Association. So, Scott initially garnered the www.westertraumaassociation.org domain name. However, that soon got changed to www.westertrauma.org, which, of course, means less typing.

The next step was designing and building the website. Through his experience with the trauma group in Northern California, Bob Mackersie suggested Telusys, Inc., a website development and hosting company based in Addison, Illinois.

Harry Anastopoulos, the president of Telusys, oversaw its development and posting (Figure 2).

Sherm started working with Harry and even more with Cherrie Neitzke at Telusys to get the site posted later in 2001. During his tenure as treasurer, Sherman was able to institute systems for meeting registration and payment of dues. Available site management allowed him to fill in blanks to change prices, dates, and very limited text. Receipts could only be provided by fax through QuickBooks or USPS. There was no direct interaction between QuickBooks and the website...only manual transfer of data from paper forms. In addition, we could only handle checks at that time. After a while, Telusys was able to accept credit card payments, except American Express. Sherm would get periodic statements and deposits from Telusys for entry into QuickBooks. Receipts and registration confirmations were manually transmitted via USPS and/or fax to the registrant. Communication between Sherm and Scott kept the simultaneous Treasurer and Secretary databases up to date by forwarding each other demographic information as it came to them. Ultimately, dues payments became automated on the website.

My first interaction with the website occurred when I became the Program Committee Chair in 2004. At that time, the WTA was one of the last organizations I belonged to that was still using paper abstract submission forms. Those forms had been in place for years, and they were a real pain. You had to type the abstract into a word processor and get it set up to print onto the form such that it would fit within the pale blue lines outlining the rectangular area for text entry. You usually only had a couple of copies of the official forms, so you had to do a bunch of dry runs printing it onto plain sheets and holding them up to the light over the official blue-lined submission form to see if it was going to work. Then you carefully loaded the form into the printer, made sure everything was set up perfectly, hit the print button, and prayed. I often found that part even more nerve-wracking than writing the abstract itself.

When I became Program Chair, I thought it was time for the WTA to join other societies and provide online abstract submission. After all, we were already well

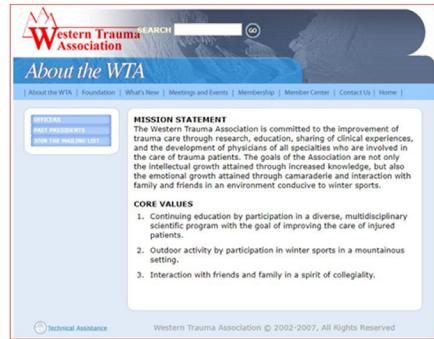


Figure 2. The first WTA website home page—Telusys version

into the twenty-first century and had survived the dreaded Y2K scare without a hitch. So, I wrote up the instructions for the online abstract submission process, including the text box dimensions for the abstract, font type and size, etc., and forwarded that to Harry, who converted it to HTML code and uploaded it to the website. After testing the system Harry had developed, we activated it for the 2004 meeting. Initially, we allowed both paper and electronic abstract submission, but it turned out the electronic method was so much simpler than the paper process that we stopped accepting paper submissions for the 2005 meeting and went with electronic abstract submission only.

When I became the WTA treasurer in 2006, I started to interact more actively with the website, which was rudimentary back then and without an actual webmaster. Because I had to sign onto the website to handle payments and dues, I realized that my access also allowed me to modify pages and update content. At first, my efforts were minor and trivial, such as noting on the page the airlines that would service our meeting that year. However, there were no embedded hyperlinks to take members to the airlines' webpages to make reservations. I was overjoyed to learn that adding embedded hyperlinks was not a difficult process, and kept adding links: to the resort, the local transportation companies, and so forth, all the while continuing to expand my HTML and JavaScript knowledge in order to provide content for the Association. The only problematic issue was that the downloading and uploading process with Telusys's system at the time was painful, having to separately transfer every single page, image, file, graphics (i.e., buttons), and so forth, individually. I didn't know back then that there was a batch method I could have used, but that came later.

In 2009 the board of directors gave approval to develop an online membership directory. Again, with Harry's help, I developed logins and password management. As the process evolved, members could upload images of their family and friends and view similar images posted by other members.

At Barry Esrig's request, and with his help, I provided additional functionality for the Western Trauma Foundation (WTF), enabling individuals the opportunity to donate to the Foundation from the WTA website. This also initially began on paper but was ultimately migrated to a more popular electronic donation process. Steve Shackford set up a PayPal account for the Foundation and provided me a link that I embedded into the Foundation's page on the WTA site. Recently, the account was changed, and the PayPal link went away, so Grace Rozycki set up a WTF account

through Authorize.net. We received an HTML code link to the WTF Authorize.net account, continuing the ability to provide online donations. The Foundation has set up a variety of awards, and Barry Esrig wrote up the content for each so that I could post that information to the WTF section of the website.

Our 2010 WTA President, Bob Mackersie, noted that I'd been informally managing the website for years. He also noted that we didn't have an official WTA webmaster. He suggested that we formalize the role with the position title and a job description. These were developed, approved, and implemented. So now I must write a report every year.

More and more functionality needed to be added to the website in order to support the activities of the WTA committees. The Multicenter Trials Committee (MTC) was initially just a committee listing on the website. We decided to create its own page on which MTC studies that were recruiting could be posted for members to elect to participate. This allowed participants to download necessary study documents, such as the study design description, protocols, data collection sheets, and examples of institutional review board applications and approvals, and so forth.

The Algorithms Committee was also given its own section where the published algorithms were available for download, thanks to the kind approval of the *Journal of Trauma's* editors, first Dr. Basil Pruitt, then Dr. E. Eugene Moore. In addition, I took it on myself to create individual pages for each algorithm, providing an interactive format using Microsoft Visio to convert a flowsheet graphic to an HTML document that was linked to explanatory notes. This is still a process I hope to simplify so that production can be more rapid.

In late 2011, our meeting planner, Carrie Steffen, noticed that our payments for website maintenance were significantly more than other societies. She knew an organization, Gold Star Webs, that was hosting a variety of professional organizations, including medical societies, at a lower cost than Telusys. So, through Gold Star's web designer, Donia Robinson, we converted the content of the Telusys site to a new look on Gold Star (Figure 3). The new site was active by the 2012 meeting at Vail. Donia was responsible for my



Figure 3. The WTA website home page for the 2012 meeting in Vail—Goldstar version

learning to do bulk uploads and downloads through the file transfer process (ftp) using FileZilla. That absolutely expedited the webpage update process.

We also set up a section for WTA History, under the About tab. There were several original documents from the Association's founding that late past Historian and Past President Chris Wray had been able to acquire. Sherm, who was Chris's successor as WTA Historian, scanned several of these so they could be uploaded to the website. In addition, Chris had taped interviews with several WTA Past Presidents, including WTA co-founder, Bob Volz. Sherman had these transcribed for posting to the History section of the WTA website. Grace Rozycki started an annual process of providing a downloadable update on the WTA Past Presidents and their activities.

No WTA members died for the first nineteen years of our existence. Then, shockingly and suddenly, Earl Young, our fourteenth president, died from a myocardial infarction while skiing at Snowbird at the beginning of the 1989 meeting. A few days later, members and guests, including me, took the tram up to the summit of the ski area to conduct a sunrise memorial service. This was the first WTA meeting I had attended, and I was extremely impressed at the closeness of the group at that memorial and realized, as most WTA guests do, that I wanted to keep coming back every year.

We named the resident paper award for Earl and eventually posted the information for the award on the web as well. We also created an *In Memoriam* page for Earl. As additional members passed away, the In Memoriam page turned into a list of names with the dates of their passing. After the turn of the century, the rate of member deaths appeared to be rising, and the WTA Past Presidents realized that, at some point, all memory of these people who had been our friends and colleagues could easily be lost. Different methods for memorializing their lives was discussed, and it became apparent that creating individual web pages for each deceased member would be a fitting tribute. The *In Memoriam* page then became a list of deceased members with links to each individual's page. I have been compiling those web pages by acquiring whatever information I can find online and often, gratefully, from the families and friends of the departed. For example, John McGill provided me exceptional content to provide a great tribute to his dad, Bish.

Unfortunately, in late 2016, Gold Star Webs went out of business, and we had to look for a new hosting company. I did a national search and collected several reviews from the Internet, ultimately settling on InMotionHosting, primarily because it is a huge operation with lots of help and support and very unlikely to go out of business.

