

Don Trunkey

A life remembered

Stories, photographs, and tributes from family, friends, and colleagues.

1937-2019

Collected from dontrunkey.com Archival edition · September 2026

About this edition

This volume preserves the 32 published stories, four information pages, and 33 public comments recovered from dontrunkey.com. Stories appear in the order they were published, followed by the photographs and reference pages. Original wording and contributor attributions have been retained, except for the corrected funeral-chapel heading.

The original site was created by Derek Trunkey. This is a family archive draft, not a newly edited biography. Historic statements, links, spelling, and dates may be outdated or inconsistent. The funeral-chapel heading has been corrected to June 23, 1937 - May 1, 2019, age 81, as confirmed by his family. The year 1955 was his high school graduation year; its use as a birth year, and the stated age of 63, were errors in the original heading.

Reader comments appear after the stories they accompany. Photographs embedded in the pages are included where recoverable. Videos remain references. The two locally hosted reference PDFs are appended in their original form; their printed page numbers are independent.

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About this site

Published 2018-08-22 · <https://dontrunkey.com/about-this-site/>

My father is Don Trunkey. He was a renowned trauma surgeon and is finally retired to Idaho. This web site will be about his life and achievements. I will put an interview where my Dad talks about his career on the References page along with some newspaper articles.

If you would like to contribute a story about Dr. Trunkey, please email Derek using “trunkeyd at gmail.com.”

Basic Biography from OHSU:

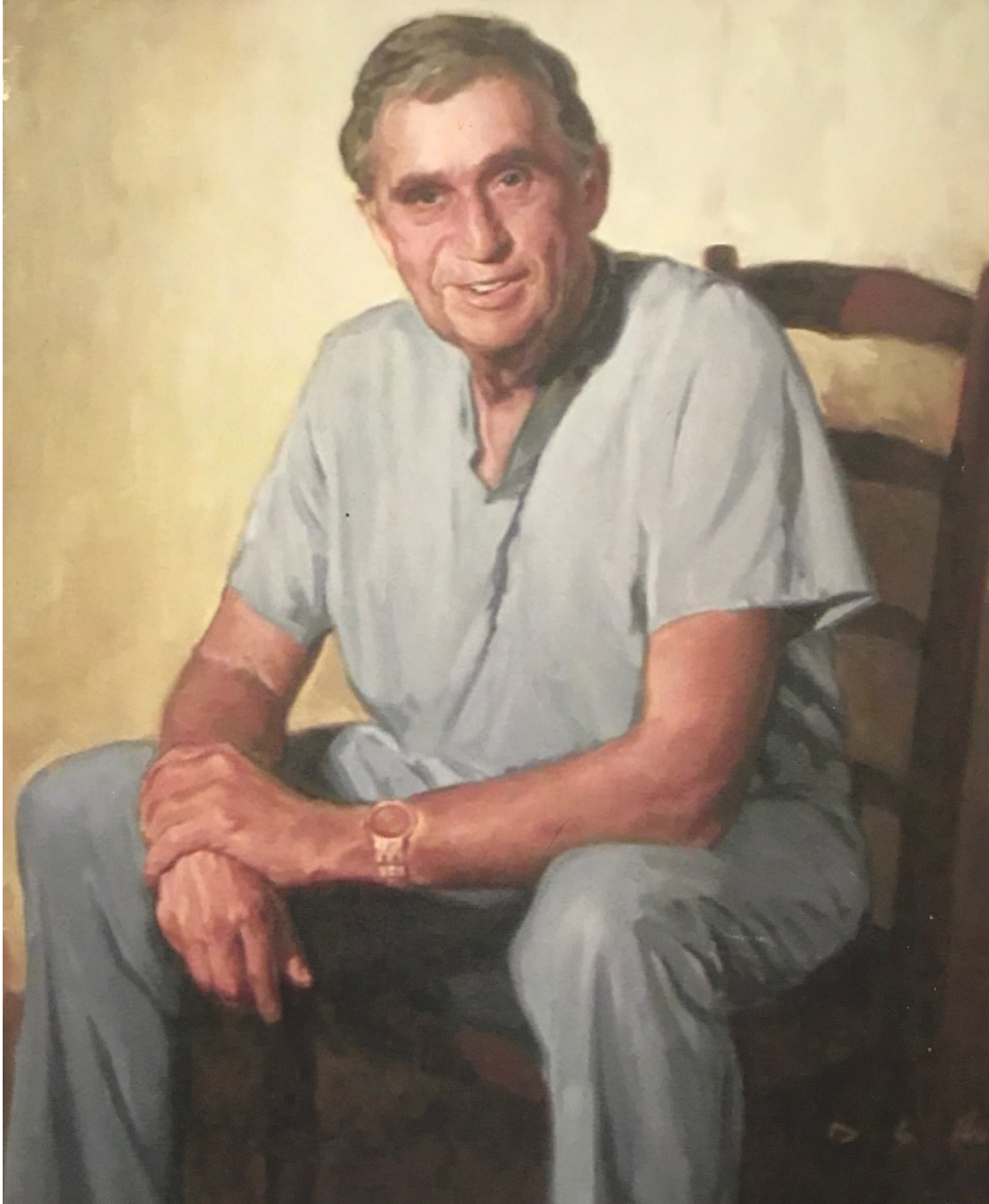
Donald Dean Trunkey was born, raised, and educated in the state of Washington. He graduated with an M.D. from University of Washington in 1963 in the hope of becoming a General Practitioner. He interned under J. Englebert Dunphy at the University of Oregon Medical School, who became his mentor and turned his focus to surgery. When Trunkey was drafted into the Army, Dunphy went to San Francisco to begin one of the first trauma centers. He brought Trunkey in to join him after his service, and also got him a surgical Fellowship in Texas. On his return Trunkey rose to become chief of surgery for San Francisco General Hospital for 8 years. He then came back to Oregon to build a trauma system as Dept. Chairman over the next 15 years. An important interlude saw him as chief of surgery in an army hospital in Saudi Arabia during Desert Storm. After the chairmanship he returned to teaching and lecturing on a global scale as a Professor and Professor Emeritus.

His varied experiences influenced his thoughts and actions on trauma care. In the Army rampant alcoholism led him to institute A.A. programs. In San Francisco the drug wars of the '60s made him both an expert in gunshot wounds, and an advocate for controversial measures like gun control and drug legalization. Work with traffic accident victims led him to lobby for seat-belt and helmet laws. Likewise, exposure to the Texas Burn Unit not only led him to replicate one in San Francisco, but also to research fire-retardant clothing and self-extinguishing cigarettes. His wartime service likewise gave him an up-close look at the current state and problems of combat medicine.

Trunkey's decades-long involvement with trauma and trauma systems led to new surgical protocols of both invasive and non-operative types; the authorship of hundreds of articles and book chapters; the delivery of innumerable lectures; and participation in over 30 professional organizations.

My Dad

Published 2018-08-02 · <https://dontrunkey.com/2018/08/02/hello-world/>



My father is Don Trunkey. He was a renowned trauma surgeon and is finally retired to Idaho. This web site will be about his life and achievements.

Basic Biography from OHSU:

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Reader memories

Merlin Curry • 2019-05-03

I had the distinct honor of working with and learning from Dr. Trunkey.

It started as a paramedic in the Portland area, and I remember the first time I met him. We brought in a victim of a motor vehicle crash and the patient was pretty much dead on arrival. I didn't interact with him that day, but I was brand new and his absolute calm and how he carried himself in the trauma bay has stuck with me to this day. That was in the old ER at OHSU back in 1995 I think.

Later, I worked as a Trauma Paramedic in the new ER at OHSU, and had many great resuscitations lead by him and helped him get patients to the OR alive as fast as possible. In that setting I learned that he was completely unflappable and I try to model his behavior and mannerisms to this day.

Subsequently, as a medical student I got to spend some very distinct time with him as my attending and mentor on a Trauma ICU rotation (along with Rich Mullins, Marty Schreiber, Jen Watter (among many others) that really taught me how to think like a Trauma Surgeon in a resuscitation and in the ICU setting.

I'm very sorry for your loss, and all of our loss. Over the years I have bought his books, read all of his research papers, listened to every lecture I could. He critiqued me on my honors presentation on my

Trauma rotation and was one of the final doctors on the Hill to say goodbye and wish me luck.

I would love to see his collected works pulled together and placed in a special section of the OHSU medical school library. He will forever be a part of me and my practice as a professional and his charisma, charm, calm and caring will be part of my personal life as well.

San Francisco Good Bye Roast - My Dad is a BIG DEAL

Published 2018-08-16 · <https://dontrunkey.com/2018/08/16/san-francisco-good-bye-roast/>

My Dad has really always been impressive to me. Growing up, he seemed to always be a little stronger, faster, and smarter at everything than me (and most other people too). He was an incredible athlete (I think he played 3 sports in high school and basket ball at WSU) and could beat me at everything, even ping pong which I played a lot as a kid. I once saw him throw a grown man over his shoulder out of a raft into the river in a water fight with only one hand on his life jacket. He has close to a photographic memory. He read about a book a week - usually history - and would remember most of it. He knew many constellations and individual stars that I just couldn't retain the same way.

But it took me awhile to realize that he was a really big deal in the world of medicine. I noticed the respect that the other doctors, residents, and nurses had for him on the rare occasion when I visited at work. He was occasionally in the news paper and in 1978 he stared in an episode of Lifeline. That was amazing, but it was more about how he saved individual lives. My Dad's true superpower was changing policy to save people by the thousands. He has a no-nonsense honesty and sincerity that either inspires or offends. He challenged the status quo and stepped on a lot of toes. He was hard to please but sincere in his praise when he gave it. I hope to have other doctors write more about his effect on policy as they know the details better than I do.

One of the biggest examples of when I realized what a big deal he is, was at the party in 1986 that the hospital threw for my dad when he moved to Oregon. I heard many incredible stories that night about my dad. The main roast was by the mayor or former mayor and he had the audience roaring. I wish I had it all on video but I don't. Please share your stories below if you were there.

One story was about how he opened the burn unit while the hospital administrator was out of town. He invited the Mayor and the media so that it would be awkward to close right away. This part is captured in the newspaper article below. I also heard stories about the Moscone-Milk shootings, my dad threatening to fire doctors that wouldn't treat AIDS patients, a patient with an arrow in his backside, a mugging victim shot in the heart in the alley behind the hospital (he lived), and numerous other amazing medical feats.

To view the article: right click and save image to computer, then zoom in. Apparently, the big paper in The tech city is not yet digitized.

Bay Area
Dr. Donald Trunkley, the surgeon who established S.F. General's world-class trauma center, resigned. Page 4.

A San Jose teenager has admitted shooting and killing a bike-riding youth as target practice with a .22 rifle. Page 3.

Four American women are pregnant with frozen embryos that were conceived outside their bodies. Page 4.

Sixty-two protesters were arrested during an anti-nuclear demonstration at the Lawrence Livermore Laboratory. Page 6.

"We're not selling," said a farmer whose land near Livermore the Star Wars project may want to buy. Page 6.

TOP OF THE NEWS

A machine to cure parking problems for \$1 million a year was demonstrated in San Francisco. Page 2.

The 22nd annual Russian River Rodeo has been canceled because of inability to obtain insurance. Page 2.

United Bank was taken over by the parent of Hibernia Bank in a \$39 million deal arranged by banking regulators. Page 47.

Artificial insemination must be performed by a doctor if an unmarried woman does not want the sperm donor to be the legal father. Page 5.

State

The Department of Motor Vehicles has known for years that its net for catching scoff-laws is full of holes. Page 2.

