

## **Chapter 32: Fellowship in Milwaukee (1994-1995)**

Armed with my working visa and a Wisconsin State license—luckily, Wisconsin at that time did not require previous US training; nowadays, a prerequisite for licensing in most States are at least two years of US based training—I moved into a comfortable private office at the Section of Trauma, situated in the dark and damp basement of the old Doyne Hospital. Wolfgang's office was on my right; the one opposite belonged to Charlie, the Director of the Trauma. Charlie, in his early sixties, was a bear of a man—tall, large and very dark, of Armenian descent, and was well known in the American trauma community. The main department of surgery was situated at the newer Froedtert Memorial Lutheran Hospital; to reach it one had to trek a long tunnel, and a mile long corridor.

Wearing a new white coat, with a name tag "Moshe Schein, MD, Surgery, Crit Care Fellow", I presented myself before Wolfgang who was busy pounding on the keyboard of his computer with one index finger. "So Wolfgang, finally I'm here. I'm now your Fellow. What do you want me to do?"

"*Vot* do you mean with *vot* do you want me to do! You're the SICU Fellow, *ne*? This means that you're practically running the SICU—you are the bridge between the residents and the attendings. Until today each team of residents cared for its own SICU patients, reporting to the responsible attending surgeon, but from today they will report to you. *Zo* go up and start working." Wolfgang's attention returned to his computer's screen—apparently, I was disturbing him.

"But, I don't really understand what exactly I should be doing in the ICU," I persisted, "you see, this is my first day of work in America. I know nothing about the system, the chain of command, who does what and I have never seen an American hospital patient's chart, and what if a patient needs an abdominal re-exploration—who would decide about this and who'll do it, and anyway, who is my Boss —you or the individual attendings?"

Wolfgang gazed at me irritably, I could see the long hairs growing on the tip of his nose —I had a sudden urge to pluck at them: "Moshe, look, you

were a senior surgeon, right, you saw everything. So just walk up to the ICU and start to manage the patients—and show some leadership!”

“Don’t you want to introduce me to the residents and ICU nurses?”

“No need. Introduce yourself. *Ach, scheisse*, one more thing—as of this week I want you to organize the residents’ ICU weekly symposium.”

I sensed that something here is not *kosher*—bizarre, but I had no choice but to obey and play the game. “OK, well, I’ll try to play the role of the ICU Fellow, but I have to warn you that my last close involvement with the science of critical care was six years ago.”

“Ach you’ll manage. By the way, I want you to look at our experience with planned re-operations, this would be a great publication, and you’ll write it with me, and I want you to get involved with the pilot study funded by *Merc ...und...* what I wanted to say, yes, start to prepare a lecture on the advantages of *Sepraticillin* in severe intra-abdominal infection. This will be for the Bermuda meeting next month. *Klar?*”

“But, but, I have never used *Sepraticillin* and know nothing about its advantages, so why don’t you let me start and function as the ICU Fellow and find somebody else for the lecture?”

“Moshe, Moshe,” Wolfgang laughed, “for a Jew you are *zo* innocent, the Jews I knew were so much cleverer. It doesn’t matter what you know or don’t know about *Sepraticillin*. Just prepare a lecture about its advantages and let the Mayer Company of Basel fly you to Bermuda, with your cute little Swiss wife, and now do leave and let me finish this chapter, *scheisse*, suddenly everybody is asking a chapter from me, this is what happens if one is famous, listen, I won’t be able to finish it and the day after tomorrow I have to leave to Bogota, *ya*, the South Americans just love my talks, so perhaps you could go over it, see what’s missing and polish it, Jessica will give it to you on a diskette.” Jessica was Wolfgang’s secretary.

I navigated the long tunnel to the Froedtert Hospital where the SICU was situated. I had to stop a few nurses and ask for directions. I took the elevator and climbed to the second floor— or was it the third? I do not

remember—and entered the SICU. It was a typical surgical intensive care in a large university hospital: at least twenty patients' cubicles surrounding a vast central space, where around elevated desks, numerous people—mainly females in different types of uniforms— were involved in some hectic activities. A few young and tall doctors, in scrubs, stethoscopes hanging on their necks, were running around.

*You are the ICU Fellow, you manage the place, show leadership.* But to whom should I speak? I approached a senior looking lady in an impressive uniform—surely she had to be the head nurse: “Good morning, my name is Schein and I’m the new ICU Fellow, you must be the head nurse?”