Fortunately, we were able to move most of our site without the need for any design or functionality changes, going live on the new host in early 2017.

At that transition, Carrie Steffen and I also sought to improve some of the functionality of the website by making some of the more complex functions easier to manage through links to external services. Our home-grown abstract submission service now links to KnowledgeConnex, which has an abstract submission and review application to handle that complex process. We have also linked our member directory service to functionality managed by Cvent. Other functionality has been acquired with links to JotForm for interactive form data collection and communications. Current plans are to update webpage design using WildApricot, which will significantly improve the ease of uploading photographs and other images.

Thus, the WTA website has been a continuously evolving tool for our membership. The rapidly evolving technology provides ongoing potential for further growth and development to meet the organization's wants and needs. Organizational websites have not only become a common method for communicating with and among the membership; they have become essential.

A WTA MOMENT

First Run with the Kids

At the second WTA meeting that I attended (1990 at Crested Butte), Geri and I brought our entire family of four kids (Emily came into being the following year). We put the three older kids into ski school the first day of the meeting and Zach, who was only two, went to the nursery. After that first day, the older kids were all complaining about how boring skiing was. The whole day, they'd been kept on the bunny slopes at the base learning basic techniques, so they didn't think it was a heck of a lot of fun. However, on the second day of class they were taken up on the hill and had class all day on various runs. That changed their perspective completely, and they loved skiing! So, we decided to do a family run at the end of the day, choosing a nice long green run called Houston, as Geri and I were solid green skiers. It started out well with the five of us leisurely skiing down the gentle slope.

The two oldest, Jeremy and Josh (eleven and nine years old) took the lead as they felt we were holding them back. Unfortunately, Houston took a sharp left at one point, branching off a connection that went straight to a steep blue run (Cascade) running alongside the Gold Link Lift. Unfortunately, also, the boys didn't see the turn or the sign and headed straight down the steeper slope.

As I saw them hurtling down the mountain, I told Geri to head on down the rest of Houston with Jennifer (seven years old) while I followed the boys down Cascade. I'm pretty sure this was the first blue run I'd ever tried, but I had to because my boys were heading toward possible disaster and could easily get lost. As I was struggling to get down the hill as quickly as possible—which was not at all quick—I saw Josh's image turn into a cloud of snow. My heart sank, as I knew my son had just suffered a serious injury down there, and I hadn't been there to save him.

They waited for me as I inched my way down. When I got to them, Josh was excited, hopping up and down, and yelling, "Dad! Did you see me fall?" Needless to say, they were fine, and all my fears were needless.

Chapter 19

The WTA Family Abstracts

David Livingston, MD

Family involvement has been an important part of the WTA since its founding, and today the presence of families at WTA events and on the slopes is simply a given. For many years, the one place that families did not make an appearance was on the scientific program. Although there were some occasional talks by family members in the distant past (see chapter 1), it was not until March 1, 2007, at Steamboat that the first modern day Family Abstract, “Mystic India and Nepal: The four-year plan, swimming with elephants and the birthplace of the candlelight dinner,” was presented by the Shackford Family.

In attempting to uncover how this came about, many past presidents were interviewed. Each one seems to have a different opinion and an even more faulty memory. There is universal agreement that the concept arose from the WTA Past Presidents meeting in 2006. As there are no minutes kept at these meetings and often lots of wine and beer that had been “requisitioned” from the opening reception, it is no wonder that getting a definitive answer was difficult. The overwhelming consensus was that the idea came from Steve Shackford and was quickly endorsed by Tom Cogbill and the other past presidents. It was then most likely brought up to the WTA board in the Past President’s report. Minutes from that board meeting are classically silent as to any vote, discussion, or decision.

I had the honor to be chosen to be Program Chair for the 2007 meeting and in typical WTA fashion, I knew NOTHING about a “family abstract.” What it was, what I was supposed to do with it, how the Program Committee was supposed to

score it, and where to put it on the meeting. No direction at all, classic WTA. As can be seen from the busy meeting schedule, despite its extending over an entire week there is not a lot of space to add extra “things” to the program without sacrificing a slot for a true “scientific” abstract. Sure enough, the program committee received the abstract from Dr. Shackford and we had no clue what to do with it or how to score it. The discussion about this abstract at the Program Committee meeting is also better forgotten. As chair, it was my responsibility to put the program together and I could not see much wiggle room. In a discussion with President Sherman, he suggested I call Steve to find out his feelings about the abstract and possibly not being on the program. Even as I write this sentence, over twelve years later, I cringe. Thankfully the “Shack-attack” that ensued only required a Level 2 trauma activation, and suffice it to say I found a prominent place on the program for the abstract.

In retrospect this was the best decision and outcome that could have happened. It added a new dimension to the role of families at the WTA and it again demonstrated the wisdom of the past presidents in guiding the WTA to be true to its roots. At least one Family Abstract has been on the meeting since that time but it was not until the 2012 meeting that the first true “family only” abstract was presented: Debbie Livingston presented “A Medical Mission from an Artist’s Perspective” by herself. Since that inaugural abstract, we have heard a host of wonderful and heartfelt stories from members and families (Table 1). Family Abstracts are now an integral part of the WTA program, and the organization is wonderfully richer for their inclusion.

TABLE 1:

WTA Family Abstracts: 2007 to 2019

Year	Title	Presenters
2007	Mystic India and Nepal: The Four Year Plan, Swimming with Elephants and the Birthplace of the Candlelight Dinner	Steve and Ellen Shackford
2009	Autism: A Cup Half Full Father and Sons: Same Mission,	Riyad Karmy-Jones and family
	Different Paths	David Feliciano
	Cold Steel: Cure for What Ails You—Study and Pursuit of the Steelhead Trout	Mark Metzдорff

2010	Are the New 60's Really the Old 40's? Three Friends for Three Decades Attempt to Answer the Question	Tom Cogbill, Gene Moore, Steve Shackford
	Adaptation: The Key to Family Survival During Military Deployment	Gary A. Vercruyse
2011	Surgery is All Global—How the WTA Put Me on the Path	Michael Hauty
2012	A Medical Mission From an Artist's Perspective	Debbie Livingston
2013	The American Birkebeiner Cross-Country Ski Marathon and Its Progenitor—The Norwegian Birkebeinerrennet: A 25 Year Experience	Tom Cogbill
2014	Bugaboos, Cariboos, And WTA Yahoos: The Spirit Of The WTA Celebrated In The Canadian Rockies.	Hunter Moore
2015	The Family Approach to the Treatment of Septic Shock	Grace Rozycki
	Movies and Gorillas	Enrique Ginzburg
2016	Trauma Education in Cuba: A Portal For Global Surgery Hoosier Daddy: A Trauma Family Tree	Marc deMoya
	Trek to Everest Base Camp, Stay for the Quake and Perform Triage: A Memorable Family Vacation	Ben Zarzaur Ajai Malhotra
2017	Seven Decades of Skiing—A Tale of Two Brothers	Christopher C. Baker
	Saving Lives Outside the Hospital: A Family Affair	Richard S. Miller
2018	Obstetrical Hemorrhage—Utilization of Trauma Resources to Save One of Our Own	Elizabeth M. Windell
	The History and Tradition of Alpinism in the Western Trauma Association and Climbing the Matterhorn with your Mentor	Gregory A. Magee
2019	A Reflection of One's Self in the Trauma Bay: When the Patient is the Unsuspecting Healer	Jennifer Hartwell
	Sortie of the Avalanches: Lessons Learned from the Operating Room But Forgotten on the Mountain	Hunter Moore

A WTA MOMENT

Inspiration to Service

After ten years in the saddle with a large multispecialty clinic in urban Oregon, I was casting about for a different surgical milieu. A locum tenens position led to full-time work in a rural setting and my contract provisions included the opportunity to participate in one or two medical missions annually.

While contemplating options, I attended the 1998 WTA annual meeting in Lake Louise, Alberta, Canada. That week, John McGill gave the second “Paint the Ceiling” lecture and regaled a rapt audience with tales of working with *Medecins sans Frontieres/Doctors Without Borders* in Soviet-occupied Afghanistan some years earlier. Before he’d completed his address, I’d made applying to MSF my first priority.

Eleven years later, I’d served six surgical missions in various conflict zones in French-speaking Africa. Volunteers with MSF are made to feel part of a team and family but also participants in a global movement. Attending the WTA meeting in Telluride in 2010 and listening to several of the Family Abstracts, it occurred to me that not only can we claim being members of the WTA family but participants in the movement to provide quality trauma care as well.