Thirteen North Bay dairies will close down under a federal buyout plan. Page 47.

Two gubernatorial aspirants whose hearts are in Southern California will spend time in the Bay Area. Page 5.

Nation

Secret Service agents have doubled up in hotels since the budget cuts finally hit the White House. Page 5.

The Justice Dept. unveiled cases that it said show the government is forcing federal contractors to meet rigid minority-hiring quotas. Page 5.

A tax plan ran into trouble as almost half the Senate said it would cause "excessive tax hikes" for the poor and middle class. Page 5.

World

Mosammar Khadafy, claiming victory over the U.S., warned European countries that have U.S. bases. Page 8.

Pope John Paul II led thousands of worshippers in Good Friday observances. Page 9.

Weather

Bay Area: Patchy morning fog, otherwise partly sunny and warm with variable high clouds Saturday. Highs, 68-83. Page 14.

San Francisco Ch

The Largest Daily Circulation in Northern California

122nd Year No. 62

SATURDAY, MARCH 29, 1986

16 Years at S.F. General

Trauma Unit Creator Is Leaving

By Katy Butler

Dr. Donald Trunkey, the skilled surgeon who built and ran San Francisco General Hospital's world-class trauma center, resigned yesterday as chief of surgery to become chairman of the department of surgery at the University of Oregon.

He leaves behind him the trauma center, the jewel of the county hospital, where ambulances roll up day and night delivering the nearly dying to teams of surgical nurses and surgeons.

Such medical teams have saved the lives of actress Mary Martin, who was brought here after a horrendous car crash in 1962; Art Agnos, now an assemblyman, shot through the lung and the colon by the Zebra killer in 1973; Nathan Kravner, a University of San Francisco student delivered to the emergency room "dead as a doornail" after being shot on the way home from the movies in 1980.

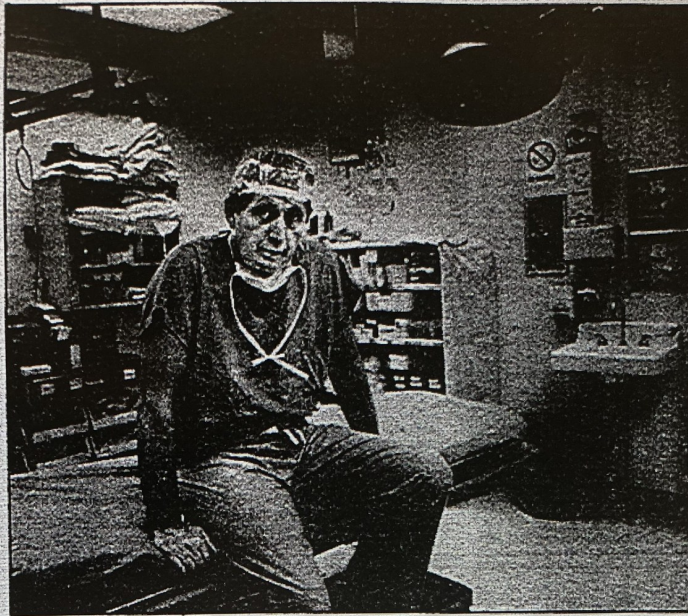
The trauma teams, staffed 24 hours a day, have saved hundreds of taxi drivers, owners of mom-and-pop grocery stores, rich and poor victims of crimes and accidents.

"I love this hospital because of the people who come here," Trunkey said in an interview. "They're just neat, salt of the earth people, first generation immigrants, people without insurance, the working poor. It's a tremendous satisfaction to see someone like that through a crisis. There are very few areas in medicine where you can truly save someone's life and return them to a functioning state."

Trunkey, 48, the son of a farm-machinery mechanic in eastern Washington state who went through the University of Washington on a football scholarship, has been saving lives at San Francisco General for 16 years, putting in 60-hour weeks and practicing guerrilla medicine in the jungle of urban politics.

He was a surgical resident in 1970, and soon learned it took more than good medicine to run a first-class emergency operation in an impoverished county hospital.

In 1974, a 16-year-old high



By Gary Fong

Dr. Donald Trunkey during his last day of work at S.F. General Hospital's trauma center

school student, shot in the heart, died because a wheezy old city ambulance's battery went dead. By the time the youth was brought to the hospital, it was too late to save him, although Trunkey tried, cutting open his chest and massaging his heart.

Then he strode out of the operating room covered with blood, grabbed then-Supervisor Dianne Feinstein, who was coincidentally at the hospital for the trauma unit's dedication, and showed her the dead youth's body.

"I was so angry," he remembered. "If he'd made it here alive, we would have saved him. I just

took her in and showed her this 16-year-old kid. That Monday she called me down to her office, and she drafted an emergency measure that eventually got us nine new ambulances."

At the same time, there was no burn unit in San Francisco that would take the poor.

"One day I took an empty ward and I went to all the hospital departments and basically stole the equipment. We didn't have a whirlpool bath, so we got an old Victorian claw-foot tub for the dressing changes."

"One Friday afternoon after the hospital administrator left, I an-

nounced we were accepting patients. Then I called the press and (then-Mayor) Joe Alioto and got him to come over and dedicate it. When the hospital administrator came in on Monday, it was a fait accompli. It's the most Machiavellian thing I've ever done."

Trunkey became interested in proper trauma care and its potential for saving lives after reading autopsy reports about avoidable deaths. He recalled one case—that of a young husband, sent home from a private San Francisco hospital's emergency room without an X-ray after an awning fell on him. The man died of an easily treated collapsed lung.

Trunkey crusaded for trained paramedic ambulance drivers, linked to trauma-care centers all over the Bay Area, with surgeons standing by 24 hours a day capable and willing to treat anyone.

For eight years he fought what he calls "greed, turf, and competition" in local counties, until trauma-care centers were also established in San Jose and in Napa and Sonoma counties.

Then, falling elsewhere, he

Good and Bad Places to Have An Accident in the Bay Area

If you are in a near-fatal accident in the Bay Area, your chances for survival are best in

San Francisco: San Francisco

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Contra Costa County: No designated regional trauma center. John Muir Hospital is trying very

Good bye roast from San Francisco

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Then, failing elsewhere, he went to the Legislature and lobbied successfully for a law that gives the state the right to designate the trauma centers.

But he made enemies, especially among the emergency physicians who run scores of local "emergency rooms" and would lose patients to such regional centers.

Agnos believes that San Francisco's trauma center may have saved his life. He was shot twice in the chest outside a community meeting on Potrero Hill, and whisked down the hill to San Francisco General on Potrero Avenue and 23rd Street.

"The whole trauma team was out there waiting for me," remembered Agnos, who had a collapsed lung and severe internal injuries. "The resident jumped on the gurney and straddled me at waist, pulling off my clothes, while the team worked on both sides of the gurney as they rolled me down the corridor, past drunks and strung-out dope heads."

"By the time they get me to the operating room I'm nude, and there I see big Don Trunkley's blue eyes looking down at me. For a guy who is one of the most hated men in America because of his ultimate honesty, when he's working with a patient he's so gentle, he's like your mother."

"He's totally sincere, an honest man who only wants to save lives. He offends people who get in the way because of their own self-interest," he said. "He's been a terrible medical politician. He's stepped on too many toes, all for one purpose, to save lives."

His taking a new job in Oregon is "a devastating loss to the Bay Area," Agnos said.

Trunkley and his wife, who have one child in high school and one in college, move to Portland, Ore., on Monday. There he plans to make the same waves he has made in San Francisco.

"Portland is a real challenge," he said with anticipation. "It's even more Byzantine up there than it is down here."

Good and Bad Places to Have An Accident in the Bay Area

If you are in a near-fatal accident in the Bay Area, your chances for survival are best in San Francisco, Santa Clara, Napa or Sonoma counties, according to Dr. Donald Trunkley, former chief of surgery at San Francisco General Hospital.

Only those counties have designated regional trauma centers, where ambulances routinely take all accident victims. There, hospitals are manned 24 hours a day with teams of skilled surgical nurses, neurosurgeons and other surgical specialists. The high volume of trauma patients helps cover the centers' high costs and keeps the surgeons' skills tuned.

The other five Bay Area counties have no established trauma centers. Accident victims are taken to standard hospital emergency rooms, which call in surgical specialists after the accident takes place. Delays can range from 15 minutes to more than an hour.

Although the Bay Area has 100 hospitals, Trunkley says "turf battles and greed" have kept local hospitals from agreeing to a proper trauma-care network. "Meanwhile, people are dying," he says.

Here is how the counties rate, according to Trunkley, and accord-

ing to his 1982 study of avoidable trauma deaths in the counties:

San Francisco: San Francisco General's Mary Martin Trauma Center is internationally recognized as one of the nation's three best, and the best in the Bay Area.

Santa Clara County: San Jose (County) Hospital is "a real class act with great patient care" — a designated trauma center, as is Valley Medical Center.

Sonoma-Napa Counties: Excellent trauma care at Queen of the Valley Hospital in Napa, the regional trauma center.

Alameda County: No designated regional trauma center. "Highland Hospital (the county hospital in Oakland) gets damn little political and financial support. So if you're black and poor and you get shot, you go to Highland. If you're an Oakland policeman, you go to a private hospital. They should either put the money into spiffing up Highland, or let the private hospitals vie for it — on condition they take all patients."

San Mateo County: No designated trauma center, emergency care fragmented between 11 highly competitive hospitals. "Another mess. Absolutely terrible regional planning."

Contra Costa County: No designated regional trauma center. "John Muir Hospital is trying very hard to be the trauma center, but they would prefer not to handle the 'Blue Cross-negative' patients," who end up in the county hospital in Martinez."

Solano County: No regional trauma center. Poor trauma care divided among three hospitals. "One hospital up there is absolutely criminal in what they do. They hang on to people they're not capable of taking care of, and people die of treatable neurological injuries." In Trunkley's 1982 study, 12 of 31 Solano County traffic deaths were rated "preventable" or "possibly preventable."

Marin County: No designated regional trauma center "because of hospital competition over turf, economics and prestige." According to the 1982 study, 14 of 32 traffic deaths were rated as "preventable" or "possibly preventable." Very poor transportation for accident victims from Point Reyes and other points in West Marin. "In our trauma study, one guy in a Porsche who had an accident in Marshall died because there was an hour and a half delay before the ambulance got him to a hospital."

— Katy Butler

New Theft Charges for Huey Newton

By Clarence Johnson

Eleven more counts of grand theft and embezzlement were filed against former Black Panther Party co-founder Huey Newton yesterday for allegedly taking money from a publicly financed school in east Oakland.

With the new charges filed in Oakland Municipal Court, Newton now faces 33 felony counts of destroying public records and diverting state funds to personal use.

State and federal agents arrested Newton last April after he attempted to cash a \$42,000 check made out to the Educational Opportunities Corp., which was run by the

Black Panthers.

Also charged in the case are former party members Mark Alexander, Ralph Moore and Clifford Long.

Newton is accused of embezzling \$67,000 designated for the EOC, a nonprofit organization that publicly financed educational and nutritional programs through the now defunct Oakland Community Learning Center. State investigators claim that most of the money was either misappropriated or received under false pretenses, including more than \$42,000 in state grants obtained in 1982 by inflating the number of eligible children enrolled in the school.

FBI agents also charged that in 1982 Newton and two of his bodyguards received checks and Blue Cross insurance benefits under state grants but performed no work.

The school, financed under the California Department of Education's office of Child Development and Child Nutritional Services, closed in the summer of 1982 after the state canceled more than \$300,000 in annual grants.

Newton, who as head of the Black Panthers advocated armed self-defense in the late 1960s, is free on \$25,000 bail pending a May 9 court appearance to set a preliminary hearing.