The lady lifted her head from the chart and smiled politely. “Sorry, but I’m one of the nutritionists, the nurses sit there.” She pointed to the direction.

I repeated my introduction to a group of nurses, drinking coffee and chatting around a few monitors. They looked at me with amazement —who is this guy?—and little interest—what does he want from us? One of them bothered to say: “Welcome Doctor, I think you should speak with one of the attendings.”

“Where are they?”

“Oh, they have already rounded, they’ll be back tomorrow.”

*Show leadership.* I noticed a group of young doctors entering one of the cubicles and I followed them. “Hi guys, you must be surgical residents, right?”

“Yes, we’re the ‘blue team’,” one of them replied.

“Well, my name is Schein and I’m your new ICU Fellow. Do you mind if I join in your rounds?”

In their eyes I read something like who the fuck is this foreign clown, doesn’t he see that we’re busy, but I had to persist. “What are your names and which year of residency are you doing?” I asked and shook their hands. “Would one of you present this patient to me, please,” I said.

They looked at each other and silently noticed that they had no choice but to comply. “Ok,” said one of them, a tall, blond, beanstalk of a man, “this

is Mr. Jones, ten days after a blunt trauma to the chest and abdomen; status post splenectomy. His flailing ribs were wired..."

"Operative fixation of flail chest? Is this still done?" I asked. "To my knowledge all studies showed that non-operative treatment is as good, if not better."

The beanstalk shrugged: "this is the policy of our thoracic surgeons."

I saw a large plastic bag with milky contents connected to the patient's intravenous line. "What's that? Why is he getting parenteral hyperalimentation?"

"All our trauma patients receive hyperalimentation, they are catabolic, you know," said a shorter, baby faced resident.

"Can't he eat?" I asked. "He's two weeks after laparotomy, right, I bet that his gut is functioning, so use it. Stop the unnecessary intravenous nutrition, which is costly and risky and feed him, use his mouth." Silence.

"What medications is he on?" I asked.

One of the residents lifted the patient's ICU chart and read:

"*Vancomycin, cefataxime...*"

"What?!" I interrupted him, "why does he need these big guns, is there any evidence of infection? To me he seems all right—no fever, no elevated white cells count, why do you poison him with antibiotics, inducing bacterial resistance and wasting money? Stop all antibiotics!"

"Doctor Schein. The *vanco* was ordered by the thoracic surgeon, he likes to keep such patients on long term prophylaxis."

"He likes, but where is the evidence? There is no evidence. Just stop the silly drugs." Silence.

I dragged them on a few more patients—more unnecessary hyperalimentation and antibiotics were noticed and stopped —and then they deserted me: "Sorry, but we've a seminar." Satisfied I returned to my shadowy office. *Good, I showed leadership and did some good. After all, this enforced year of fellowship could be fun.*

The next day I returned to the ICU: the nurses still ignored me, and I ignored them. I saw no residents around —I didn't even know where to find them, the entire system was alien to me. So I rounded alone, writing notes in the charts and changing orders. Back at my office I met the few attendings who belonged to the section of trauma; they shook my hand, said hello, and from then on, over the next year and half, only spoke to me if I addressed them first. Charlie, the section's chief invited me to his office and welcomed me cordially. When I complained that I wasn't sure as to what exactly I would be doing, he smiled and said: "This is Wolfgang's problem; he wanted this fellowship program, he organized it, he convinced the Chairman, he's the program's director—you are his baby. To tell you the truth," he smirked, "there was and is an opposition in the department to the idea of having an ICU Fellow; for many years each of us had managed his own ICU patients—we are all ICU experts, ha, ha—so no one understands, except our dear Wolfgang—what your role will be. Where's Wolfgang, anyway?"

"In Bogotá."

"But he just returned from Korea! Listen Moshe, do whatever you wish, enjoy your time here and come to me if you have any problems." Charlie was a great guy indeed!

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That year the winter arrived prematurely, covering the town in snow, ice, and sleet. I retired home for the weekend not expecting to be disturbed. Even though Wolfgang had declared bombastically, "Moshe, the ICU fellow is always on call"—I was never called. But this Friday after midnight, the phone woke me up; it was a nurse: "Dr. Schein, Dr. Wolfgang wants you in the SICU asap." I jumped into my Dodge; the roads were packed with fresh snow, visibility poor—it took me 45 minutes to cover the otherwise 15 minutes distance. I parked and rushed to the ICU where I immediately noticed the frantic activity in one of the cubicles. On the bed lay the patient: his scalp wrapped in blood soaked bandages, his face looking as if it had been through a meat grinder, a tracheal tube in his mouth, a gastric one in what used to be a nose; his neck in a collar, chest tubes emerging from both

sides of the thorax—connected to bottles full of blood. His abdomen bulging like a giant balloon, covered with blood soaked dressings, both lower limbs in splints. Blood on the floor.