What better acknowledgment and homage than to deliver a Family Abstract the following year in Big Sky? The Program Committee suffered a rare lapse and gave me the podium to share this story of the deep professional and personal bonds uniting our organization. The circle remains unbroken.

—Mike Hauty



Figure 1. Michael Hauty near Ruhengeri, Rwanda, October 2009; Michael and Rose Blackwell

Chapter 20

Babes with Blades

Krista Kaups, MD, and the Babes with Blades



Krista Kaups, MD; the original Babes with Blades 2002

Early History

A number of years ago, the number of women attending WTA meetings was relatively few, and was a small percentage of the membership—which was also reflective of the field of trauma at the time. As has been previously observed, “we were conspicuous by our presence.” Also mirroring the demographics of female physicians at the time, many attended by themselves, without much in the way of social networks at the meeting.

Somewhere around 2000, Peggy Knudson decided to organize an informal evening get-together of woman attendees, for dinner and socializing. The following year, with some planning beforehand, the women announced a “let’s go out for dinner; all women invited” event. This was announced during the meeting (this was before smartphones and texting). The announcements and planned gathering produced some concerned responses from a number of the Y-chromosome-bearing members. (“What are you going to do during dinner? What are you going to talk about? Are you going to talk about us?”) Reassurances were provided that the women had much more interesting things to discuss. An enthusiastic group had an enjoyable dinner, and, it can be revealed now, with wide-ranging discussion including skiing, books we’d read, travels taken and planned, social challenges, and plans to continue our newly-established tradition. Also noteworthy was that, in the course of dinner, several of our male colleagues also made brief appearances “to see

how things were going.” A picture taken at Whistler in 2002 shows Peggy Knudson, Karen Brasel, Roxie Albrecht, Chris Cocanour, Krista Kaups, Barb Latenser, Kim Davis, Carol Schermer, Marilu Bintz and Laurel Omert. Others who were and are “regular attendees” include: Bonny Baron, Clay Cothren, Rosemary Kozar, Renae Stafford, Kim Nagy, Rochelle Dicker, Kelley Bullard, and Susan Brundage.

Establishing Our Identity and Purpose

The “women attending the WTA” had an annual planned night out for dinner over the next several years. Along the way we decided that the group deserved an appropriate name. As anticipated from a creative group, a number of suggestions were made including “Chicks with Knives,” “Ladies Skiing and Terrorist Society,” and the preferred “Babes with Blades.” The chosen name best reflected the attributes of the group: multitalented at home and at work and armed with steel (the alliteration was also a factor).

Babes with Blades jackets (red fleece with WTA logo and Babes with Blades lettering), designed by Renae Stafford, appeared at the 2004 meeting in Steamboat Springs. They have been worn with pride since then and are still seen at meetings. Fifteen years later, the 2019 meeting saw the introduction of the latest version of WTA jackets—black with an added Babes with Blades insignia on the upper back (Figure 2).



Figure 2. Babes with Blades 2019

Over the years, as calendars have filled up during the hectic WTA meeting week, finding an evening for dinner has become challenging. Some years, Babes with Blades have simply enjoyed time for wine and cheese. Chris Cocanour hosted a gathering in Squaw Valley in 2008, Peggy Knudson at Vail in 2012, and Rosemary and Chris hosted at the 2019 meeting in Snowmass.

The original purpose of the group was for the relatively few female attendees to have a chance to enjoy a relaxed evening and meet and spend time with the other WTA women. Over the years, as the composition of the Western Trauma Association has changed, and as more of the women attending bring significant others and families to attend the meeting, the reason for the group has changed. Yes, becoming and being a physician caring for trauma patients requires commitment and stubbornness, irrespective of gender. Yet there are still challenges unique to the women in the group: expectations for women in, and aspiring to, professional leadership roles, managing work-life integration, and physical challenges (e.g., ergonomic limitations in OR instruments), and the ongoing questions of how to deal with implicit and sometimes explicit bias.

Babes with Blades exists as an informal WTA group with “membership” open to all women who wish to participate. Ongoing support and encouragement from our male friends and colleagues is sincerely valued and esteemed. We continue to be very proud to be WTA members, while including some of the most outstanding current and future women in trauma.

A WTA MOMENT

Turning the Tables

During one of the very first Babes with Blades gathering at Snowbird, the group was seated at a table on the upper deck of an Italian restaurant, and as the friendships grew and the wine flowed, the conversation and laughter got increasingly louder. On the lower deck, it was noted that several of the WTA Presidents were also dining and they kept looking up to see who was responsible for all the noise. The lady surgeons waved back warmly and then sent dessert to the men's table! You can imagine their surprise!

—Peggy Knudsen

Chapter 21

Memorable General Interest Lectures

Tom Cogbill, MD and Christine Cocanour, MD

One of the oldest traditions of the Western Trauma Association has been the inclusion of lectures on topics of general interest during the annual meeting. These lectures have been delivered by members or special guests and have taken place during the regular scientific sessions or at the annual WTA banquet. These special lectures have been very popular with members, guests, and families, all of whom have been encouraged to attend. In the early years of the WTA, when filling the scientific program was more difficult, these special lectures were one option used by program chairs when trying to fill the week-long program, and by some members for fulfilling the every-third-year abstract requirement.

The topics have been varied. Many involved foundational principles of the WTA such as mountain sports, care of the injured in mass casualty situations, and medical missions, while others allowed members and guests to broaden their horizons and truly learn about one another's interests. Since 1996 the number of special lectures has diminished because special interest topics have been included as Paint the Ceiling Lectures or Family Abstract presentations. Listed below, by category and year of presentation, are some of the more memorable special lectures delivered at WTA meetings over the past five decades (excluding Paint the Ceiling Lectures and Family Abstract presentations).

Adventure/Expeditions

- 1973: Richard Pownell: “Conquest of Everest by the American Everest Expedition.”
- 1985: Chris Pizzo: “American Medical Research Expedition on Mt. Everest,” and “First American Ascent of Mt. Shishapangma.”
- 1991: Will Steger: “Six Across Antarctica.” This was a most memorable account of co-leader Will Steger’s participation in the 1990 trek across Antarctica, in an attempt to advocate for an international environmental protocol to protect the southern continent. The seven-month trip involved six expedition members from six different nations who traveled using three dogsleds and a rotation involving thirty-six sled dogs. The explorers endured temperatures down to -113 F and one storm that lasted for fifty days.
- 1993: Richard Bass: “The Seven Summits.” Who can forget the impromptu lecture given by Dick “Loudmouth” Bass (which occurred only after President David Feliciano cajoled Dick into fulfilling a commitment that he apparently had forgotten) on his ascents of the highest peaks on each of the seven continents? Mr. Bass was the first to accomplish this feat in 1985 and he gave us a colorful account of these climbs (Figure 1). Mr. Bass was also the founder of Snowbird ski resort, which he owned from 1971 to 2014.



Figure 1. 1985 President David Feliciano and Dick Bass

Travelogues

- 1984: David Street: “Kilimanjaro Climb.”
- 1987: David Street: “Baja California’s Legendary Whaling Coast.”
- 1988: Fred Chang: “China Revisited.”
- 1988: Peter Mucha, Gene Moore, David Feliciano: “Japan.”
- 1988: Jeffrey Lau: “Cardiac Surgery in Mainland China.”
- 1989: Barry C. Esrig: “The Middle East, Above and Below the Water: Egypt, Israel, and the Red Sea.” An extravaganza of above and below water photographs of some of the most beautiful marine life in the Red Sea.

- 1990: Bob Stuplich: “Archaeology on the Russia-Turkey Border & Honeymoon on Mt. Ararat.”
- 1994: Jim Benjamin: “Adventures on/in Caribbean Waters.”