Trauma Doctor

FEW MEN have had a greater impact on health care in the Bay Area than Dr. Donald Trunkey, just resigned as chief of surgery at San Francisco General Hospital.

He was not only the physician who built up and operated that hospital's internationally-famous trauma center, but he strove for proper trauma care and its potential for saving lives in other counties as well. For 16 years, Dr. Trunkey served at San Francisco General where teams of skilled surgical nurses and surgeons are on duty 24 hours a day to treat the victims of crimes and accidents. In addition, he campaigned for trained paramedic ambulance drivers linked to trauma-care centers all over the Bay Area.

He was successful in seeing such centers established in San Jose and in Napa and Sonoma counties. And he argued for the legislative act that gives the state the right to designate the trauma centers.

THE DEPARTURE of Dr. Trunkey, who is to become chairman of the department of surgery at the University of Oregon, means a keen loss for emergency medical care in the Bay Area. —

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The Don Trunkey Years at San Francisco General Hospital by Karen Deveney

Published 2018-10-09 ·

<https://dontrunkey.com/2018/10/09/the-don-trunkey-years-at-san-francisco-general-hospital-by-karen-deveney/>

Don Trunkey spent 14 years on the faculty at San Francisco General Hospital (SFGH), the last 8 as the chief of surgery. He was an outspoken, confident, and decisive leader beloved by the staff, faculty, residents, students, and patients because of his warmth, self-deprecating humor, fairness, obvious regard for the opinions of others, and courageous stance to defend “doing the right thing”. He never hesitated to take what he felt was the right and necessary step to improve patient care, even if it was politically unpopular or raised the hackles of someone in power who had a secondary agenda to maintain the status quo or simply save money at the expense of the largely poor or minority patients who relied on SFGH for their care.

After he had completed his surgical residency at the University of California, San Francisco, he spent one year with Dr. Tom Shires at Parkland Memorial Hospital in Dallas doing trauma research on cellular function in shock, then returned to join the faculty at SFGH in 1972. At that time the chief of surgery at SFGH was Dr. F. William Blaisdell, who had been a mentor of Don’s when he was a resident and had played a large role in influencing him to follow his footsteps as a trauma surgeon.

Don established his academic research at SFGH on the pathophysiology of shock under an NIH grant and published extensively on the subject, while focusing his clinical activities on trauma and burns. He had learned a great deal about burn treatment while in Dallas, where the Parkland Burn Center was already established as a national model for care of the burn patient. At SFGH at that time, burn patients were admitted to any surgical bed that was open, not ideal for prevention of infection and management of the patients’ sometimes extensive wounds. They lacked, for example, a (hydration tank) or dedicated procedure room for dressing changes. Don wanted to establish a dedicated burn unit, which Dr. Blaisdell agreed would be a worthwhile and important step in improving their care. Unfortunately, Don discovered that the hospital director was opposed to the idea of a separate burn unit for financial reasons.

Dr. Trunkey nevertheless pressed on, identified some empty ward space, recruited nurses for the unit, found an old bathtub to use, and invited the mayor of San Francisco, Joseph Alioto, to dedicate the “Alioto Burn Center.” Dr. Blaisdell invited the famous chair of surgery at Louisville, Dr. Hiram Polk, to give a talk at the dedication ceremony. City dignitaries were invited. Only on the day of its opening did the hospital director find out about it, but it was already a fait accompli, lauded by the mayor and Director of Public Health, who had found funding for it!

When Dr. Blaisdell left San Francisco in 1978 to assume the chair of surgery at the University of California, Davis, Dr. Trunkey was appointed chief of surgery at SFGH. He served in that capacity for 8 years, until becoming the chair of surgery at the Oregon Health and Science University in 1986. Although he was only 41 when he became the chair of surgery at SFGH, he had already achieved

international stature as a trauma surgeon due to his research, his publications, and his larger-than-life persona. Just the year before, he had co-authored a landmark study that demonstrated the superior outcomes of injured patients who were cared for in a trauma center rather than a private community hospital without special expertise in trauma. He became chief just as a property-tax limitation measure, Proposition 13, had been passed in California that severely decreased the funding available for public services, such as supporting a city/county hospital for the poor. Fortunately, SFGH had by then gathered such high regard as THE place to go if you were injured, that it was able to survive as an institution. Its survival was in no small way due to the skill, personality, and great accomplishments of its leader.

Over the next 8 years he solidified the importance of organized systems of care in achieving good outcomes for the injured patient. He and a small cadre of his contemporaries on the American College of Surgeons Committee on Trauma (COT) established the Advanced Trauma Life Support (ATLS) system as a mandatory aspect of trauma care and developed a system of certification and verification of hospitals' ability to manage trauma patients. He served as chair of the COT from 1982 to 1986. He became a director of the American Board of Surgery, President of the Society of University Surgeons, and President of the American Association for the Surgery of Trauma.

Although Dr. Trunkey was required by his many national roles and his growing international fame to travel from San Francisco frequently, he assembled a distinguished and highly capable cadre of surgeons at SFGH, each of whom had gained expertise in the broad range of surgical and medical skills needed to provide the highest level of care for the most critically injured and ill of our society. He continued the research program begun under Dr. Blaisdell's leadership, but expanded it to include more clinical and collaborative research. He developed the Trauma Foundation as a major force in trauma prevention.

By the time Dr. Trunkey left San Francisco for his position in Oregon, SFGH had been firmly established as one of the nation's foremost trauma centers and its existence was secure. He left an indelible mark on the institution.

Karen Deveney, M.D., F.A.C.S.

The above remarks are drawn from both personal recollection as well as from the excellent account contained in the book, *The History of the Surgical Service at San Francisco General Hospital* authored by Drs. William Schechter, Robert Lim, George Sheldon, Norman Christensen, and F. William Blaisdell.

Reader memories

Derek Trunkey • 2018-10-09

Thank you, Dr. Deveney. I appreciate the details that I don't know. One of my best memories of San Francisco is making wine with you.

Maureen and Chuck Davis · 2018-10-18

Dr. Deveney,

Thank you for posting this very informative biography for our dear friend, Dr. Don Trunkey. We truly appreciate reading about the wonderful work he has done through years, to the benefit of many.

Yours truly, Family friends of Jane and Don Trunkey, ... Chuck and Maureen

Influential Champion for Optimal Care of Injured Patients by Richard J Mullins

Published 2018-10-16 ·

<https://dontrunkey.com/2018/10/16/influential-champion-for-optimal-care-of-injured-patients-by-richard-j-mullins/>

Dr. Donald Trunkey's skill, judgment and indefatigable determination as a trauma surgeon has saved the lives of thousands of patients. In addition, his leadership in the development of trauma systems has saved the lives of millions around the world. In the late 1960s Don was trained as a trauma surgeon at San Francisco General Hospital, a busy urban trauma center. Don recognized that a reason for the success of San Francisco General Hospital was that a surgical team capable of managing a wide range of injuries was always available in the hospital and ready to respond immediately when an ambulance delivered an injured patient to the emergency department.

The team approach was essential to prevent immediate death in injured patients from obstructed airway, impaired breathing and shock. As Don Trunkey pointed out in his manuscript *Trauma* published in *Scientific American* (1983; Vol. 249:28-35) a coordinated team was able to establish quickly a list of the patient's injuries, and with prompt treatment prevent death during the "golden hour" following injury. The foundation of Don Trunkey's advocacy for trauma systems was based upon lessons he had learned in the care of individual injured patients.

Don Trunkey has been a prolific scholar. He has written over 100 manuscripts and book chapters in which he described the optimal treatment of a wide range of specific traumatic injuries. Additionally, Don Trunkey has authored over forty manuscripts that examined the influence of implementation of trauma systems on the survival of injured patients. His influential scholarship in support of trauma systems are evidence of his strategic vision regarding optimal health care.

A seminal paper published by Don Trunkey with co-authors John West and Robert Lim entitled: *Systems of trauma care. A study of two counties* (*Arch Surg.* 1979 Apr;114(4):455-60.) had an enduring influence. The authors studied the patients who died of injury in Orange County, California, which did not have a trauma system, and patients who died of injury in San Francisco, California, which did have a trauma system. These authors determined that in Orange County many injured patients died preventable deaths, while it was a rare event in San Francisco. This study was used to convince the Orange County government officials to implement a trauma system.

After the trauma system was established, and injured patients were taken to designated trauma centers, the outcome study was then repeated; preventable deaths had declined substantially in Orange County. This classic paper has been praised as a model of a process that could bring about implementation of a trauma system. The West, Trunkey and Lim study of preventable deaths in injured patients was duplicated by researchers around the United States who made similar observations of high rates of death among seriously injured patients treated in a hospital that is not a trauma center. These preventable death rates became the incentive for implementation of multiple other trauma systems.

Don Trunkey has been an influential leader in Academic surgical organizations around the world. From the leadership podiums of these organizations Don Trunkey advocated for these organizations to make optimal trauma care of injured patients a priority. His influence on public understanding of medical issues has been enhanced by his persuasive style of presentation and articulate speeches. On one occasion he was featured on a documentary television show (Operation Lifeline. 1978-79) demonstrating the fulltime commitment that surgeons needed to make to treat seriously traumatized patients in those first critical minutes following injury.

In the time period 1978 to 1985 Don Trunkey was an active participant and then leader of the Committee on Trauma of the American College of Surgeons. Don Trunkey described that he and his colleagues on the Committee were “busy trauma surgeons, and we wanted to change the care of trauma patients in the United States.” Don worked with the other members of the Committee on Trauma to establish programs that delivered enduring improvements to the care of injured patients. These programs include the Advanced Trauma Life Support course that has subsequently achieved worldwide distribution.

The Committee members published a book that described what trauma centers needed to provide optimal care-i.e. Resources for Optimal Care of Injured Patients. During Dr Trunkey’s leadership of the Committee on Trauma that organization established a program that verified hospitals had the resources needed to function as trauma centers. There were critics of the process to provide oversight of trauma centers. Undeterred, Don persisted as a candid advocate for having seriously injured patients treated in trauma centers where an experienced team was continually ready.

During his military service also called for optimal of casualties of war. From 1962 to 1964 Captain Don Trunkey, US Army Medical Corps, Reserves, served in Germany as a general medical officer. He returned to a military in service 1985. He was 48 years old, Professor and Chair of Surgery at Oregon Health & Sciences University and decided to apply for a commission as a surgeon the US Army reserves, explaining that he was “concerned there were not enough surgeons in the Army”. He would later say his only regret was that he did not return to the Army reserves sooner.

Colonel Trunkey and his hospital unit was called to duty for Desert Shield and Desert Storm in the fall of 1990. His military hospital was in Riyadh, Saudi Arabia and treated injured from the SCUD missile attacks, and wounded soldiers evacuated from the battlefield. At the end of what was a brief war, when others were proclaiming success with a low death rates, Colonel Trunkey wrote an after-action report that was critical of several aspects of the Army Medical Corps response to casualties. He provided several recommendations for how the care of casualty could be improved.

One enduring influence of Colonel Trunkey on the care of casualties of war was implementation of training programs in busy civilian trauma centers where military surgeons could acquire experience in the care of seriously injured patients. Multiple training programs were implemented and substantially improved the care provided to wounded soldiers, sailors and Marines during the war on terror following September 11, 2001 attack.

Thousands of surgeons have met Don Trunkey and been inspired by his wisdom and dedication to the care of injured patient. Many young surgeons have vivid memories of Professor Trunkey taking an

interest in their work. His ability to inspire surgeons has meant that Don Trunkey will have an enduring influence on the optimal care of injured patients long after his retirement through the work of subsequent trauma surgeons who perpetuate his commitment to the optimal care of injured patients. October 8, 2018 Richard J Mullins, MD, FACS.