Hovering around the bed I counted at least seven people: Jack, a junior trauma attending, three residents and three nurses or whoever they were. *For God sake's—why do they need me here?* No one acknowledged my presence so I ignored theirs, but put on a pair of disposable gloves and opened the patient's eyes to look at his pupil: maximally dilated. I took a flashlight from my pocket and shined at the pupils—no response—fix dilated. *Why are they still playing with him? Trying to save his organs for transplant?*

Wolfgang entered the cubicle, his scrub shirt, tight over his bulging girth, was stained with clotted blood. He noticed me immediately: "Moshe, this guy was flown in two hours ago from up north, unrestrained driver, I laparotomised him: shuttered liver, we packed it, took out his spleen, had large peri-nephric hematoma, we did not touch it, flail chest, both femurs gone, Glasgow Coma Scale—3 on admission..."—he spoke like a German general in a Hollywood W-II movie: slowly, carefully, clearly, in short sentences—this was the first time I saw him in surgical "action". "Moshe," he continued, "I want you to learn from Jack how to use the heart-lung pump machine to warm up this guy, he's hypothermic, you see."

*Heart lung machine—is he fucking crazy?* "But, but, Wolfgang"—I was searching for words, not wanting to oppose my new Boss in public—"what about his head? He has fixed dilated pupils, did you scan his head?"

"Ach Moshe, how could we scan his head? His abdomen was blowing up in front our eyes and we had to rush straight to the OR, and now he's bleeding from everywhere, we've got to warm him up to improve his clotting. Jack is conducting a pilot study on the use of the heart-lung machine for re-warming. I want you to help him and to learn how to do it when he is not available."

Pilot study, my ass; the guy's brain is dead. I shrugged and said nothing. I watched Jack trying to insert a large tube into the patient's femoral vein. But patient's EKG line became flat and it was the end. I took

off my gloves, washed my hands and drove home. By now the highways had been cleared, but our slumbering neighborhood at dawn looked like a Siberian village. I lit the fire in the basement and poured myself a whiskey—this was to be my first and last night trip to the hospital during my Fellowship.

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A week or two into my fellowship, I realized that this was a bogus fellowship—that nobody desired a critical ICU fellow, except Wolfgang; and that REC, the Chairman, had approved it only to satisfy the latter and perhaps to accommodate me.

“Moshe, were you writing notes in ICU patients’ charts?” Wolfgang asked me one Monday morning. “People are complaining about it.”

“Of course I did,” I said—I was angry, he, the program director, who continued pushing me to function as a Fellow, had never even walked with me though the ICU—“you want me to round and see patients, right? So I’m rounding, and writing notes.”

“Well, you see, the other attendings are not too happy about you stopping TPN and antibiotics, you should have asked them. And, I have to say also this: from now on you can’t scrub with me anymore, the residents went to REC and complained that you’re taking away their cases, their experience.”

“OK. I don’t care. You wanted me to be a Fellow, I tried. You don’t want me to write notes, to scrub—so what do you want me to do? From now on I’ll be a fictive clinical Fellow, until you can organize it better.”

“Relax, Moshe. You wanted to come to America and you are here. As to the future of your fellowship and American prospects in general—why don’t you consult REC. *Gut?* By the way, is the talk on *Sepraticillin* for Bermuda ready? Do you have it with you? Yes, please hand me the manuscript on Word file and the PowerPoint presentation. I’ll let Beatrice present it, she and her boyfriend will go to Bermuda with me.” This is how I learned that our tickets to Bermuda had been transferred to his daughter—a first year medical student.

One morning I was summoned to the office of the Chairman of Surgery. I ran over across the long corridor and was ushered into the Chairman's spacious chamber. REC shook my hand and sank his impressive bulk into a leather recliner. REC was considered one of the last Mohicans of American Surgery: in his late sixties, he was one of the remnants from a generation of "giant" surgeons who had dominated academic American surgery during the second part of the twentieth century—people who had risen to fame based on their surgical clinical and academic leadership, not only their money-generating skills. Of Irish Upstate New York stock, REC had— in addition to his intimidating frame and a large plethoric face, crowned with white, rich hair— a loud and forceful voice, which dominated lecture halls. He had been famous in America and abroad—there was no surgeon who hadn't read one of his books or hadn't practiced one of his methods.