Management of Multiple Casualty Incidents

- 1977: Dominic Albo: “Medical Experience Following the Guatemala Earthquake.”
- 1977: Charles F. Frey: “Yuba City Bus Accident.”
- 1982: Joseph Giordano: “Assassination Attempt on Ronald Reagan.” Dr. Giordano recounted caring for President Reagan and three others who were shot on March 30, 1981. Dr. Giordano, the lead surgeon for the team that resuscitated President Reagan at George Washington University Hospital, talked about the triage and assignment of teams to care for President Reagan, Press Secretary James Brady, Secret Service agent Tim McCarthy, and DC police officer Thomas Delahanty. He regaled us with stories of the trauma team, including how a third-year medical student performed his first femoral venipuncture on the president of the United States, and also discussed the management of President Reagan’s thoracic wound, which had caused massive hemorrhage from the lung and an intercostal artery. At thoracotomy, the surgical team’s concern that a “detonator” explosive bullet had been used, necessitated a call from the OR to ammunition experts to see if electrocautery could safely be used.
- 1986: Robert Osborne: “A Personal Perspective on the Mexico City Earthquake.”
- 2006: Jeffrey Runge, Chief Medical Officer for the Department of Homeland Security: “The Nation’s Medical Preparedness: Will You Know What to Do?”
- 2011: Peter Rhee: “Tucson Tragedy, Mass Casualty and Handling the Media.” This was a riveting account, added to the WTA program at the last minute, of Peter’s involvement in the aftermath of one of the most horrendous mass shootings in US history, involving eighteen casualties (including Congresswoman Gabrielle Giffords), and six deaths at the scene. Peter’s account of the care of the congresswoman and the challenge of dealing with the media in a high-profile case kept the audience enthralled (Figure 2).



Figure 2. Peter Rhee

Surgical Medical Missions

- 1986: John McGill: “Inside Afghanistan.” This was a thrilling and moving personal account of Dr. McGill’s experiences with Doctors Without Borders serving with Afghani mujahideen fighters in their mountain battles against the Soviets (Figure 3).



Figure 3. John McGill

- 1988: Austin Merhoff: “Medical Mission to Nairobi, Kenya.”

Scientific Endeavors

- 1977: John Moore, PhD. (not the WTA’s John Moore): “Medicine in Archaeology: On Examination of Ancient Stools.” This John Moore was a professor, and ultimately chair, of the Department of Anthropology at the University of Florida, with an incredible career leading to Fellowship in the American Academy for the Advancement of Science. At the time of his talk, he was working on ways of elucidating the diet and parasites of prehistoric peoples, and had published in *Nature* and *Science* (e.g., “Thorny-headed worm infection in North American prehistoric man,” *Science* 163 (1969): 1324–5).
- 1978: Wally Schirra, NASA Astronaut: “NASA Program, Past, Present, Future,” and “Life in a Hostile Environment.”
- 1984: James Logan, Chief, Flight Medicine, NASA: “A Short History of Space Medicine,” and “Medical Operations in the Space Station Era.”
- 1995: John R. Horner, Paleontologist: “The Complete T. Rex.” This was a spellbinding academic lecture that traced the paleontology digs in Montana and how these findings changed our understanding of the life of Tyrannosaurus Rex.
- 2013: Ian Miller, PhD, Curator of Paleontology and Director of Earth and Space Sciences at the Denver Museum of Nature and Science: “Digging Snowmastadon: Discovering an Ice Age World in the Colorado Rockies.” In October 2010, a bulldozer operator uncovered a partial mammoth skeleton in the Ziegler Reservoir near Snowmass. The Denver Museum of Nature & Science responded with one of the largest fossil digs in the state’s history, deploying more than 200 diggers and assembling a team of thirty-eight scientists to analyze the results. The excavation revealed an amazing series of high-elevation ice age ecosystems and yielded more than 5,000 bones from over forty species of mammals, amphibians, reptiles, and birds.

Member Hobbies

- 1988: E. Phillips Polack: “Investing in American Antiques.”
- 1993: H. Leon Pachter: “Trauma Through Art History from Biblical Times to the Present.” This was an erudite, well-illustrated lecture that highlighted traumatic injuries and treatments that were documented in art.

Sports

- 1976: Fernando Ortiz-Monasterio, an eminent Mexican plastic surgeon and descendant of the Inca culture: “Olympic Sailing.” Dr. Ortiz-Monasterio also gave a lecture at an earlier WTA meeting (the exact date is unknown) on the surgical correction of Apert’s Syndrome, a multispecialty effort to correct a congenital craniofacial condition in which operations sometimes lasted twenty-plus hours, and for which blood and fluid management was challenging.
- 1979: Brad Folger: “NCAA Skiing Overview and Sports Medicine.”
- 1989: Robert Huizenga, President of the NFL Physicians Association: “Anabolic Steroid Use and Abuse.”
- 1992: Richard Hawkins, Steadman Hawkins clinic in Vail: “Skiing Injuries.” The lecture began with a video of ski injuries to the soundtrack of ZZ Top’s “Legs.” There was much cringing in the audience! Dr. Hawkins also predicted that, based on injuries per skier hours, between five and ten WTA attendees would sustain a significant injury during the week.

Miscellaneous

- 1983: Fred Chang: “Hotel Fires—Strategy for Survival.”
- 1983: Alan Rosenberger: “Lightning Injuries.”
- 1988: Steve Carveth: “The AIDS Epidemic” (Figure 4).
- 1990: John and Debbie Moore: “Medical Marriages.”
- 2005: Bob Volz and Peter Teal: “History of the Western Trauma Association.”



Figure 4. Steve Carveth, MD, WTA President 1990; Beth and Steve 2018

A WTA MOMENT

Another Adventure/Expedition: Three A-holes in the Keyhole

Midweek at the 2003 WTA meeting at Snowbird, Barry Esrig, Carl Hauser, and I set out for Alta immediately after the morning session. It had snowed 10 - 12 inches the night before and we were looking forward to an epic powder day. We took the bus from Snowbird to Alta and jumped on a series of chairlifts which led to amazing snow off of the Supreme and Sugarloaf lifts. Just after noon, the ski patrol opened up the big bowl below Devil's Castle, which we accessed 3 or 4 times by a moderate climb to reach untracked deep powder runs. Finally, we ended up on the lower Baldy Chutes shortly after they were opened up in the mid afternoon. The powder runs were spectacular, so we skipped lunch and skied until the upper lifts closed. Fortunately, Carl had three candy bars with him and I was never so thankful to have a Milky Way between hikes interspersed with powder up to our waists and occasional "chest shots."

We all wanted to get to the afternoon scientific session, so I suggested that we take a shortcut back to Snowbird instead of skiing to the base of Alta and taking the bus. The shortcut involved using the ungroomed Keyhole "trail" which connects Alta to Snowbird from the top of the Wildcat lift. I had taken this trail in the 1970s and it was a quick way to get to the Snowbird base. All three seemed to be in agreement with the decision. As we started down the trail, it was obvious that there was a lot of fresh snow through the trees and there were very few tracks. I have always figured that if there are any tracks down a slope, it is skiable. So off we went! Well, it might have been lack of leadership, or lack of consensus, and perhaps some mutinous activity, but we ended up skiing much too low. We realized that we were no longer on the Keyhole when the skiing involved jumping off of small cliffs, shinnying down trees with skis on and then climbing back up trees and cliffs with skis off. Although we could not often see each other, we were always within verbal contact with one another; much of the language was less than positive and deteriorated over time. Refrains of "You're trying to kill me!!" rang through the forest. It was beginning to get dark as we finally emerged from the cliffs and deep snow to get back to the Keyhole and eventually to the Snowbird base. The Three A-holes in the Keyhole were late for the meeting after the shared experience of an epic powder day. Not surprisingly, Dr Hauser has been hesitant to ski with me again!!

—Tom Cogbill

Chapter 22

Other Winter Sports at the WTA

Chris Cocanour, MD and Tom Cogbill, MD

Although the WTA was conceived as a meeting taking place at a resort offering alpine skiing, over the years WTA members have availed themselves of other winter sports opportunities offered in the vicinities of the annual venues. For some, these activities are a supplement to the alpine ski menu; others tend to occupy their free hours between the scientific sessions exclusively in alternative winter pursuits. The many and varied activities appeal to the skier and non-skier alike, and are a testament to the fun-loving, outdoor, and family-oriented nature of the WTA.

Nordic Skiing

In the early years of the WTA, many alpine ski resorts did not offer a specific cross-country skiing centers with groomed trails. Therefore, a few hearty WTA members (including Dwight Webster, John Zelko, Jeff Landercasper, and Jan and Tom Cogbill) took to the nearby mountains on backcountry wooden skis for some amazing scenery, exercise, and solitude (Figure 1). Memorable locations included Rabbit Ears Pass above Steamboat, the Big Wood River canyon north of Sun Valley, and Peanut Lake outside of Crested Butte. In more recent years, nearly every ski resort has developed nearby Nordic skiing options with scenic, groomed trails. A relatively small, but steady, number of cross-country skiers takes advantage of these trails at each WTA meeting. Inveterate WTA Nordic skiers include Brent King and Rosemary Kozar, Eric Scaife, Scott and Judy Petersen, Tom and Jan Cogbill.