Reader memories

trunkeyd • 2018-10-16

Thank you, Dr. Mullins. I really appreciate your contribution to my Dad's story here.

Icon in Surgery by Karen Deveney, M.D., F.A.C.S.

Published 2018-10-29 · <https://dontrunkey.com/2018/10/29/icon-in-surgery-by-karen-deveney-m-d-f-a-c-s/>

Don Trunkey is being honored by the American College of Surgeons (ACS) this month at their annual Clinical Congress as an “Icon in Surgery”, an honor which he richly deserves. Don was the leader among a small cohort of surgeons who played a major role in improving the care of the injured not just in the U.S., but across the world, by advocating for the development of standards of care for trauma patients and defining what specific expertise, resources, and personnel needed to be in place for a hospital to provide optimal care to those patients.

After a rotating internship under Dr. J. Englebert Dunphy at the University of Oregon followed by two years in the U.S. Army in Germany, Dr. Trunkey travelled to the University of California, San Francisco (UCSF) to train in surgery, where Dr. Dunphy had assumed the chairmanship. He developed an interest in a career in trauma during his rotations at the San Francisco General Hospital (SFGH), which was then developing a reputation as a leader in the new specialty of trauma surgery under the direction of the skilled and charismatic chief of surgery, Dr. F. William Blaisdell.

Don heeded Dr. Blaisdell’s advice to study with Dr. Tom Shires at Parkland Hospital in Dallas, one of the most prestigious centers for both care of the injured and trauma research. At Parkland, Don learned research techniques for studying cellular mechanisms in shock and fluid resuscitation. He returned to San Francisco and joined the staff at SFGH, continuing his basic research under an NIH Program Project Grant in 1972, at the exact time that Federal recognition of Trauma Centers was beginning. SFGH was one of the first such centers recognized. At that time, however, most injured patients across the U.S. were taken to the nearest hospital for care, without regard for their preparedness to care for traumatic injuries.

The network of young surgeons who had trained at UCSF extended up and down the state of California, and among them was John West, a surgeon in private practice in Orange County who had completed the surgery residency at UCSF in 1973, just two years after Don. John was distressed at what he felt were unnecessary deaths from basic traumatic injuries such as splenic rupture due to delays in recognition and prompt treatment of their condition. He and Don co-authored a landmark study comparing mortality from equivalent injuries in community hospitals to that at SFGH, a well-equipped and well-staffed trauma center. The study demonstrated the superiority of the trauma center in saving lives.

Throughout the U.S. were hospitals such as SFGH that had also demonstrated their expertise in trauma care. Surgeons at these hospitals were the major members of the Committee on Trauma of the ACS, a committee that had been originally formed as the Committee on Fractures in 1922, but formally reorganized as the Committee on Trauma in 1950. At about this time, trauma was being recognized as a major public health issue, with increased highway accidents due to the development of higher speed automobiles and the interstate highway system as well as inner city violence from knife and gunshot wounds.

Don Trunkey had been appointed to the ACS Committee on Trauma where he served as its chair from 1982 - 1986, joining a small group of like-minded “rabble-rousers” to lobby the ACS for designating hospitals according to a system of standards of trauma care, described first in 1976 in a manual called Optimal Hospital Resources for the Injured Patient. It set standards for what resources, personnel, and policies a facility need to have to render ideal care and divided hospitals into Levels I, II, III, or IV based on minimum standards at each level. They also advocated for providers to be taught and tested in a rigorous course, the Advanced Trauma Life Support (ATLS) course, now in its 9th edition, but a hard-fought battle for acceptance in its earliest days. Don Trunkey was a key leader in development of all of the elements of effective trauma care. These now well-accepted principles, processes, and programs were not initially so readily embraced by the power structure in American surgery, because they represented radical new ideas in the staid, traditional field of surgery. They were, in a word, disruptive to the status quo.

Don went on to lead the American Association for the Surgery of Trauma as its President in 1986, disseminate trauma systems standards, verification, and ATLS teaching throughout the world.

He also served in the U.S. Army as a reservist since his days on active duty in the early 1960's, and was deployed to Saudi Arabia during the first Gulf war in 1991, where he served as commander of the U.S. army hospital based in Riyadh. In the aftermath of that experience, he issued a white paper that suggested necessary changes in military combat care to improve outcomes. Again, this report was met with resistance by those in positions of authority, but all of his recommendations have subsequently been adopted : most specifically, for improved pre-combat training of military surgeons for combat and standardized protocols of care, with damage control care near the combat lines and air evacuation as soon as possible to progressively higher levels of care.

Don Trunkey was, more than any other single person, responsible for the development of sophisticated, state-of-the-art trauma programs in the U.S. His promotion of systematic, sound trauma care worldwide has saved countless lives. He has been tireless in his devotion to the cause and is a larger-than-life figure to all who know and love him. He is the perfect individual for the ACS to honor as an Icon in Surgery.

Karen Deveney, M.D., F.A.C.S.

The above remarks are drawn from both personal recollection as well as from the excellent account contained in the book, The History of the Surgical Service at San Francisco General Hospital authored by Drs. William Schechter, Robert Lim, George Sheldon, Norman Christensen, and F. William Blaisdell.

Reader memories

trunkeyd • 2018-11-01

Thank you Dr. Deveney. My dad was very passionate about preventable deaths- individually but also those caused by bad policy or politics.

Minor Disagreement with Stormin' Norman by Daniel Cavanaugh, M.D., FACS

Published 2018-11-01 ·

<https://dontrunkey.com/2018/11/01/minor-disagreement-with-stormin-norman-by-daniel-cavanaugh-m-d-facs/>



Doctor Don Trunkey, a giant of a man physically and world renowned in the arena of trauma surgery, became a colleague, a mentor, and a friend as we served together during Gulf War I - Desert Storm. Doctor Trunkey was the Chief of Professional Services and the Chief of Surgery of the 50th General Hospital as the unit deployed from Fort Lewis Washington to Saudi Arabia in January 1991. I was assigned as a thoracic/general surgeon, working under Doctor Trunkey 's direction during the deployment. We served at the Riyadh Military Hospital in Riyadh, Saudi Arabia

One evening, in early February 1991, I was the surgeon on call. Following a SCUD missile attack I was called to the emergency room at 0300 hours to see a very ill VIP - LTG John Yeosock, Commander of the Third US Army. General Yeosock was suffering from acute cholecystitis and needed urgent gallbladder surgery. Because of General Yeosock's senior command status, I asked Dr. Trunkey to come to the emergency room to perform a second opinion. Doctor Trunkey concurred with my diagnosis and recommended gallbladder surgery for the general as well. General Yeosock was devastated by the news as he shortly would be commanding all the Third Army Forces for the upcoming ground war portion of Desert Storm.

General Norman Schwarzkopf, commander of all coalition forces, when notified of General Yeosock's illness, began the search for a replacement commander. I had worked under General Yeosock as the Division Surgeon in 1980 when he was Colonel Yeosock, the Chief of Staff for the Division. Because I had developed a great working relationship with him during that division surgeon assignment, he felt comfortable conveying to me how heartbroken he was about possibly losing his Third Army Command.

I immediately spoke to Doctor Trunkey who took charge of the situation. He made an appointment to speak to General Schwarzkopf. These two giants of men spoke eye to eye in the General's office, Doctor

Trunkey assured General Schwarzkopf that we could operate on General Yeosock and have him ready for full duty in less than a week. Although initially quite skeptical, General Schwarzkopf finally agreed to the plan.

Because of security concerns, General Schwarzkopf assigned his aircraft to fly General Yeosock and the medical team to Germany to have the operative procedure completed. Because this was just prior to the days of routine laproscopic gallbladder surgery, Doctor Trunkey stated that we would do the procedure through a mini incision and then use an epidural catheter for pain control.

Doctor Trunkey and I completed the operative procedure in less than an hour and the General did well. In four days General Yeosock walked off the aircraft and reported to General Schwarzkopf that he was ready for full duty. In a few days the General would successfully command the Third Army in the biggest tank battle in history.

Daniel G Cavanaugh, M.D., FACS (Retired)

COL USA Retired

For more about Desert Storm and other adventures see:

Cavanaugh, Daniel G, Soldier/Surgeon - A Memoir, Copyright 2018

<https://www.weau.com/content/misc/4-PM-INTERVIEW-Chippewa-Valley-Local-Authors-496619261.html>

Reader memories

trunkeyd • 2018-11-01

Thank you Dr. Cavanaugh. My dad's version of the story includes a more heated exchange with Schwarzkopf. My impression is that Schwarzkopf and my dad have a similar personality and both want to be in complete control.

Also, I believe that my dad was the ranking medical officer for Desert Storm (since his induction was in the 1960's).

Carrie Ashbac • 2018-11-14

Derek, thank you for sharing this story. I have so very much respect for Dr. Don. He is a rock star in the medical field.

The Day Dr. Donald D. Trunkey Changed My Life. -By Dr. Cory S. Fawcett (former medical student under Dr. Trunkey)

Published 2019-01-02 · <https://dontrunkey.com/2019/01/02/the-day-dr-donald-d-trunkey-changed-my-life-by-dr-cory-s-fawcett-former-medical-student-under-dr-trunkey/>

Many physicians can look back in their life and find a pivotal point, an event that changed the direction of their lives. They may even have several such moments. It could be the day they decided to become a physician, or the day they picked their specialty. For me it was the day I decided to finish medical school and become a general surgeon. I would like to say thank you to the man who created that pivot in my career. I might not have had a career in medicine if it were not for the influence of Dr. Donald D. Trunkey during my fourth year of medical school at Oregon Health and Science University (OHSU).

Our medical school curriculum was laid out to do the first two years in the class room learning basic sciences and the second two years in the surrounding hospitals and clinics. I slogged through the first two years awaiting the time when I could actually do the work of a physician. Physicians don't just sit in lecture halls all day, they help make people well.

I started my third year with a three month clinical rotation in pediatrics. I spent that whole rotation sick. Every bug that came into the clinic was passed on to me. More than one of my weekends were spent hugging the toilet with projectile vomiting. Often the kids couldn't explain what was wrong, leading me to feel like I was practicing veterinary medicine, where you have to rectify the problem without the help of the patient.

I was happy to move out of pediatrics into a different specialty. My next three month rotation was spent in OB/GYN. Working in OB/GYN, like pediatrics was not an enjoyable experience for me. The smells in the delivery room as well as the clinic were not to my liking. And the redundancy became unbearably monotonous.

My third rotation, internal medicine, was at the Portland VA medical center. During this three month rotation the group of patients I saw kept coming back over and over again with the same problems. It seemed like no one was being healed. We saw patients with lung disease who wouldn't stop smoking and diabetics who would return in crisis because they wouldn't take their medications. I felt like I wasn't making an impact on these patients' lives because they weren't getting better.

At this point I was beginning to feel like medicine was not what I thought it was, and what I had been doing was certainly not what I signed up for. I became discouraged. All this work, all those years, and all that money to become a physician, what I wanted since I was a kid, was seemingly not what I wanted after all. I was on the verge of quitting medical school. My heart was no longer in it, which reflected in my medicine rotation grade; marginal with recommendation for another 6 weeks of internal medicine. I was pretty down on medicine.

I had just recorded an album of original music which was a lot of fun. I began to compare the two options: Medicine vs. Music. But quitting medical school is a huge decision with some big consequences. I was on a military scholarship, so what would the Navy do if I quit? How would I feel if I quit? What would my parents think of me if I quit? Could I make a living as a musician? There were a lot of musicians that I knew who were better than me that didn't eat very well and had to bum a ride to gigs.

