TEAM EVEREST

By Janis Tupesis, MD

I met disabled mountaineer Gary Guller in fall 1999, my second year of medical school. I was at an adventure travel expo in Madison, Wisc., and at the end of the day I stopped at Gary’s booth, where he was giving out information about an upcoming Everest expedition. An hour later, he would ask me a question that would change my life. “Are you a doctor?” I hadn’t realized that I was wearing a University of Wisconsin Medical School sweatshirt. A year later, I found myself on my first Everest expedition.

Gary had been injured in a skiing accident in Mexico in 1996. After many failed attempts at rehabilitation and experimental surgery, he decided to have his left arm amputated. Although Gary failed to make Everest’s summit on our 2001 “Anything is Possible” expedition, he came back to the United States and started planning his next attempt. Before long I received an e-mail with the subject line “Everest 03?”

This would be a trip like no other. Along with his summit attempt, we would guide a group of disabled athletes to Everest’s Base Camp — 17,500 feet above sea level.

In fall 2002, I began to familiarize myself with my new teammates. There was U.S. Army Capt. Barry Muth, a C5/C6 quadriplegic injured during military duty in Saudi Arabia, and Gene Rogers, another C5/C6 quadriplegic who was injured in a fall when he was 17. Also joining us were paraplegics Riley Woods, injured in a skiing accident while at West Point; Matt Stanridge, injured in a motorcycle accident; and Mark Ezzell, born with spinal bifida.

Rounding out the group were people with other disabilities ranging from single amputations to hearing loss.

Los Angeles. From there, we embarked on a journey through Taipei and Bangkok to Katmandu. From day one we encountered difficulties that would face us for the next two months. Unlike American Airlines, foreign carriers make the aisles narrower. We had to rig a makeshift wheelchair to get some of the guys to the bathroom and back.

Our flight from Katmandu to the tiny mountain village of Lukla — the trailhead to Mount Everest — required similar ingenuity. We flew on two small planes in which a few of the back seats had been taken out so we could strap the wheelchairs to the aircraft. The 40-minute hop over a mountain pass dropped us out of the clouds and onto a bumpy landing on a tiny airstrip. It was there that our climb to Everest began.

In the days before we left the United States, I had many conversations with Gary about the logistics of getting the men in chairs across the treacherous terrain up to base camp. For months we had talked about different options, including using yaks or horses. We eventually came up with a somewhat unorthodox plan. Porters in the Khumbu region of Nepal use modified bamboo baskets called “dokos” to carry loads up and down between the villages. It is not uncommon to see a small, very young porter carrying loads of up to 200 pounds. Our plan was to modify these bamboo baskets so the men in wheelchairs could sit in the baskets to traverse terrain that was impassable by wheelchair. At first it seemed impossible, but after a few days the porters and disabled men had worked out an intricate system that made travel from camp to camp possible.

On April 6, 2003, our historic expedition arrived at base camp on the edge of the Khumbu glacier. It was the first time a group of disabled athletes had made it to this point. On the second day in camp, our sherpas came to us with a proposition: They wanted to set up a complex system of pulleys and ropes on the leading edge of the glacier in order to let some of the men in wheelchairs enjoy the thrill of ice climbing in the Himalayas. We watched with amazement as the guys used ascenders and climbing ropes to pull themselves up the sheer wall of ice. It was, for many of the team members, their own personal Everest.

Two days later I accompanied Team Everest ’03 back to Katmandu to see them safely off. However, my journey was only half over. I would spend the next four weeks overseeing the health of our summit team. On May 23 at 12:15 p.m., Gary Guller became the first disabled climber to stand on top of the world. Guller’s statement spoke for all of us: “This expedition is proud to support the dreams of all people, regardless of their ability or their disability. The freedom to explore and to fulfill goals should be enjoyed by every single person in the world.”

Janis Tupesis, MD, is chief resident of emergency medicine at the University of Chicago Hospitals.

The challenges of emergency medicine extend beyond the confines of a hospital. University of Chicago’s chief emergency medicine resident, Janis Tupesis, joined a group of disabled athletes on a Mount Everest expedition as their team physician. Much of the terrain was arduous for their team physician. Much of Mount Everest expedition as of disabled athletes on a Janis Tupesis, joined a group emergency medicine resident, University of Chicago’s chief confines of a hospital. Medicine extend beyond the challenges of emergency team members more difficult for the disabled (right) and proved even (above, below).

Freedom to EXPLORE

While practicing medicine on Mount Everest, Tupesis (right) attends to a boy’s bleeding nose (far right).