Favorite WTA meeting locations for Nordic skiing are (1) Squaw Valley with easy access to Royal Gorge, Tahoe Donner, Northstar, and Tahoe XC ski areas; (2) Whistler-Blackcomb and nearby Olympic Park and Lost Lake Park that sport the wonderful smell of cedar trees; (3) Big Sky's Lone Mountain Ranch where a skier can climb up, up, up



Figure 1. Tom Cogbill and Jeff Landercasper, Steamboat 1984

for one-and-a-half hours and turn around for a hair-raising ten-minute descent on skinny skis; (4) Snowbird's access to Solitude Nordic Center, which requires transportation or hitchhiking with skis for the one hour trek over to Big Cottonwood Canyon; (5) Crested Butte Nordic Center at the outskirts of the town of Crested Butte; and (6) Jackson Hole Nordic Center with close-up views of the Teton Range.

There has been one organized competitive Nordic skiing event in WTA history. This occurred at Grand Targhee in 1996. The race was part of the Vermont vs. Wisconsin near Olympic-caliber multisport extravaganza. There were about seven contestants and, although claims were made that the race was fixed, awards were given to the victorious Wisconsin team. Skaters did have a clear advantage over striders in that freestyle race.

WTA Nordic skiing has extended to participation in the American Birkebeiner cross-country ski marathons. Eric Scaife, Brent King, Bill Metzdorff, Tom and Jan Cogbill have participated in many of these events. In March 2018, the Cogbills and Eric had a chance meeting at the Rustad Hotel in Sjusjoen, Norway, as they prepared for the Norwegian Birkebeinerrennet 54 km classic race.

Winter Fly Fishing

Although fly fishing for trout is often thought of as a three-season endeavor, it is a truism that there is always a good trout stream open for fishing near any ski resort (Table 1). Along with fly fishing streams go fly shops with fishing guides to show non-locals the local waters. Hence, epic winter fly fishing days have been a tradition at many WTA meetings. For some attendees, fishing takes precedence over ski-

ing, or is even their exclusive outdoor activity at the WTA. For others, a day soaking the wader-covered knees in cold water is a welcome relief after a few days of the rigors of the ski hill.

Beginning in the 1990s, a few hardy souls began exploring the fly fishing possibilities of WTA venues. Peter Mucha (Figure 2) and Gage Ochsner were likely among the first and most frequent piscatorial pursuers. As word spread among the cognoscenti, others have joined in. Apart from Mucha and Ochsner, over the last three decades the usual suspects have included Gage’s son Trey Ochsner, Mark Metzдорff, Harvey and David Sugerman, Steve Delateur, Paul Harrison, Barry Esrig, Warren Gall, Bob Maxwell, Jerry Jurkovich, Scott Millikan and others. It is rumored that some years the groups catch more cold than fish. Some of the earlier members (Mucha) tested cigarette smoking as a possible hypothermia/frostbite remedy, though this technique had failed in Phase 1 trials, and failed to prevent him from returning to the afternoon session with a mild case of frostbite of his fingers.

Some memorable outings have included the use of snowmobiles towing trailers to access private water along the Yampa River at Steamboat (Figure 3), fishing the Teton River at Grand Targhee, and spey casting for steelhead trout on the Squamish River near Whistler.



Figure 2. Peter Mucha, MD, President 1992

TABLE 1:
WTA Fishing Locales

Venue	River(s)
Steamboat	Yampa
Snowbird	Provo
Crested Butte	East, Gunnison
Big Sky	Gallatin, Madison
Grand Targhee	Teton, South Fork Snake
Lake Louise	Bow
Squaw Valley	Truckee
Whistler	Squamish
Jackson Hole	South Fork Snake
Telluride	Delores, San Miguel
Vail	Gore Creek, Eagle, Colorado
Aspen/Snowmass	Roaring Fork, Frying Pan
Sun Valley	Wood, Silver Creek



Figure 3. Harvey Sugerman and Gage Ochsner heading to the Yampa River 2007

Ice Skating

Outdoor ice skating rinks were used by many WTA families at the Lake Louise and Sun Valley meetings (Figure 4). It was equally fun to watch competitive figure skaters who also used the Sun Valley rink for their routines. At Vail in 2012, a new tradition of family ice skating and pizza on Tuesday night was initiated by President Larry Reed.



Figure 4. Chateau Lake Louise with ice rink 1998

Sleigh Rides

This was a tradition for several of the early WTA meetings (Figure 5). Memorable dinner sleigh rides have included Big Sky’s Lone Mountain Ranch horse-drawn sleigh ride to the North Fork cabin for a steak dinner, Sun Val-

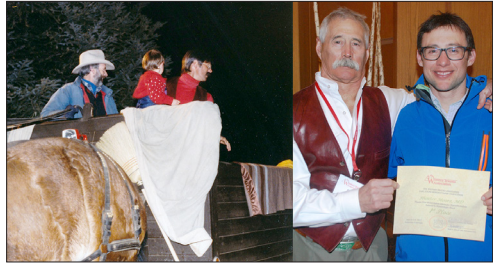


Figure 5. Gene and Hunter Moore Sun Valley sleigh ride 1986; Telluride 2015

ley’s horse-drawn sleigh to dinner at the Trail Creek cabin, and Steamboat’s snow cat-pulled sleigh to Ragnar’s restaurant on the mountain. Other sleigh rides were offered to get up close to elk herds in Steamboat and Jackson Hole.

Snowmobile Tours

WTA tours of Yellowstone were extremely popular at the Big Sky, Grand Targhee, and Jackson Hole meetings. Yellowstone roads are closed in the winter, and the only access to Old Faithful is by snowmobile or snow coach. These were memorable trips with great scenery and up-close wildlife sightings.

Snowshoeing

Often led by Chris Cocanour, WTA members have enjoyed snowshoeing together in all types of weather—warm and very cold, sunny and in blinding snowstorms (Figure 6). Favorite locations have included Telluride at the top of the ski mountain, Aspen Nordic Center, Rabbit Ears Pass above Steamboat, and at Solitude in Big Cottonwood Canyon (an hour’s drive from Snowbird).



Figure 6. Snowshoeing Vail 2012; Kenji and Kobi Inaba, Susie Korsmit, Chris Cocanour

Winter Water Volleyball

In 1996 an outdoor water volleyball tournament was held one evening at Grand Targhee. Unfortunately, the contest was abruptly halted by an episode of severe esophageal spasm experienced by Vermont team captain, Steve Shackford. The Wisconsin team was declared the winner due to failure of the Vermont captain to clearly articulate the score before serving the final point. Dr. Shackford also received a reprimand from the USWWVA for inadequate team training in cold weather conditions that put a member of his team (himself) at risk of serious injury.

Dog Sledding

Many venues offer the opportunity to experience the thrill of riding on a sled pulled by an enthusiastic team of huskies or other dogs. WTA families have enjoyed dog sled tours at Grand Targhee, Big Sky, and Snowmass (Figure 7). Participants have reported the unexpectedly unpleasant smell of a position well aft of the lead dog...



Figure 7. Allison Cogbill dog sledding Grand Targhee 1996

A WTA MOMENT

Steelhead Fishing on the Squamish

WTA fishing outings target local trout streams, at all but one venue. With its Pacific coastal location, Whistler, BC, Canada has no typical trout streams within a reasonable drive. There is, however, a nearby river flowing into Howe Sound that in the winter gets a run of the ultimate fresh water, fly-fishing target: the steelhead trout, or simply, steelhead. Steelhead are a subspecies of rainbow trout that have the same basic life cycle as salmon: They hatch from eggs in freshwater, migrate to the ocean after two years of growth, then circle around the Pacific for two to three more years growing large and fat on herring, squid, and shrimp before returning to the rivers of their birth to start the cycle again. On return, they can be from 8–20 pounds or more, are avid takers of a well-presented fly, and put up a splendid fight when hooked. As with their smaller trout cousins, they are typically caught and released by fly fishers.