I decided I would go ahead and start the next rotation which was my final required block, general surgery. I started on Dr. Trunkey's service. Here I was on the verge of quitting and I had to do a rotation with the new Chief of the Department of Surgery. He had only been there for about a year at that time, after having been recruited from San Francisco.

As I started my general surgery rotation, knowing nothing about general surgery, I was assigned to my first day in the OR with Dr. Trunkey. Just the two of us. Can you imagine how I felt, as a medical student, who usually trained under residents or junior attendings, to be assigned to work with the head of the surgery department? I prepared by reading about the case and I felt that I was as ready as I could be, but I was a little apprehensive that morning as I left my apartment.

I got to the operating room before Dr. Trunkey. When he arrived, the anesthesiologist was putting the patient to sleep. Dr. Trunkey seemed to be in a bit of a hurry. He looked at me and asked if I had ever put in a Foley catheter before. I said, "No." I thought he would get on my case for that or snap at the nurse to get the catheter in so we could get going. But, that is not what happened.

The great Dr. Trunkey said, "Go get some gloves and I'll show you how." He walked me through the steps and I put in my first Foley catheter. I don't remember anything else about that day. There is an enormous gap between a medical student and the chief of the department at a teaching hospital. When he took me under his wing and said 'let me teach you what I know,' it changed my life.

Maybe all my prior training was taught by a resident who was at the end of his rope, or a junior attending who was nervous about getting bad results, or a post call tired physician. As a medical student, you don't often get to be the first assistant to a professor. There are just too many other residents and fellows wanting that spot. It was almost like I could hear music playing and angels singing. That day, I experienced what it was like to be a physician. I saw a true leader. I saw the physician I wanted to be.

My attitude took a 180 degree turn that day. The rest of my time on his rotation was one of the best times I had in medical school. On this service, we were fixing things and healing people. If someone came in with appendicitis, we took the appendix out, saved their life and they never had that problem again. If someone crashed their car and ruptured their spleen, we took it out, saved their life, and it would never happen again.

I discovered that I was a fix it man at heart. General surgery was just what I needed. My mind was made up, I would finish medical school and become a surgeon. My grades changed from marginal, to honors after that first day with Dr. Trunkey.

Now my student evaluations said things like: "Energetic, very interested student," "Constantly came to the OR prepared by reading about the case in advance," "Increasing fund of knowledge gained by a

significant amount of outside reading.”

It is possible to go from being a marginal student to an honors student in only one day. I know because I did it with a simple change of attitude. I did it because one man took me under his wing and showed me what it's like to be a great surgeon. I went on to practice general surgery for 23 years and now I am teaching other physicians to have a better life with better financial planning.

I don't know how many medical students, residents, and junior faculty crossed paths with Dr. Trunkey over his career. He graduated from medical school in 1963 when I was only a year old. He stopped practicing medicine in 2007 at about the age of 70 when he was made surgeon emeritus and spent the next 8 years continuing to teach surgeons through lectures before fully retiring. Thousands of physicians were influenced by this one great man, not counting the hundreds of thousands of patients who were benefitted by his teachings in the world of trauma surgery. His influence also had a ripple effect to the thousands of patients I, and others like me, treated because of his influence.

Thanks, Dr. Trunkey, for changing my life and making it possible for me to have a rewarding career in general surgery.

Forever Grateful,

Dr. Cory S. Fawcett

(This article was originally published on Thanksgiving at DrCorySFawcett.com)

Reader memories

trunkeyd • 2019-01-02

Thank you so much Dr. Fawcett. Stories like these are why I created this web site.

Kristi Jo • 2019-01-02

I will not ever tire of stories such as this, about our dad. Thank you so much for sharing your story, with all of us. Kristi Jo Trunkey

Cassie Richard, RN, CEN, TCRN • 2019-01-18

This is the Don Trunkey I remember. I cherish the years of my nursing career that allowed me to work with him. I watched him teach the residents. I attended trauma M&M to enjoy the banter between him and Rich Mullins while learning about trauma. He always had a joke in the trauma bay while we waited for the next patient to arrive. He had a wonderful bedside manner with patients, even when it included a question like “does your mom know you do that?”.

One of my Heros, by Dr. John Mayberry

Published 2019-01-08 · <https://dontrunkey.com/2019/01/08/one-of-my-heros-by-dr-john-mayberry/>

Don Trunkey, as my fellow surgical resident Brian Gilchrist liked to say, was Lincolnesque. Always a calm demeanor, always a joke or an anecdote ready, and always leading others where they were afraid to go. Like Lincoln he was tall, lanky, and folksy and was raised in a rural environment among family that favored hard work. And like Lincoln, he rose to the top of his profession. I never heard Don Trunkey character assassinate anyone. The most negative thing, and it's not even all that negative, I ever heard him say about another surgeon publicly or privately, was, 'He's an iconoclast'. Some people might even say that's a compliment! And that attitude of acceptance permeated down from him into the surgery faculty at Oregon. I consider myself very privileged to have trained with him.

From "Mayberry, John. Pioneers, Heroes, Brooders, Surgeons. American Journal of Surgery, 2019, Published Ahead of Print"

My Friendship with Jane and Don By Dr. Lew Flint

Published 2019-01-09 · <https://dontrunkey.com/2019/01/09/my-friendship-with-jane-and-don-by-dr-lew-flint/>

When I arrived to begin my trauma research fellowship at the University of Texas, Southwestern Medical Center in August of 1971, I was assigned to share laboratory space with another trauma fellow. Upon entering the lab, I noticed my new colleague concentrating on the electrical wave forms displayed on the screen of a very complicated piece of machinery. He turned, showed the grin that would become the defining characteristic of his personality, and welcomed me.

Don, my new lab-mate, proceeded to introduce me to all the research team members. I soon met Jane, Kristi and Derek; after my first son was born in February of 1972, Jane became his baby sitter. We had a wonderful professional and personal friendship during that year; fortunately for me, that relationship continued throughout our entire careers.

Don returned to San Francisco General Hospital and I stayed for a second year of research before finishing my training and joining the faculty at the University of Louisville. Don was making major contributions to the knowledge of trauma systems in the late 1970's and early 1980's; his advice and guidance were invaluable as I began to develop a trauma system for the state of Kentucky.

I loved watching Don use humor and intelligence to become a surgical leader and to work with him while he became, in my opinion, the foremost academic trauma surgeon of the last half of the 20th and the first two decades of the 21st century.

Most valuable, though, was the personal relationship with Jane and Don. For nearly two decades the "Sun-fun family", our group of four trauma surgeon couples, vacationed each January on a select Carribean island. We cooked, ate, drank, told tall tales, made up funny names for one another, and laughed constantly. Jane and Don set the tone that guided the Sun-funs. To be able to live that experience was a joy, a privilege, and an honor that I will treasure forever.

Reader memories

Kristi Jo · 2019-01-09

I love this!!! Too bad the photos from the "Sun-fun group" have been sealed. [wink] Kristi Jo

Reminiscences on Donald Trunkey From a Lifelong Friend, by Dr Dave Richardson

Published 2019-01-15 ·

<https://dontrunkey.com/2019/01/15/reminiscences-on-donald-trunkey-from-a-lifelong-friend-by-dr-dave-richardson/>

I first met Don Trunkey when I was a resident in Surgery in Texas. He was a few years older than me, and was always very cordial and gracious. Many aspects of our career were similar. We both did broad based surgery, but had a particular interest in the organization of trauma care. I would not in any way want to infer that my impact in that regard is anywhere near that of Don, but it allowed me to understand the passion he felt for that cause. Through the years, Don was a visitor in Kentucky on numerous occasions. He and Jane were always great friends, and my late wife, Suzanne, really enjoyed them both. She was particularly fond of Jane.

One could look at a curriculum vitae of a person and glean certain things about their life. In reviewing Don's life accomplishments, there were certainly many. He was a recognized leader of surgical organizations, and I believe if one asked 100 well-informed surgeons with an interest in trauma, "Who was the most influential person in that field in the last 50 years?", virtually all would have the similar response of Don Trunkey. That is a tremendous legacy for any individual in any field of endeavor.

However, laudable Don's accomplishments, they really paled beside the enormous personality that he's always exhibited. To know Don, even casually, was to never forget him. I can remember numerous dinners that we had informally at various meetings, where he would expound on the virtues of some wine he was making or some new food or beverage (usually the alcohol containing-type) that he had recently encountered. This was always delivered with great gusto and bravado. Don and I have both shared an enormous love of learning beyond medicine throughout our lives. We were always sharing book titles with each other about a variety of topics and genres. Truly, Don's larger than life persona made him, in my mind, even more remarkable than his many accomplishments in the field of surgery.

It is my understanding that Don is not exactly himself today, but I certainly hope he realizes the great affection I have for him personally. I know many of our mutual friends feel the same way. To have known Don through these many years is to have been blessed with his enormous charisma and charm.

Reader memories

Kristi Jo · 2019-01-15

Thank you for sharing. He still loves the food and wine you speak of. Kristi Jo Trunkey

Nancy Henry Brandon · 2019-01-15

I am Jane's first cousin who loves her dearly. Reading this wonderful tribute to both she and Don made my day.

Outstanding Trauma Surgeon and Human Being

by Dr Charles Lucas

Published 2019-01-17 ·

<https://dontrunkey.com/2019/01/17/outstanding-trauma-surgeon-and-human-being-by-dr-charles-lucas/>

Thank you for forwarding to me the information that you have collected about your dad. Back many years ago in the early 1970s, I had invited Don to be one of the lecturers at our annual trauma symposium, which is the oldest trauma symposium in America. At the reception dinner in the middle of the program, I was able to introduce Don to my new, young partner, Dr. Anna Ledgerwood, who grew up in the eastern part of the great state of Washington. Dr. Ledgerwood grew up in farm country where her parents were tenet farmers just outside of Pomeroy. Although we were not able to confirm definitely, Dr. Ledgerwood told us that her brother Mike probably competed against your dad on the basketball court when they were in high school. Needless to say, there was an immediate lifelong connection. Incidentally, Dr. Ledgerwood is still my partner and always keeping me out of trouble.

You are very fortunate to be brought up by Don and Jane. Both are wonderful people. Recently, I had the assignment of expressing my views on the most important trauma and acute care surgeons that I have worked with in my lifetime. Rather than talk about all of the accomplishments that your dad achieved in his career, I believe that I can best summarize my thoughts of Don as it relates to this assignment that I accepted. In the carrying out of this assignment, I identified the most important trauma and acute care surgeon by decade. For the decade before Don and myself, I identified that the most important trauma/acute care surgeon in the world was Tom Shires. As you know, Dr. Shires was a very important surgeon in Don's academic development after Don spent a research fellowship with Dr. Shires while he was still in Dallas, Texas.

The most important surgeon for my decade was Don Trunkey. I summarized many of his national and international contributions, which are all nicely summarized by other authors who have contributed to your collection of information about your dad. Thus, I call Don the world's most important trauma/acute care surgeon who was born in the 1930s. What more can I say about your dad!

More important than all of his surgical contributions to the world, Don Trunkey is an outstanding human being. In the midst of all his scientific accomplishments, your dad was always a fun-loving individual who praised generously, accepted criticism graciously, and always was there to help somebody. As I think of your dad, I remember many situations where he went out of his way to help somebody, whether it was a student, a resident, or some stranger walking on the street without knowing exactly where to go. Throughout all of these encounters, he was always humble.