By Janis Tupesis, MD
Thirty thousand feet above the Nile River valley, an Egypt Air jet wings its way southward from Cairo toward Aswan, when a booming voice fills the cabin. “Look down,” Atef Moawad says. “There’s Beni Suef, my home town.” Thirty-two members of a University of Chicago Hospitals group crane for a look out the nearest window, but at 350 miles per hour, Beni Suef was gone fast.

That moment was a metaphor for the whole trip. For nearly two weeks we immersed ourselves in Egypt, both modern and ancient. We crossed the dams of Aswan, climbed steep and narrow passages to the burial chambers of ancient pharaohs. We saw the source of modern Egypt’s power. We stood at the edge of the Sahara Desert and gazed westward toward a barely inhabited wasteland stretching 3,200 miles to the Atlantic Ocean. A few minutes later we plunged into the midst of 6 million people and were brought to a standstill by that fabled event known to Egyptologists as the “Cairo rush-hour traffic jam.”

Yet for all its intensity, the trip passed too quickly, a tantalizing glance at a nation full of paradox and mystery, with the vibrance of life spilling everywhere.

The trip was organized by the department of obstetrics and gynecology to combine a continuing medical education (CME) series with the experience of spending time in a foreign culture. Along with Moawad, Samir Hajj, Judith Hibbard and Mahmoud Ismail, all MDs, and Linda Lepp, the department’s former administrative coordinator, were the planners and implementers of the trip. Among the participants were eight University of Chicago doctors, four others who had trained at Chicago, one hospital lawyer and assorted spouses, friends, children and parents.

“We wanted an update in our specialty, just like in any CME course, and we wanted to learn about some aspects of obstetrics in Egypt,” said Moawad, a native of Egypt who graduated in medicine from Cairo University.

Moawad, a specialist in high-risk pregnancy, was the interim chairman and Blum-Riese Professor of Obstetrics and Gynecology until February 2002, and assumed emeritus status this past summer.

Retirement has enabled him to have time for more travel to Egypt, where he hopes to join in the effort to improve the delivery of health care.

Life in Egypt is colorful and intense, yet hard. If we hadn’t figured out by observing the urban crowding, lack of sanitation and the legions of children we saw at work or play during weekday school hours, we had only to listen to Hany Abdel-Aleem, MD, who lectured our group on “Maternal Mortality in Egypt.”

Abdel-Aleem, of the University of Assuit, located halfway between Cairo and Egypt’s southern border, studied maternal death during childbirth in the Assuit area, where he said there are about 174 deaths per 100,000 births. (In 2000, there were about 17 maternal deaths per 100,000 live births in the United States and about 84 per 100,000 live births in all of Egypt, according to a report by the World Health Organization.)

About 70 percent of those deaths in the Assuit area, Abdel-Aleem said, are caused by hemorrhage, and the reasons are several: underutilization of medical care during pregnancy, overuse of traditional midwives untrained in modern medical techniques and “substandard” care in the hospital.

Some 82 percent of hospital deliveries occur within 30 minutes of arrival at the hospital, he said, and 92 percent of the women arrive by taxi.

“(It) was amazing to hear that maternal mortality is so much greater in Egypt than in the United States,” Moawad said. But the fault, he added, lies not with individual doctors but with a medical service delivery system that leaves gaps in crucial places.

“So those numbers tell you that the protocols and the system are broken down,” he said. “Any doctor can deliver a baby, start an IV, give a blood transfusion. The problem is, where’s the blood bank? Is it ready at all times? Does it have good protocols?”

Joseph Sjostrom, a reporter for the Chicago Tribune, traveled to Egypt with the hospital group, along with his wife, Jane McAtee, associate general counsel in the hospital’s medical legal affairs office, and their daughter, Bridget, then 13.

Hospitals salaries are inadequate, prompting doctors to spend most of their time in private practices, Moawad said. And although he and his wife Ferial will remain in the Chicago area, Moawad expects to return regularly to Egypt to help pursue solutions to the problems he sees.

“I’ll try during my retirement to team with someone in a university or ministry of public health and start a project,” he said. “I’ll try to do what I can in a small way to figure out models, to look into a defined area or population and fix things from A to Z.”

A trip to Egypt provides an opportunity to earn continuing medical education credits and explore an ancient land. Organized by the department of obstetrics and gynecology, the trip included eight University of Chicago physicians, four alumni, a hospital lawyer and assorted family and friends.