At the 2002 WTA meeting, on a beautiful morning after the scientific session, a group of anglers set out to the Squamish River to seek this elusive quarry. Because steelhead are



Figure 8. Trey and Mark; Trey and guide with bull trout, Whistler 2002

large fish, they are typically cast to with long rods that require two hands and a graceful, specialized casting technique called spey casting, after the river Spey in Scotland where the style originated. Since most trout anglers are unfamiliar with these techniques, I had the privilege, along with our local guide, of instructing members of our party on the basic skills of spey casting. Among my “students” was Trey Ochsner, son of Gage Ochsner (later WTA President in 2011). Trey and his father, while both excellent trout anglers, were sons of the South and strangers to steelhead. Teaching them to spey cast was a delight, and although no steelhead were caught that day, Trey hooked and landed a nice bull trout, another species unique to the Pacific Northwest. It was a cross-cultural, cross-generational, exquisite WTA moment that I shall never forget.

—Mark Metzdorff

Chapter 23

Fellowship of the Snow Redux

David Livingston, MD

It has been only seven years since I had the greatest honor of my career, serving as WTA President. Most presidents endure a lot of mental anguish and angst over what to deliver as an address and subsequently (and thankfully!) realize that most are quickly forgotten. There have been some standouts and I think we would all agree that Jerry Jurkovich’s “Paint the Ceiling” is the benchmark that we strive to emulate. It seems I also struck a nerve with my address “The Fellowship of the Snow.”

I always knew I wanted to answer the question “What makes the WTA so special to all of us?” and I searched for a way to express it. While the address does have some real science buried within, it is really an unabashed love letter to the WTA. An attempt to put what we feel at the meeting and throughout the year into words: to make the intangible, tangible. I said then and believe even more now, that members love and need this organization on an almost visceral level. I also believe that when we think of the WTA we probably revert to the age and time of our lives and careers when we first came to the meeting. To our conversion into being part of the Fellowship of the Snow. It’s like remembering your birthday as a child or your first crush. Nostalgia? Maybe. But it’s much more than that and it is for these reasons that when change happens, and there is evolution in the organization, it hits hard. Again, at a visceral level.

The WTA has changed in so many ways from its inception. Even in the short time since my presidency there have been a lot of changes, both in the WTA and in medicine. But evolution and change are inevitable and failure to change is

associated with stagnation and death. I am certain that some of those earlier changes were not, at first, met with universal enthusiasm. The coming of the residents, the move to be a more academic society, the creation of multicenter trials, are just some of the landmark changes that have transformed the WTA for the better. The stories and chapters in this 50th Anniversary volume attempt to chronicle some of the events and highlights that make the WTA special. It too is a love story about an organization.

But the WTA is more than an organization, it is an ideal. Steve Shackford, during the Big Sky Hostage crisis, got it right and managed to articulate the core values and ethos that was started by Bob Volz and Peter Teal fifty years ago. Simply put: we love snow, we love trauma, we love family and friends, and we love the WTA. All of which allows, perhaps compels, us to get together year after year after year.

In the original Fellowship of the Snow talk, I mentioned that in our multitasking world we need the mental and emotional break that the WTA provides. In the seven years since that talk, medicine and our professional lives have become more stressful, more corporatized, more financially driven, and less patient centric. We have seen a billing platform masquerading as a medical record gain dominance over patient contact and meaningful human exchange. Mergers and acquisitions have created megalithic health care systems: bigger and bigger, but definitely not better and better. Medicine is now firmly established in the Gordon Gekko “Greed is Good” mode. Academic chairs and deans more often than not have become middle managers held to ridiculous budgets that give short shrift to education, non-NIH funded research, and real patient-centered outcomes. But heaven forbid you have a CLBSI or CAUTI! If we needed the WTA in 2014, we need a double dose, extra Grande shot now. We need our Fellowship because that is why we entered this field, and as true physicians this is what we find meaningful.

While I will not rehash the address, other WTA “concepts” are also even more vitally important today. Taking a week out for our meeting remains a unique feature of the WTA. Bringing our families—the WTA would not be the same without them. And the joy of being outside with family and friends in some of nature’s most beautiful places. There is nothing that compares to a bluebird morning with twelve inches of fresh snow and unlimited visibility. But there is also nothing that compares to the shared camaraderie of entire group laughing as we try to get down a mountain in a total whiteout either! Given our hectic on-call, always seeming to be connected, teetering on burnout lives, we need the mindfulness that comes with

the WTA. These “core values” should not and cannot change or evolve because they are the DNA that is the WTA.

I remain somewhat stunned and honored that the “Fellowship of the Snow” has become a WTA mantra. It has found its way into WTA swag and most recently is the WTA hashtag in the twittersphere. But even more gratifying is to see it being carried along and championed by the next generations of our Fellowship of the Snow.

A WTA MOMENT

Welcome to the Club

It is my first WTA meeting: Steamboat, 1992. I am a very junior attending. Peter Mucha, whom I don't know at all, is the president. I have heard so many great things about the meeting, especially the whole family aspect, that I bring Debbie and both boys (Jason age 4 and Andrew 20 months). We figured it would be an opportunity to have Jason learn to ski. We get a small suite in the hotel next door so we can feed the kids, etc. We are late, totally frazzled in getting both kids ready and in trying to find our way to the welcome reception through unmarked snowy pathways. Eventually, we find the reception and stumble in. The first person who comes up to greet me is Peter. He introduces himself, looks at me juggling Andrew and sees Debbie trying to get everyone's coats off. Jason spots some other kids running around and is off. Peter says, "You look like you could use a beer," and hands me one. The love affair with the WTA was immediate!



Figure 1. Livingstons 1992 and 2019

Chapter 24

WTA Moments

Submitted by the Membership

For the 50th Anniversary book project, the Book Committee decided to ask WTA members to contribute their “WTA Moments,” which would be compiled for a chapter. In the solicitation sent to all members, a WTA Moment was described as follows: *“We’ve all had them; that simple event which encapsulates the spirit of our beloved organization, something that may have happened at a meeting, on the ski hill, outside the WTA, between members, within a family, or the like. The key is the sense of one or more of the core WTA values: science, collegiality, family and winter sports; values that distinguish our group among other organizations.”*

The WTA Moments we received were authentic, enthusiastic and heartfelt; exactly what we hoped for, as follows.

David Notrica: At Alta in 2017, I had skied with Peter Rhee and some of the folks from U of A, Tucson. It was a perfect day, and also the day I really understood what Western Trauma was about. Blending work, family, and friends in a work hard/play hard way of life. Lisa McMa-



Figure 1. Notrica party at Alta 2017

hon is skiing with her son, and we are all skiing with the people that improve trauma care every day and every year (Figure 1).

Krista Kaups: The meeting was at Snowbird (not quite sure of the year). I was skiing by myself since I didn't really know many people in the organization. Midmorning I skied up to a lift and ended up on a chair with a very polite and friendly gentleman. We started talking, and it turned out that he was attending the meeting, and he introduced himself as we continued talking. Somewhere during the ride he asked if I was skiing with anyone and invited me to ski with the group of WTA skiers he was with. I was happy to join up—and shared many runs over a number of meetings. And that is how I met George Pierce, who didn't mention that he was a past president of the organization, or any of his other accomplishments (Figure 2).



Figure 2. Krista Kaups and George Pierce, Steamboat 2007

Stephanie Gordy: All of my memories of being at WTA with my mentor, Gage Ochsner, are cherished. However, one that stands out is my first Scotch lesson with him at WTA (at his presidential dinner), drinking items from the Scotch Whiskey Society with names like “Candy Floss by the Swimming Pool” and “Party in the Vineyard.” And here’s an après ski photo with him as well (Figure 3). Good times, great Family.



Figure 3. Stephanie Gordy with Carrie Allison and Gage Ochsner in 2011

Jerry Jurkovich: In 1995 Scott Millikan and I and our families were in Big Sky for the WTA. The children were quite small, and they did not know each other but they rode the sleigh ride to a restaurant where there was live music and eating for all. It was cold, the kids all bundled up on the sleigh ride with these other “stranger” kids. By the time dinner was over, they all had fast and life-long friends. That is the WTA. (Figure 4)



Figure 4. Jessica Jurkovich, Dana Millikan, Amy Millikan, and Allison Jurkovich

Ash Mansour: Attaching a photo of a few friends, some members of the WTA, who get to reconnect every year (almost!). We all have one thing in common: we trained at the University of Colorado with Gene and Fred. (Figure 5)



Figure 5. Back row: Denis Bensard, Brad Pickardt, Rob McIntyre, Betsy Brew, Ash Mansour. Front: Jerry Jurkovich and Annette Seagraves

Rick Miller: Miller Family WTA Meeting 2019; Denver to Snowmass Drive from Hell!!