"Well, Moshe" he started, "how many months do we have you with us? Three, Four? My sources and I think that you need a little help in adjusting to this new environment, eh? You see; in America in order to get on better with people you need to *schmooze* them. I was thinking about it and ... well, yesterday I called a big shot Rabbi here in Milwaukee. I talked to him, told him to teach you how to charm and *schmooze*. Take this phone number. Call him, go to see him and report back to me. I want to see results."

I was surprised. What does he want from me? "Did I do anything wrong?" I asked.

REC fiddled with a paper knife— his fingers, like the rest of him, were large and pink; he was a gourmet cook and a wine aficionado—and smiled: "Wrong? No, you did nothing wrong. You simply find yourself in a difficult situation and on unfamiliar grounds. As to the fellowship, I understand that there are problems, but do not take it personally. Just enjoy your time and spend it as you wish, write with us—I know that you are a writing machine—and do not worry, at the end of this year we'll find you a suitable position. Consider this a year of adaptation to America. Now go and see this Rabbi."

The Rabbi, a bearded and bespectacled dark man received me in his small office at a local Jewish Cultural Center. We spoke in Hebrew.

“Tell me, who, for God sake, is this Dr. REC? Last week, a man I have never heard about calls my office and commands me to educate one of his doctors! ‘Teach him how to *schmooze* Americans- make him a *mensch*’. Who is he at all? Does he think he is a God?”

I and the Rabbi had a long chat over black coffee. “Look” he said, “for over twenty years I serve as a Rabbi around the Midwest. I know these Americans well, Jews and Gentiles—he pronounced the *gentiles* like *genitals*—alike; they are tough within but sweet and polite outside. We are the opposite, but here you must behave like them: smile, smile and smile—all the time and think what you think. Understand? That probably is what your Boss REC wants me to teach you”.

At the door the Rabbi added: “You know what? How many years am I a Rabbi? Um? Never, do I remember hearing about a Jew being referred to a Rabbi by a *goy*. REC is not a Jewish name, ha?”

Two weeks later I was summoned again by the Chairman. “So Moshe, how was the Rabbi? What did he say? Learned any good *schmoozing* techniques yet?” A big and hearty laugh.

At the end of the academic year, the graduating chief residents organized a party for the surgical faculty; during which the latter were subjected to imitations and ridicule—Wolfgang was mocked as a large German; I observed him during the show: he pretended to laugh and enjoy it, but the sweaty red face showed otherwise. One by one each attending surgeon was put to different measures of “abuse”, except of course the almighty Chairman. The Chairman was not ridiculed, but worshipped. When his pre-recorded commanding loud voice blasted from the ceiling, all residents fell down to their knees—the ‘Lord’ had spoken. For the residents he is ‘God’, I thought—the Rabbi should have seen it. To me this “God” also proved to be a *mensch*.

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From November to late April, Milwaukee was submerged in a cruel arctic icy winter. Even when the sun appeared and the sky turned blue for a few hours, fierce winds continued howling from the frozen Michigan Lake.

I took up REC's advice and buried myself in the gloomy basement office and wrote papers and book chapters. Nobody spoke to me—except Wolfgang, Charlie—the chief of trauma—and REC. It was like in the UK again, but eight years later. Again, I learned that if you do not have a meaningful clinical position, you are ignored—you are nobody, and people don't waste their time on you—whoever you were or are. And gradually I started perceiving that being imported into the system by Wolfgang was one of the problems: a foreign protégé of an unpopular foreigner—he himself a protégé of the Boss—is in a serious predicament. That Wolfgang was unpopular I detected from casual remarks made behind his back by attendings that made fun at his Germanic persona and attitude: "The man is out of touch," I overheard one of them say, "does he ever read American newspapers?" And of course the residents adopted the attendings' scorn against the surgeon who did things "differently".

Partially, I think, Wolfgang brought it on himself by his supercilious, proud attitude: I remember him standing up in one faculty meeting, smiling his little arrogant smile and proclaiming: "In Germany, we would have done it differently and we would have no such problems..." This drove the Yanks mad. Didn't he know that Americans do not care—and hate to hear about how are things are done elsewhere, and above all in Germany—from that clownish Kraut. His other problem, I believe, was that he was the Boss' -- REC's, protégé; a foreign, non-board certified surgeon parachuted into the department as a full tenured professor. This must have irritated the locals. I was amazed that Wolfgang, with his thick Teutonic skin and immense ego, failed to sense the animosities towards him—"they love me, there're such good friends" he used to boast to me. Immediately after REC went into retirement Wolfgang's head rolled under the guillotine, but this only took place a few years later.