When he was at a national meeting and some admiring resident would finally build up enough courage to ask him a question, he always quizzed the resident about his background until they were able to identify surgeons that both of them knew. Don would then tell stories about that particular surgeon, and by the time they had finished their conversation, the young, shy resident knew that he had a new, lifelong friend. He would also answer the question that led to the resident approaching him in the first

place.

When a practicing surgeon, be he a trauma surgeon or a surgeon who does not do much trauma, would stop to ask Don a question, it usually meant it was about a patient who had complications related to some surgical problem. Don would recognize that instantly and described some of the difficult cases he had that were similar to the patient they would be talking about. In his humility, Don would always identify some things that he did that, in retrospect, he would have done differently. The surgeon who started the conversation always felt rewarded and better informed because of Don's lengthy discussion.

Whenever Don was discussing a paper at a national meeting, he always went out of his way to succinctly support the presenter and co-authors and then go ahead and give his own opinions, which often were different than the authors. This was always done with great dignity and with great kindness to the authors who were presenting their own biases about the treatment of some particular surgical disease.

He was always fun-loving. I remember when I was at your place, which was next to the river. And Don would talk about floating down the river with an inner tube like a teenager might do. He was never too important to have fun like a youngster and to share in that fun with his gray-haired colleagues.

One of his greatest traits was his empathy for somebody who was in the midst of a crisis. His words and the look in his eyes always came from the heart as he shared in the painful experience of the other person's crisis.

In summary, Don Trunkey had wonderful parentage, and he chose a wonderful woman to be his wife.

Reader memories

Kristi Jo • 2019-01-17

Thank you for your comments. I remember attending meetings, dinners, and events where I was witness to these moments you have described. Again, many thanks! Kristi Jo Trunkey

Resurrection by Dr. Russell Strong

Published 2019-01-22 · <https://dontrunkey.com/2019/01/22/resurrection-by-dr-russell-strong/>

In 1977, I visited several trauma centres in the USA, with particular reference to management of blunt liver injuries and spent three weeks at the San Francisco General Hospital with Don Trunkey. It was there that I witnessed a true resurrection.

On Sunday afternoon 27th November 1977, I was seated in the Emergency Department when a call came through from the Ambulance Service regarding a teenage lad who had received gunshot wounds. He was walking along a footpath with his girlfriend after attending church, when two young teenagers jumped from behind a bush, grabbed the girl's handbag and shot her. He went forward to resist the robbery whereupon he was shot in the lower abdomen and as he fell forward was shot again in the upper abdomen/chest.

While being transported to the hospital, an intravenous infusion was commenced in his left arm. An ECG of the patient in the ambulance was shown on a screen in the ED while travelling to the hospital (I had never witnessed this previously) and, as the Ambulance entered the hospital driveway, the ECG went flat, indicating cessation of heart beat.

He was immediately transferred to an operating table in the ED, while simultaneously being intubated and ventilated and a catheter inserted into his femoral vein and Don opened the chest. The heart was flaccid and not beating. He began internal cardiac massage which, together with the rapid intravenous fluid infusion and oxygenation via the endotracheal tube, resulted in filling of the heart and restoration of heart beat and circulation. There was a through and through bullet wound of the heart which Don repaired, together with splenectomy due to penetration of the spleen by the bullet. I am a little hazy about the intra-abdominal wound by the first bullet, but believe it was damage to the left iliac vessels which were repaired.

Chatting to the patient and photographing him in bed several days later (photo) made the classification of a "resurrection" to be real.



Don and his wife Jane have been close friends with Judith and myself for over 40 years and we have spent many, many wonderful times together in different parts of the world, which has included our combined love of wines. After some search, I have found a photograph of us together in formal dress (all the others seemed to have shown us with a wine glass in our hand) and one where Don shows his legs wearing a kilt.



I also enclose a photograph of Don in the Australian outback on one of our trips. He is throwing a spear with a special device, generally called a spear thrower, which were often used by Aborigines to increase the distance they could be thrown, with an expert thrower (probably not Don) getting two to three times the distance he could throw without using one. They have a peg at one end where the spear fits in and the thrower holds it by the other end to throw the spear. The spear thrower instrument is called Woomera. The town of Woomera in South Australia was the site where Australia was involved with the British in developing rockets and missiles, which seemed to be an appropriate name for the Indigenous weapon.



Reader memories

Kristi Jo Trunkey · 2019-01-22

Love it!!! Thank you for sharing, the story and great photos!!! Much love, Kristi Jo

Learning from Dr. Trunkey by Dr Schreiber

Published 2019-01-25 · <https://dontrunkey.com/2019/01/25/learning-from-dr-trunkey-by-dr-schreiber/>

I first met Dr. Trunkey as an intern at Madigan Army Medical Center in 1988. Dr. Trunkey was doing his active duty training there and he was a Colonel in the US Army Reserve. He spent a significant part of a day teaching in educational conferences and meeting with the residents. As an iconic figure in trauma, I did not expect Dr. Trunkey to take the time to personally get to know each of the residents but this is exactly what he did. I was immediately impressed with his breadth of knowledge and his ability to impart it. I still remember many of the topics we discussed that day and the words of wisdom he imparted

During the time Dr. Trunkey was at Madigan, I was assigned the first case of my career as an operating surgeon, a needle localized breast biopsy and I was shocked to find out that Dr. Trunkey, the famous trauma surgeon, was assigned as the attending. So, essentially, right out of medical school, I was doing a case with 1 of the top 5 trauma surgeons in the country. But it was a breast biopsy, not a GSW to the heart but Dr. Trunkey was very patient with me and even with a breast biopsy, he was able to teach surgical concepts I carried with me for the rest of my career. I considered the case to be a success because a trauma surgeon and a future trauma surgeon completed the case without massive bleeding!

That very brief exposure to Dr. Trunkey at the beginning of my career played a huge role in my decision to become a trauma surgeon in the future. As the Chief of Trauma at OHSU, following in Dr. Trunkey's footsteps, I feel honored to have learned from Dr. Trunkey and then later to have served as a colleague.

Martin A. Schreiber, MD FACS

Reader memories

Kristi Jo · 2019-01-28

Thank you got asking to all of these GREAT recaps and experiences involving my dad. Many Thanks,
Kristi Jo

Kristi Jo · 2019-01-28

Thank you for adding to all of these GREAT recaps and experiences involving my dad. Many Thanks,
Kristi Jo

The Best of the Best by Dr. Susan Briggs

Published 2019-01-31 · <https://dontrunkey.com/2019/01/31/the-best-of-the-best-by-dr-susan-briggs/>

Don has been my close friend and mentor for 50 years. I first met Don as a nurse in the Mission Emergency Room, San Francisco General Hospital, while pursuing my premedical studies. His commitment to patient care and advocacy for the underserved populations in the city was incredible. He is the reason I, and many others, found trauma surgery such a gratifying pathway in our surgical careers.

He has been a phenomenal mentor to scores of young surgeons throughout the world, both with his enthusiasm for and experience in trauma surgery. He has set the gold standard for excellence in trauma care- both the art and the science of trauma care. He is the ultimate educator, always willing to take time to share his expertise with all levels of medical providers, prehospital and hospital.

He has been a relentless patient advocate. He has never been afraid to confront the ethical challenges of delivering the highest quality of trauma care, such as “the issue of “preventable trauma deaths”. His publications on the many challenging areas of trauma surgery are held in high regard by surgeons worldwide.

Don is the “grandfather “of global surgery, taking his surgical expertise to vulnerable populations throughout the world, both through his role in the US Army Medical Corp and as a consultant to numerous international trauma communities. He loved to travel and share stories, both personal and professional, with his many international friends.

All of us will always cherish our times with Don, and the impact he has had on the trauma careers of so many of his friends and colleagues.

Briggs, Susan,M.D.

Reader memories

Kristi Jo · 2019-01-31

Thank you for posting!! This brings joy to my heart everytime I see another person share a little history of my Dad and his impact on others.

Thank you, Kristi Jo Trunkey

A Surgeons' Surgeon by Dr. David B. Hoyt

Published 2019-02-27 · <https://dontrunkey.com/2019/02/27/a-surgeons-surgeon-by-dr-david-b-hoyt/>

I first met Dr. Trunkey when he was on a T.V. show on Lifeline in 1978. I was a resident, I was thinking of going into trauma and seeing him being followed around the hospital at San Francisco General and actualize the job, talk about coordination of care to the patient, get after people that weren't doing their job, and generally be a model of leadership created a distinction that I had not seen in my residency and modeled what I had been thinking about.

Dr. Trunkey was a surgeons' surgeon. He was big - yet jovial, he was charismatic - yet kind, and he called it like he saw it. He championed things and pushed for things, even when they created controversy. Those of us following in his footsteps saw that as a model for how to implement a program that would challenge the very fabric of health care delivery. His leadership affected hospital-based systems, prehospital care, the American College of Surgeons, and essentially everything he touched. He was certainly no man's fool but tolerated people whose heart was in the right place in working toward the ultimate goal.

My next encounter with Dr. Trunkey was again when I was a resident, I had decided to go into trauma and ATLS was being offered. We put on a course at the University of California which was led by Norm McSwain and Skip Collicott. Don Trunkey and Frank Lewis came out of the North at San Francisco General, both as leadership icons and participated in our course. Again, rather than as many trauma leaders at the time did, he did not dismiss ATLS but saw it as an opportunity for creating a common language. He threw himself into the course in all respects and we all had a great time getting to know him and following his leadership.

Above all I recall his emblematic commitment to the trauma patient and their care. He led this through his positive influence perhaps more than can be currently measured. He did it with a sense of fun, a sense of purpose, and a devotion to the intellect and history that made things the reason to proceed. One seldom meets a person who when you mention their name gets the same reaction. For Dr. Trunkey it is immediate respect and a broad smile showing his friendly nature and his 'never take yourself too seriously' attitude. America trauma is different, as is trauma around the world because of his major contributions over forty years.

50th General Hospital, by Dr. Tom Hutchinson, COL USA (Ret)

Published 2019-04-09 · <https://dontrunkey.com/2019/04/09/50th-general-hospital-by-dr-tom-hutchinson-col-usa-ret/>

As the Commander of the 50th General hospital during Operation Desert Shield/Desert Storm (1991), I got to know Col. Don Trunkey pretty well. He was our Chief of Professional Services and was always busy keeping the medical/surgical side of things on a straight and narrow path. He presided over our M and M (Morbidity and Mortality) Conferences, and tolerated no nonsense in professional performance or behavior. This was accomplished in the company of a splendid sense of humor.

When LTG Yeosock, our 3rd Army Commander, developed a gallbladder infection and needed surgery, I asked Don to manage the situation as I knew if I were to get involved, I would end up as a middleman which would create a problem-prone situation, not to mention adding unnecessary delays. Don met with GEN Schwarzkopf (the Central Command Commander-and LTG Yeosock's boss) to advise him how medical treatment for LTG Yeosock could be managed; and a decision was made to evacuate the general from the theater of operations and have him treated in Germany. Don and Col. Dan Cavanaugh, one of our General Surgeons, went to Germany with their patient, and performed the surgery. A quick recovery and return to duty followed; setting the stage for the initiation of the Allied ground offensive.

As one of the nation's leading trauma surgeons, Don was always an advocate for documenting wound management and preserving this data for analysis; so that any information that could be identified as 'lessons learned' would be on record. He was particularly interested in seeing that this was done during Operation Desert Storm.

I remember sitting down with Don at Fort Lewis as we were being out-processed for discharge from active duty, and together working on a large stack of Officer Efficiency Reports which were due at that time. Misery does love company.