I had it all planned. Alyssa, Karen and I flew from Nashville to Denver Saturday afternoon. Stayed with Stephanie in her apartment overnight, loaded the car to the hilt and left for Snowmass early Sunday morning in plenty of time to make it to the WTA opening reception that evening. Snow falling lightly. One hour into our drive traffic builds up before Eisenhower Tunnel. Find out there is a major car accident with injuries and Tunnel is closed. Everyone re-routed over Loveland pass. 7 hours of bumper to bumper traffic in a major snowstorm, 18 wheelers jackknifed, many without snow chains. Scenes of yellow snow marking the road every snail-paced mile. Tempers high. Finally made it back to Highway 70, stopped

to fill up late in the evening. “We can still make it to Snowmass tonight!!”. Fifteen minutes later the highway is blocked by a State Trooper. “Sorry folks, an avalanche just buried the road in front of us not 5 minutes ago!!!” What if we would have not stopped for gas????

Lucky to find one room in a rundown Holiday Inn that doubled their prices for the evening. Ate Mexican food and drank a lot of tequila!!! (Figure 6). Got up early Monday morning to blue skies and made it to Snowmass in time for a bit of skiing and the afternoon session.

Nick Namias: Collegiality away from the slopes, meeting in Chicago for the 50th anniversary of the Grateful Dead (Figure 7).



Figure 6. The Miller Family; Karen, Stephanie, Alyssa, Rick



Figure 7. Nick Namias and David Livingston

Warren Gall: One year we were at Snowbird and stayed in the condos with a swimming pool. The snow banks were so tall that one could slide down the snow bank and into the swimming pool. My youngest son did it so much he tore his swimming suit apart!!! (Figure 8)



Figure 8. Warren Gall fishing at Big Sky 2011

Steve Smith: I made it to the summit of Kilimanjaro in 2014 with my son. I planted my WTA pin on the top of Africa sign! (Figure 9)



Figure 9. Scott Brakenridge and Steve Smith 2018

“Sherm” Sherman: At the 1988 meeting (my first) I met a man named Earl Young. We were skiing in a group of WTA members. During the day I needed to change gloves. Mine had gotten wet. Earl said I could borrow a pair from him as his room was closer to where we were skiing. We talked as we accomplished

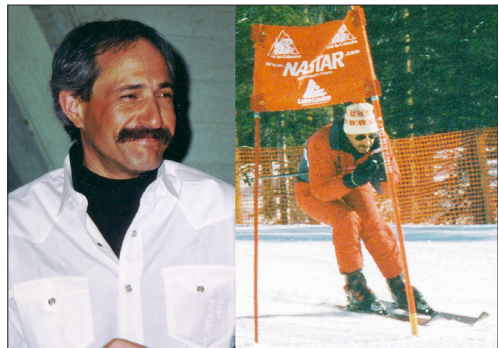


Figure 10. Vintage Sherman, 1993 and 1998

this. And, by day’s end he’d loaned me gloves, offered me a job, and gotten me a date for that night...my kind of organization! (Figure 10)

Riyad “KJ” Karmy-Jones: I was presenting for the first time in 1991. At one of the sessions a surgeon had presented a series of pediatric penetrating neck injuries in zone 2 with non-operative management, concluding that the majority of kids could be managed non operatively. The closing slide showed a child with a screw driver through his neck, and the presenter announced that all he needed (after intubation for bronch, egd and a-gram) was to have the screw driver removed, prompting the following:

Shackford: Gosh, isn't it easier just to take them down and do a nice neat incision and be done with it?

Presenter: You adult surgeons don't understand the emotional strain a scar can place on a child

Shackford: (incredulous) What about the (deleted expletive) strain of having a (deleted expletive) screw driver rammed through your neck?!!

I knew then that the WTA was the least BS-tolerating and most straightforward organization I could ever hope to be involved in. Also, of note, no one laughed louder than the presenter (Figure 11)

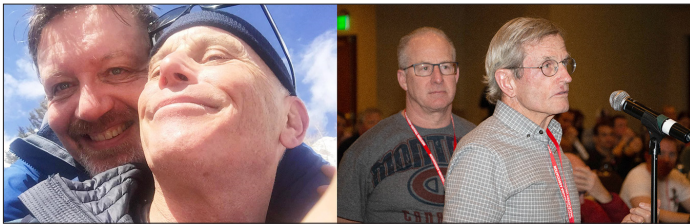


Figure 11. KJ with Andy Michaels; Shack Attack (Rick Miller watches and learns)

Mark Metzdorff: There are two “Musical WTA Moments” that deserve mention. In 2003, President Scott Millikan presided at Snowbird and, for his Thursday night banquet, had arranged for a rocking band. It is a little-known fact that Scott is a skilled guitar player who plays lead in a Billings, MT-based band called the Midlife Chryslers (from their website: “In his spare time, he practices cardiovascular surgery”). During one of its sets, the banquet band graciously let Scott sit in and he brought everyone to the dance floor with a classic take on “Mustang Sally” complete with a Millikan solo (Figure 12).

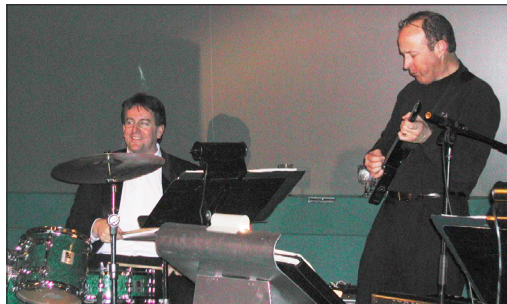


Figure 12. Millikan shreds it at Snowbird, 2003



Figure 13. Carl and Marie Hauser at Vail, 2012 and Snowbird, 2017 (Mike Rotondo on drums)

The second Musical Moment occurred at Vail in 2012 when another talented WTA duo performed at the banquet. Many members know that 2017 President Carl Hauser is also a gifted guitar player, with a mysterious past life in a mid-1960's New York band called "The Druids of Stonehenge" (Google the video). Musically, the apple fell close to the tree; his daughter Maria is a very talented vocalist with a voice that has been compared to Nora Jones, but a style all her own. The Hauser duo performed several numbers including a haunting rendition of the Roy Orbison classic "Crying", which brought down the house. They reprised the act at Carl's 2017 meeting. (Figure 13)

David Feliciano: Steve Shackford and I had an intense rivalry on the NASTAR courses for many years (Figure 14). It drove us both to get innumerable Bronze medals, but never the elusive silver.... One year in December, I called his office about an academic project when he was the Chair of Surgery at the University of Vermont. MJ, his assistant, answered. We knew each other well as I had visited Steve in Vermont previously. I asked MJ if she would connect me to Steve. She said he couldn't come to the phone as he was working out on the Stairmaster in his office. To this day, I do not know if she had been trained to "psych" me out or whether



Figure 14. Two titans of the NASTAR, David Feliciano and Steve Shackford

he was nuts enough to do this in a futile hope to overcome my superior skiing skills.

Another year, Steve got a flying start out of the NASTAR gate and, before I realized it, he was three gates ahead of me. I was acutely depressed, but then, like a miracle, I saw a giant flurry of snow on Steve’s course. It looked like a mini-avalanche. Steve had taken a monumental fall and had suffered, I think, a “game-keeper’s thumb” injury. I didn’t know Steve was injured and, being a bad person, I laughed all the way down my course moving so slowly (didn’t want to fall) that I didn’t even qualify for a Bronze medal.

Mark Metzdorff: Family participation in the WTA begins with the skiing, other winter sports and the social events; but sometimes, after family members become more comfortable and integrated into the culture of the organization, some choose to take on the challenge of contributing in ways that significantly advance the function or spirit of the organization. Examples abound in this book, and include the Livingston kids aiding in the construction of our gavel, the women who started the WTA Book Club, family members who contributed to or presented Family Abstracts, and those who organize non-skiing outings.

One family member who has contributed in invaluable ways is our own Jerry Gipper (Figure 15), husband of 2019 President Roxie Albrecht (Figure 16). A true WTA Moment occurred in 2015 when Jerry volunteered to take on the audio/visual component of the annual meeting, which includes not only coordinating the complicated systems of the meeting room, but also the A/V components of the opening reception and the banquet. In addition to all that, since 2013 Jerry has been the unofficial photographer of the WTA, documenting the meeting, the NASTAR race, and the social events, and keeping an archive of photos available on the web through a Dropbox account.

Jerry does it all superbly well with a cheerful demeanor and he has become a beloved and integral part of the organization—true WTA spirit.