So from Wolfgang's clinical Fellow I, non-officially, became his Research Fellow. Until then I always had been a one-man publishing team — I had always written for myself, not for somebody above me; but here it changed. One day Wolfgang, after returning from some national meeting, told me proudly: "I flew first class with Dr. Nyhus of Chicago, he invited me to write a commentary on the treatment of intra-abdominal infection for the next edition of his book, you know, *Mastery of Surgery*. Would you start working on it? I will be leaving tomorrow, to New Delhi."

This was a prestigious and internationally acclaimed surgical text, and I was happy to have been asked to co-author the commentary with Wolfgang. The latter didn't utter the word "coauthor" but he asked me to write the piece and I assumed, naively, that in academia, when you write something, you deserve to put your name on it.

When Wolfgang returned from his Far East tour, the 2000 plus words commentary—a mini chapter— was ready on his desk with a floppy disk. "Thanks Moshe, I will look at it," he said. A few weeks later I asked, "Did you like the commentary?"

"Ya, ya, not bad, I made a few changes; it has already been submitted, the book should be out in three months."

"Am I the first or second author?" I asked, predicting that he put me second but already resigned to such fate.

"Moshe, I am the sole author", he replied. I did not notice any embarrassment in his demeanor, as if this was the standard of academic conduct. "You see, it was a commentary, not a formal chapter, so only more than one author would not be appropriate." I was stunned but said nothing—he was my only friend and protector in this frigid Midwestern wilderness. Later on I saw the fresh copy of this book on Wolfgang desk; my commentary —he added a few words to it—read well. It was then when I understood, and decided, that if I want my name to appear in surgical books, I have to write my own books.

But despite this “confiscation” of intellectual property, although not an isolated phenomenon, Wolfgang proved a kindhearted and concerned person. With Wolfgang I traveled to my first national surgical meetings: I remember driving the night away in his minivan, him snoring at the back with his long legs stretched forward—the stench of his feet reaching my nose. We shared the hotel room for which he could be reimbursed—me not.

Quite often Wolfgang invited us to his home for dinner, after which he routinely would drag me to his study, leaving the wives over coffee in the living room, to show me his new PowerPoint slides. Wolfgang was a good public speaker and enjoyed popularity on the international—less so on the national—surgical lecture circuit. Sitting at his side, I learned that to prepare a surgical lecture is not a science but an art: accurate data are not as important as the beauty of the PowerPoint slides. If you do not have accurate data, or have no data at all, you can create it with your *mouse*. A color graph looks more attractive than when larger figures are included, so if you did a certain operation only on 23 patients why not add a zero to make it 230? A lecture has to impress, to capture the audience—fiction often helps.

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In the middle of May the spring arrived in a great hurry. Over a week or two the trees covered up with leaves and the vast grass meadows turned from yellow to green. And just when the flowers began popping up in the gardens the summer emerged. We watched these revolving Wisconsin’s seasons as outsiders for we realized that we were not here to stay.

We were outsiders in our daily lives, like I was an outsider at the hospital. Obviously the boys developed a few friendships at school but we, their parents, suffered the fate of adult immigrants in foreign lands —social isolation. So we lived amongst ourselves, walking the lovely neighborhood during the scented sunsets, eyeing the lakesides properties—old Wisconsin mansions with outlying brown red barns—toying with the idea of possessing one but knowing that ‘this land is not ours’.

Heidi spent her energies at the gym where she was teaching classes of aerobics, and I at the computer—a black and white museum piece, DOS, no

windows—donated by Wolfgang. It was there, in the gloomy basement room, where I started to associate with SURGINET—an international surgical discussion forum on the Internet, just then founded by Tom Gilas of Toronto. To me it started to serve as an outlet for my surgical voice, which was muted locally.