Don was recognized by the AMEDD (Army Medical Department) for his distinguished career and his contribution to military medicine by induction into the Order of Military Merit. Recognition he justly warranted.

Clinical Congress 2012: Dr. McSwain and Donald D. Trunkey, MD, FACS (center left and right, respectively), were accepted into the Order of Military Medical Merit during the annual COT dinner. Drs. McSwain and Trunkey are pictured with Brian Eastridge, MD, FACS (far left), and Stephen Flaherty, MD, FACS (far right).

The Order recognizes excellence and promotes fellowship and esprit de corps among U.S. Army Medical Department (AMEDD) personnel, and membership in the organization denotes distinguished service that is recognized by the senior leadership of the AMEDD.





After the first Gulf War, Don joined with us in the 50th General hospital Association. In spite of the considerable distance between Seattle and Portland he and Jane were able to make several of our reunions, and enjoyed seeing old friends and visiting the Fort Lewis area.

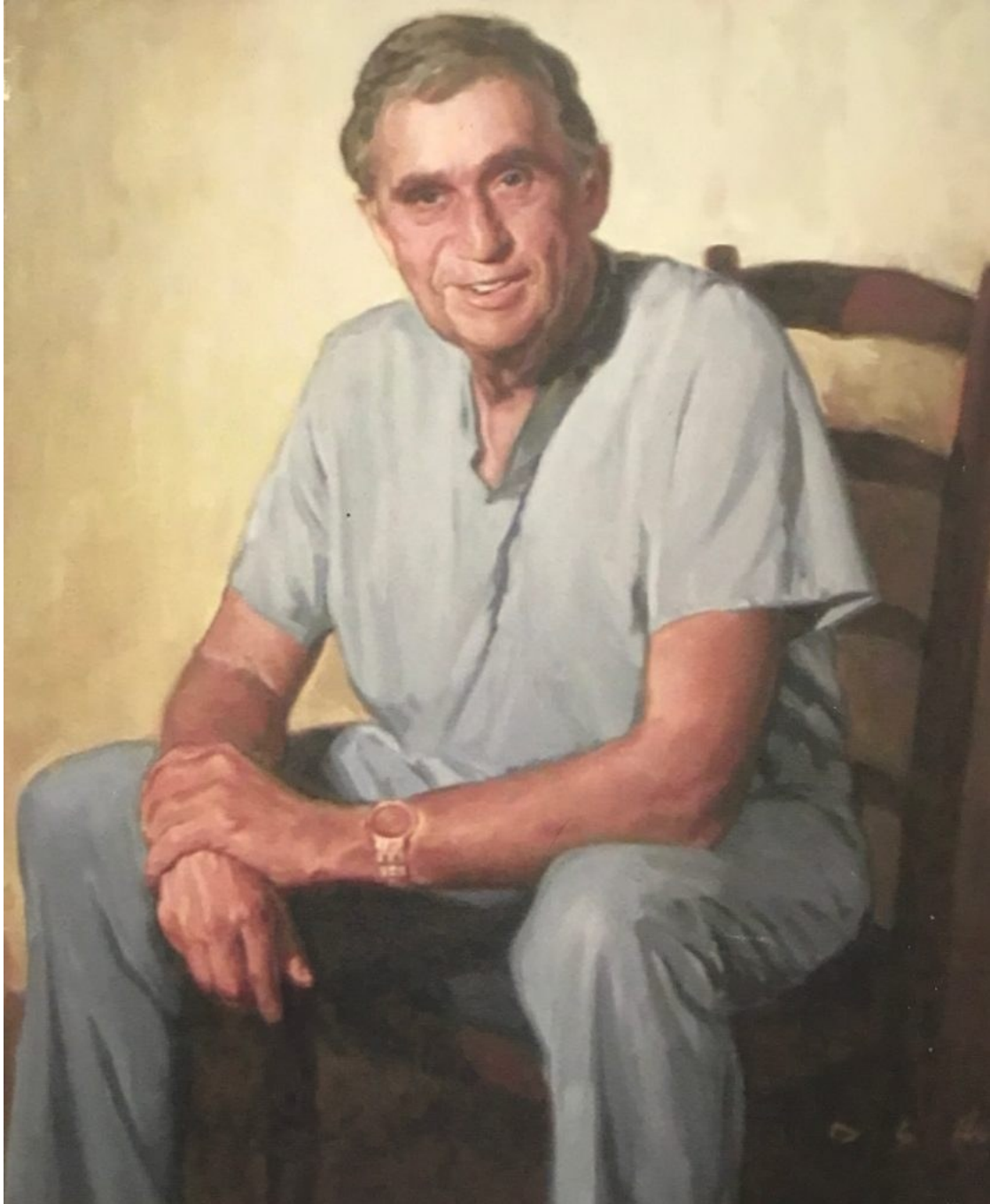
Tom Hutchinson, MD,

COL, USA (RET)

Orthopedic Surgeon

Don Trunkey 1937-2019

Published 2019-05-05 · <https://dontrunkey.com/2019/05/05/don-trunkey-1937-2019/>



Don Trunkey 1937 Born Oakesdale, Washington 1946 First Operation, Castration of pig 1955 Saint John HS 1958 Married Jane Henry 1959 Washing State College BS in Zoology, Also played basketball 1963 University of Washington MD 1964 Oregon Health Sciences University internship 1964 Drafted US Army, Nuernberg Germany 1966 University of California San Francisco, Residency 1971 Parkland

Trauma Service, Trauma Fellowship1972 University of California San Francisco, San Francisco General, Faculty1978 University of California San Francisco, San Francisco, General Chief of Surgery1985 Joined US Army Reserve1986 Oregon Health Sciences University Chief of Surgery1991 Desert Storm 50th General Hospital and After Action2001 Oregon Health Sciences University Professor Emeritus2006 Rotations to Landstuhl Germany to relieve Army surgeons so they could visit home2018 Moved to Idaho

Not commonly known about Don:As a teenager Don shot squirrels for farmers and was paid 5 cents per tail. 22 ammo cost 2 cents so he became a good shot.In High School he worked at a machine shop welding farm equipment and as a projectionist where he often fell asleep and had to be woken to change the reels.He met my mom by repeatedly breaking his nose in HS sports which was set by Jane's father. They also saw each other when St. John played Colfax in basketball and at barn dances.He worked in mines in Montana during the summer in college to make money. He saw his first death on the first day of the job after a minor cave in.He caught the biggest trout of his life fly fishing in New Zealand (about 24 inches).He was an excellent cook.His mom played college tennis and was 5'11". Her family goes back to the Mayflower.His 5th time great grandfather fought in the French artillery at Yorktown and deserted rather than go back to France.He made his own wine with cousins and doctors and won a silver medal in the Oregon State Fair for Pinot Noir (a competitive category)He was in Tiananmen square the night before the 1989 incident talking to the protesters.He also did historical research of surgery including Presidential assassinations and the Lewis and Clark Expedition

Referenceshttps://en.wikipedia.org/wiki/Donald_Trunkay<https://dontrunkey.com/><https://www.youtube.com/watch?v=vVNolaPGF24><https://kingfaisalprize.org/professor-donald-d-trunkay/><https://www.ohsu.edu/.../surgery/about/donald-trunkay-lecture...><http://archiveswest.orbiscascade.org/ark:/80444/xv64010><https://sfgh.surgery.ucsf.edu/.../234.../history%20of%20sfgh.pdf>

Fearless Mentor by Lenworth Jacobs MD, MPH, FACS

Published 2019-05-08 · <https://dontrunkey.com/2019/05/08/fearless-mentor-by-lenworth-jacobs-md-mph-facs/>

Don Trunkey was a trailblazing pioneer for patient care, trauma management and educating multiple levels of trainees in surgical management. I first had the pleasure of meeting Don in the mid 1970s when I was directing EMS for Boston and Boston City Hospital.

He came and site visited the Trauma Center and insisted on spending time observing the Emergency Medical System both in the prehospital phase as well as in the Trauma Center. This was a particularly challenging time since paramedics and emergency prehospital care were in their infancy. He was so helpful both in concept and in detail as to how the system could be improved. He took the time to meet everyone and was particularly kind to me in those early days. He was particularly helpful in persuading the Commissioner of Health and Hospitals on the importance of physician led medical direction and medical control of the system. The very next year he invited me to join the Committee on Trauma and paired me with Norman McSwain. His ability to include everyone both professionally and socially had an indelible effect on me. His straightforward no nonsense attitude coupled with an incredible sense of humor and the willingness to include young surgeons in the decision making process has stayed with me forever. He was always open to ideas and encouraged younger people to present their ideas and concepts at the national level. As you can imagine this was intimidating for a young surgeon to be asked to present somewhat new and different ideas before the icons of trauma surgery. He would always give encouragement and constructive criticism which improved the concept and ultimately it's implementation. He taught me the importance of knowing every single detail of a new initiative or program. Then being prepared to fearlessly defend it with the use of data and good humor. He championed so many positive concepts that have dramatically improved trauma care in the United States and in the world.

The ATLS program, trauma center verification, trauma system implementation, modernization of battlefield care, the inclusion of younger people on numerous trauma committees which allowed them to learn the process and spend a lifetime in trauma care. I think his ultimately legacy was that he always wanted to do the best thing for the patient and his willingness to be a fearless mentor for countless younger surgeons myself included. I will miss his leadership and friendship terribly. Lenworth Jacobs MD, MPH, FACS

Reader memories

Steve Shackford · 2019-05-09

Don Trunkey is the trauma icon for many of us who began our careers in the 70's. He blazed a path for us and pointed the way to improve the care of the injured by developing hospital standards and integrating those standards with trauma systems. His legacy lives on every single day at the bedside.

Kristi Jo · 2019-05-10

Thank you! Kristi Jo

Saving a brother by kindness and respect as well as a little surgery by Linda

Published 2019-05-10 ·

<https://dontrunkey.com/2019/05/10/saving-a-brother-by-kindness-and-respect-as-well-as-a-little-surgery-by-linda/>

It's been more than 30 years since Dr. Trunkey saved my younger brother's life. James was barely 21 when a young man he'd never met before shot him in the neck over a foolish matter. Our local doctor in that small Oklahoma town packed him in an ambulance and sent him to Wichita, Kansas, 60 miles away. He thought the bullet could have hit an artery and that James would need an arteriogram.

He never got one. When James turned 21, My dad's insurance no longer covered him. The surgeon told James the procedure was too expensive and that he'd send some medical students around to look at him. He'd be fine. He told James it was one of the few bullet wounds that could be taken care of with just a bandage.

A few months later, James, a mechanic, reached up to work on a car that on a lift above him. His arm went numb and he could barely move it. The doctor at the emergency room of the local hospital said it was extremely likely to be related to the gunshot wound. He told James he needed to go see the surgeon who'd seen him in Wichita. That doctor told James to come see him on Monday, three days later. James felt powerless. One doctor said it was outside his expertise and the "expert" said, "See you in three days."

Three days later James' arm was horribly swollen. Emergency surgery was performed to remove 11 blood clots from his arm and to repair an aneurysm the size of a hen's egg on his brachial artery under the collar bone.

Why give all these details about James' history? To demonstrate the difference between a real doctor and, by my definition of a doctor, a fake. Real doctors can be busy, even gruff, but they respect you. They make sure you get the information you need to make decisions. They always, always try to save your life and THAT always comes first.

I asked James to come stay in San Francisco with me my husband, Lee Henry. He started a job but called soon after starting it to tell me something was wrong. Lee told him to go to San Francisco General Hospital because he had a cousin working there and they accepted patients without insurance.