Figure 15. Jerry Gipper



Figure 16. Roxie Albrecht, MD, President 2019; Jerry Gipper and Roxie

Roxie Albrecht: My WTA moment was in search of the perfect run in Crested Butte (Grace’s meeting) with Keith Stephenson (Figure 17). Keith was my skiing partner for years after my sister Lisa passed away. He and I never found that perfect run, but ended up on a run called Cesspool. It lived up to its name. It was steep, narrow and filled with rocks and trees to dodge and jump. We both survived to tell all about the run, which each time gets a few more embellishments. That is WTA. You lose someone special in your life and friends support you, sometimes in unique ways. I needed a little nudge to get back into aggressive skiing and get off the blues.



Figure 17. Roxie Albrecht and Keith Stephenson; Keith

Larry Reed: Geri and I both injured our knees at the same WTA meeting in Snowbird (Scott Millikan’s, 2003). As we always did, we went out skiing on Monday of the week for our first run. We took the Gad Lift up to the top, and as we arrived we noticed a group of four snowboarders who had stopped at the end of the drop-off ramp, sitting on the ground and not moving. There was a small gap around them on our right side, which was my end of the family group. So, all of our skis bunched up together around (and on top of) my skis to veer to the right of the squatting boarders.

As we pulled away around those clowns, the beginning slope pulled the front of my skis down, I heard something snap and—worse—felt a sharp pain in my left knee as I fell into the snow with a late release of the ski from my boot. I got up with some difficulty but was able to stand and put on my ski. I slowly made it down the mountain and limped to the hotel room. I was laid up the rest of the week. The knee ultimately got better, but I had Tom Phillips check out my knee a few years later, and, sure enough, I had a torn my left anterior cruciate ligament (ACL).

On Thursday of that week, Geri was out skiing with Olivia Gentilello, who at the time was still a relative beginner compared to Geri so Geri kept looking back, keeping an eye on Olivia. At one point, however, she didn’t realize that a deep dip was coming up, and her unexpected drop caused her to collapse, experiencing

immediate pain in her right knee. She was taken to the ski clinic to be evaluated.

Olivia called and informed me of Geri's mishap. I hobbled to the little clinic that was at the base of Snowbird where it turned out she'd torn not only her right ACL but also her right medial collateral ligament (MCL). The physician put her in a long leg splint for comfort and support.

On Thursday evening, we went to the annual WTA banquet. As dinner was winding down, the band was starting up. We had been taking ballroom dance lessons for years, and it continues to be a pastime we can share as a couple, so the Thursday night dance was a big highlight of the meeting for us (Figure 18). However I was thinking that, this time, we probably wouldn't be dancing. Once the music got going, though, Geri turned to me and said, "Let's dance." I was shocked. "What are you talking about?" I gasped. "My knee is swollen, stiff, and painful, and yours is wrapped in a straight-leg splint!!"

She gave me her best exasperated look and said, "Don't be such a baby. My muscles didn't do their job for me today, so they're going to pay for it!"

So, we got up and danced.

Well, not really. We really sort of hobbled, simply tilting in unison from one leg on the other. It was actually a good thing that our injured knees mirrored each other (her right, my left), as that allowed us to be ginger on the injured sides synchronously. However, we couldn't do our usual dance steps, given that bending knees is mandatory for every step in every style from waltz to jive. After that first number, though, we sat down at our table, disappointed with the effort but knowing that we tried—and that our knees would (and did) recover.

The following morning, I had gone down to the resort lobby for something, and I ran into Steve Shackford. We started talking about how the meeting was going, and I happened to mention that Geri and I had both sustained knee injuries that week. His expression suddenly changed, with his eyes widening and a look



Figure 18. Larry and Geri Reed; Larry gets new dancing shoes as his Presidential gift, 2012

of realization coming over his face. I stopped my description of our injuries and asked, “What is it?”

He said, “Last night, I was sitting at the table across from you by the dance floor. I had three of my residents at the table with me. When you guys got up to dance, I told them, ‘Hey, watch these guys!! They are great dancers!!’”

So, of course, they obeyed and paid rapt attention to our moves. Or lack of them. As the residents watched us shuffle on the floor together, they started to look at Steve to see if he saw some talent they were missing. Steve’s residents were really wondering what their Surgical Chairman knew about good dancing.

I think Steve and I laughed hard for a good 10 minutes before it we got winded and it started to hurt. Still makes me laugh when I think of it.

Tom Thomas: Two Gene Moore Moments (of innumerable ones).

Number One: Snowbird 2003. Skier’s left off the chair. Long traverse to reach the powder. Wide open area with untracked. Wide open speeding bliss. Until Gene Moore hit a buried rock pile. The rocks bit into his skis ejecting him. Gene landed on the rocks,

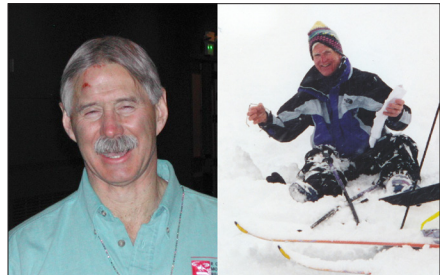


Figure 19. Gene Moore, 2003; Tom Thomas in a rare moment of skiing less than perfectly

helmet knocked off, LOC and a large scrape above his eye. This did not deter Gene from skiing on and fully participating in what was then the “Hard Liquor Session.” (Figure 19)

Number Two: Whistler 2018. Perfect powder at Whistler, but never enough. Gene Moore, Chuck Fox and his wife Kathy Via, Brad Pickhardt (Figure 20) and I cut left off the catwalk and into the trees and tight gullies, stopping occasionally to count and reconnoiter. As the steep opened to flats and merging trails, we



Figure 20. Chuck Fox and Kathy Via; Brad and Nancy Pickhardt

gathered—almost. We called out for Gene, called and texted his cell and waited. Knowing he would not have skied down without us, we headed for the lift and help.

Chuck and Kathy headed up, found patrollers at the top and skied on. Brad and I waited for patrol and followed to the scene. Kathy led the patrol to where we entered the trees and to the area she had last seen Gene.

Always looking for “powder shots,” Gene had followed a ribbon of snow over an outcropping. The patrolman followed his tracks, surveyed the scene, backtracked and skied around to the base of the cliff and a large pine. Hearing a faint cry for help, he dug furiously at the base of the tree. He uncovered Gene: head and back pinned to the trunk; legs uphill; right arm a prisoner of branches so he could not reach his cell phone; buried by snow. His first recollection was being covered by snow and clearing a space for breathing. He probably had a brief loss of consciousness, as he had no recollection after the ledge gave way (Figure 21).

Typical of Gene, after assuring the patrol and us that he was back to normal, he stepped into his skis and went down, meeting his wife, Sarah, for a late lunch and attending the afternoon session. Two days later, he was on a plane to Haines, Alaska, for some extreme heli-skiing with his son Hunter and some other WTA stalwarts.



Figure 21. Gene emerging from the scene of the crime

Barry Esrig: In 1981, while skiing at Jackson Hole, I found myself alongside a man named Earl Yonehiro. As we chatted, we found out that we were both surgeons, and that he was attending a meeting of a relatively young organization called the Western Trauma Association. He invited me to attend a casual dinner with a small group of friends of his that were also attending the meeting. They called that annual dinner, which revolved around a communal spaghetti dinner prepared by the participants, “Spaghetti Night.” In attendance were Earl, Jon Joseph, Peter Riley, and Mike Davis. I was the interloper. As a result of those two encounters, the following year I attended the WTA meeting, presented a paper, and joined the Association. Each year, we continued the tradition of the Wednesday “Spaghetti Night.” As some members left the organization and new friends were made, this tradition morphed into “Pasta Night,” an annual tradition which continued until a few years ago. As the number of friends increased, it became difficult to find a venue large enough to accommodate all the participants. Ironically, it was the desire for inclusiveness which ultimately led to the inability to continue the traditional dinner of friends. Instead, members now gather in groups on their own, to celebrate the collegiality and friendships that continue to endure, which are a hallmark of the WTA.



Pasta Night 2004



Steamboat 1979



Steamboat 1988



Squaw Valley 2000



MISSION STATEMENT

THE WESTERN TRAUMA ASSOCIATION is committed to the improvement of trauma care through research, education, sharing of clinical experiences, and the development of physicians of all specialties who are involved in the care of trauma patients. The goals of the Association are not only the intellectual growth attained through increased knowledge, but also the emotional growth attained through camaraderie and interaction with family and friends in an environment conducive to winter sports.