Social life? The little social interaction we had evolved around Wolfgang and his wife. There was Doug, the owner of our house, a skilled factory worker of Polish extraction and his wife, a school teacher, who visited us to check on “how’re you guys are doing?”; or a drink in their modest house or at a restaurant. In general, over the ensuing years we would find the hard working blue collar Americans a welcoming, kind and cheerful lot — easier to interact with than with the higher classes. Invitations to Americans homes were so rare that each event is easily recalled: a superb dinner, together with the Wolfgangs, at Charlie’s—the chief of trauma: high quality wines and brandies were poured liberally and the atmosphere was relaxed and congenial. A dinner—was it during Chanukah?—at a riverside mansion of a Jewish pediatric surgeon. Here the mood was cool and no wine was poured —again I could sense the condescending attitude of the rich and well established local Jews to the Israeli immigrants —who are not members in their beautiful Jewish Community Center (JCC) and do not attend their magnificent *shul*. Later on they invited us for Passover *Seder*, but we and our sons did not feel at ease in such a semi orthodox Jewish environment; like one would feel amidst missionaries. We declined the invitation.

Why didn’t we belong to the JCC in Milwaukee? We do not have the money, or we lived too far away— at least that was our excuse; but in reality we simply did not feel like associating with “them”—the well to do American Jews, so foreign to us as their South African counterparts had been before. Was it an error on our part? Of course it was! Allowing successful locals to be condescending to you, letting them engulf you with their superficial warmth, pretending how grateful you are to them for going out of their way to accept you within their elevated community, demonstrating enthusiastically how impressed you are with their ways of life and how much you enjoy it—is the

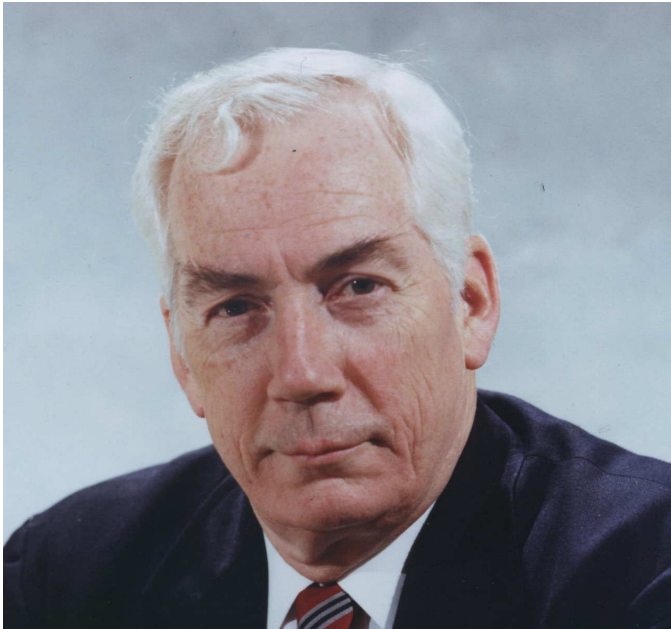
first step of successful assimilation. And not willing to play the game, in Milwaukee, or wherever we went subsequently, we remained eternal outsiders—with only one foot on the ground. Years later we paid the prize for such aloofness, especially in a small town like Keokuk, Iowa, where the fate of everybody is determined on the golf course, and during drinks afterwards in the country club. For only in such scenarios does the local meritocracy accept the foreign doctor, letting him be “almost one of the boys”. Social integration is the key for success and survival for the immigrant —aloofness makes him vulnerable. And being an aloof, a standing apart Jew is the worst.

I mustn't forget to mention Jessica, who was Wolfgang's personal assistant. She was a Greek American girl in her late twenties; a college graduate who was wasting her years in Wolfgang's office, accommodating his tyrannical ministrations. Jessica had that Greek look: petite but fleshy, large breasted, short and plump legs —definitely not exactly “my type” —but she had a soothing soft voice, a ringing laugh and was well read. In the prolonged darkness of that subterranean office space, Jessica, with her Greek soul, had become my antidote to loneliness and depression. Later on she moved to New York, finished a higher degree and married.

My Year of Fellowship year was coming to its end, but as hard as I looked for it, I couldn't find another job. Simultaneously and acutely, the great Chairman REC was manipulated out of his position by the new Dean of the Medical College. So the man who had brought me to America, and promised to help arrange my future, was moving out of his chancellery on his way to retirement—Wolfgang could not guess at that time then that his own days were numbered—while my own contract was expiring. I had no Green Card, the Visa we had was dependent on continued University employment, and whatever we had in the bank could not suffice for more than a month's survival. Was this to be the end of our short lasting American dream? We asked ourselves. Where should we go now? Back to Haifa? No, I wouldn't give those bastards the pleasure of seeing me coming back defeated,

begging for a job. I wrote to my friend Roger in Johannesburg, asking for a position in his hospital, Baragwanath, and for a loan, to buy flight tickets back to Africa.

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REC



Heidi and Dan in our garden