This is when Don Trunkey saved James' life. With another surgery on the damaged artery, yes, but there were several more of those in the following years. It was by treating him with kindness and respect. It was by giving James the information he needed no matter how depressing or negative it might be. James' prognosis was very worrisome, but Dr. Trunkey was honest. He was assigned to James by sheer luck, and James certainly got the best surgeon one could get. Dr. Trunkey successfully operated on James, but he also got down into the weeds about how James got into the predicament he was in. He asked James about seeing the initial angiogram because he saw that as standard treatment and found out there was none.

Some people may not like to hear about medical malpractice lawsuits. I'm sure many are frivolous. But James has suffered through seven major surgeries, including grafts taken from both legs to replace the latest failed repair on his artery. James moved back to Oklahoma and soon needed another repair operation. Dr. Trunkey graciously referred him to a doctor in Dallas he trusted. I know that Dr. Trunkey saw James as a young man who had been harmed by callous disregard. He saw him as a vulnerable young kid who needed care and simply did not get it. The results were years of surgeries and fear of the next one.

James did get a lawyer. He did sue the original doctor who told him an arteriogram was too expensive for a little gunshot wound. After many years he won, in part because of Dr. Trunkey's testimony that an arteriogram is standard procedure on a case such as James'.

James has gone on to live a full life. He has four children and grandchildren. He loves to fish, he still works as a mechanic, but he will not be able to have another artery repair. The artery is too fragile. He knows from his doctors what the eventuality is. But he's at peace with that.

My whole family will always be grateful to Dr. Trunkey, a real doctor. I saw him several years after James left San Francisco at a fancy social affair and he asked me how James was doing. His face showed care and concern. That face that will stay in my memory as long as I live.

Reader memories

Kristi Jo • 2019-05-10

I love this!!! And, have no memory of ever hearing about this. Thank you for sharing! Kristi Jo

Lee Henry • 2019-05-10

Don took a scared young man and gave him the help he needed, I made no calls to anyone, the case demanded the knowledge of your dad to treat his dangerous condition. Lee

A standard for the trauma surgeon by Dr Collicott

Published 2019-05-13 · <https://dontrunkey.com/2019/05/13/a-standard-for-the-trauma-surgeon-by-dr-collicott/>

I first had the pleasure of meeting Don when we introduced ATLS® to the west coast in 1981. I was a community surgeon interested in the task of improving the early care of the trauma patient. Don, at that time was already an experienced trauma surgeon on his way to becoming an icon in trauma and American surgery. He accepted the ATLS® approach with his full commitment without any undue criticism as many of his peers did initially.

My interactions with Don became quite frequent when he became chair of the American College of Surgeons Committee on Trauma (COT). We became well acquainted at the various meetings we attended together during his tenure as the COT chair. He never lost his enthusiasm for teaching all who participated in the care of the trauma patient. We came to learn that our childhoods and values were very similar having been raised in rural America not being stymied by hard work to reach our goals.

The unselfish dedication and commitment of his professional career to the improvement in the care of the injured patient; his clairvoyant incorporation of the concepts of preventable death methods and evidence-based practice in support of trauma systems; his initial investigations of cellular response to injury; his élan as an educator, role model and friend to countless surgical trainees; his unpretentious personality; and his exemplary compassion in the care of the injured patient will always remain as standard for the trauma surgeon.

I am proud to have known him for over 30 years.

Paul “Skip” Collicott

A Force for Good by Michael F. Rotondo MD

Published 2019-05-17 · <https://dontrunkey.com/2019/05/17/a-force-for-good-by-michael-f-rotondo-md/>

As the pearly gates swung open on May 1, 2019 and Donald Trunkey strode through, head held high, wry smile on his face - I am certain that St. Peter stood, offered a crisp salute and yielded his post. That's because everywhere Donald Trunkey went, he was, by the sheer power of his personality and intellect, totally, completely and unequivocally in charge. His natural charisma, quick wit and his high-minded values made him beyond formidable. Everyone wanted to be around him. Everyone wanted to be like him. Everyone wanted to be him. He was a force for good.

He was in a category all his own - a man of utmost integrity - I've met no other single human being more capable of leading a righteous cause, the right way, for the right reason. Not only did Donald Trunkey change the national consciousness regarding care of the injured patient - and in the process save the lives of thousands upon thousands, he brought generations of surgeons, nurses and medics along with him on the journey. I know because I was one of them. If you were to ask him why, he would have quickly served up a humorous quip and likely never answered the question. But in the exchange, you would have garnered the answer - because it was the right thing to do. He was a force for good.

He had intensity without tenseness and a powerful mind without an ounce of arrogance or guile. When Donald Trunkey spoke, everyone listened. An autodidact with far reaching intellectual curiosity across a broad range of topics, he had the unique capability of captivating those around him with his skills as a raconteur and the practicality of his approach. After having met Donald Trunkey some years before while working with my mentor, Bill Schwab at the University of Pennsylvania, I vividly remember receiving an unexpected phone call from him in 1997. It's hard to describe the feeling in those brief seconds between the moment my assistant informed me of the call and the moment I heard his voice. But I can still feel it now as I recount the story. It was as if I knew something really important was about to happen. Dr. Trunkey told me that there was a hospital in eastern North Carolina looking for a new Chief of Trauma. He told me that they were sincerely committed to building the center and the surrounding trauma system. They needed leadership and he urged me to go and visit and consider it. He also made it clear that the people who lived there needed help and that the mortality rates were inordinately high for injured patients. With no expectation of ever actually going to such a place, I respectfully followed Dr. Trunkey's recommendation, interviewed for the job and well, as you might expect, took the leap of faith that he proffered. I left Penn, went to East Carolina University and for the next 14 years, endeavored to follow in his footsteps and change the fate of injured patients in that corner of the world. He was a force for good.

What can we do when these sorts of monolithic characters move on to otherworldliness? How can we express all that they have meant to us? How do we explain to those around us how they have changed our lives and, in this case, saved countless lives? To me, the answer is simple: live as he lived. Do right as he did right. Carry the mantle for those who cannot carry it themselves. And work as Donald Trunkey worked because he truly was - a force for good.

Reader memories

Pamela Sidis · 2019-05-17

Love this story!!!

Kristi Jo Trunkey · 2019-05-19

Awesome!!! Thank you soooo much for sharing Kristi Jo

Not worth very much, correspondence with Anna Ledgerwood, MD

Published 2019-05-24 ·

<https://dontrunkey.com/2019/05/24/not-worth-very-much-correspondence-with-anna-ledgerwood-md/>



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February 4, 1998

*Letter to Don
27 Feb 98*

Dr. Donald Trunkey, M.D.
Professor and Chairman
Department of Surgery
Oregon Health Sciences University
3181 SW Sam Jackson Park Road, L223
Portland, OR 97201-3098

Dear Don:

This letter is a follow up of the request I made of you at the AAST meeting in Hawaii. As I discussed with you, my presidential address is covering the general topic of financial and non-financial rewards of taking care of trauma patients. I am, in particular, looking for help from you in providing me with information regarding your financial reimbursement as a surgical intern, house officer, research fellow, and during your faculty days at San Francisco. Of course, I would even be grateful if I had current information regarding salary as a chairman and your compensation for trauma call. I am also interested in your recollection of the amount of money spent on research and the source of those funds during your faculty years at San Francisco. I would hope that you wouldn't have to go through many boxes in the attic looking for this data but would be able to give me some general figures. I would be happy to get this information when we do our site visit in Boise or you can forward it to me in the form of a letter. If you have trouble remembering, perhaps, Jane could help you as I am sure she would remember the salaries of those early years.

I look forward to meeting with you in Boise and doing the site visit.

Sincerely yours,

Anna M. Ledgerwood
Anna M. Ledgerwood, M.D.

AML:dp



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February 27, 1998

Anna M. Ledgerwood, MD
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4201 St. Antoine
Detroit MI 48201

Dear Anna,

Your letter of February 4 prompted me to think about my employment history. I have come to the conclusion that based on this history I am not worth very much.

My very first job was at age 9. I don't recall exactly how much I was paid a day but as near as I can remember it was about \$4.00. It was punching wires on a bailer. It is one of the most filthy, thankless jobs you could possibly have. I did odd farm jobs (limited by my size and experience) until age 11 when I fibbed a little bit about my age and was able to get a social security card. I then got a job working in our local theater which had movies every Thursday and Saturday evening. I received \$6.00 for showing two movies a night (I ran the projector). When I reached age 14 I was able to obtain a learners permit and started driving truck during wheat harvest. I received \$15.00 a day (4:30 a.m. til 8:30 p.m.). I also did other farm jobs driving tractor (rod-weeding, fixing fence, plowing and things I am sure you are well familiar with). By age 16 I graduated to driving combine which I did for two summers. After graduating from high school, I got a job working for a construction company and I was a jack of all trades, although I belonged to the hod carriers union. I was able to salt away \$1700 that summer. Between my freshman year and sophomore year, I worked in the mines (I joined that union as well). I received \$116 a week from the mine and \$32 a week from working in a gas station in the evening and I also lived in a fire house which gave me free room and \$2.00 an hour for every fire I went on during the night. That was a pretty good summer and I put \$1800 in the bank. It should be noted, however, that I vowed never again to go back into the mines since my partner was killed and it was pure luck that I escaped the same fate. The following summer (between my junior and senior year in college) I did two significant things - I got married and I decided I better have a better job than working in the mines and so I got a job as a carpenter-journeyman. I did so well at this job that the following summer I was made foreman of the crew. These two summers I was able to put about \$3000 - \$3200 in the bank. This was important because now I had a wife to support. Although my father was not able to help me with college that much (\$50 month), her father was able to pay her tuition

and throughout the year he gave us an additional \$1000. Between my freshman year in medical school and sophomore year, I worked in a laboratory which paid \$900 but Jane graduated and started teaching school. We now were earning approximately \$400 a month which was a princely sum compared to what it had been. She continued to work throughout medical school and I worked in various laboratories.

My internship year was interesting. I received \$125 a month. Jane was now up to approximately \$475 a month which allowed us to rent a house for the first time (\$125 a month). The floors were crooked and uneven but this little one and one-half bungalow was great. At the end of my internship I was drafted and entered the United States Army and immediately started getting \$25,000 a year. We didn't know how to spend this amount of money. At the end of my two years of obligatory service I returned to San Francisco to Dr. Dunphy and the first year I was paid \$300 a month. Our rent was \$150 a month but fortunately I had the GI Bill which was an additional \$225 a month. We were eligible for food stamps. Our son had been born in the Army and Jane was not able to work. During my second year of residency I was one of the ring leaders in a movement to increase income for residents much to the displeasure of Dr. Dunphy. However, the university recognized slave labor for what it was and by the end of my second year we received \$8,000 a year. This continued to increase gradually until the time I finished the surgery program when we were getting approximately \$12,000 a year. I then did my year at Parkland Hospital with Tom Shires and received the handsome sum of \$24,000 as an NIH fellow. At the end of that year I returned to San Francisco and my first salary as an Assistant Professor of Surgery was \$28,000. We were not allowed to keep practice dollars. However, we were eventually able to supplement our University income with practice dollars that we generated but this had to be negotiated with the Department of Surgery. When I left San Francisco in 1986 I was receiving a negotiated salary of \$78,000 per year.

In April of 1986 I started at Oregon Health Sciences University and my starting negotiated salary from the School of Medicine was \$86,000. At that time, there were only two general surgeons in the department and they had billed and collected \$88,000 the year before. In theory, I was allowed to keep all billings minus a tax to the Dean, a tax to the department and the billing expenses. However, the Dean had only given me five new positions in the department to recruit to (\$40,000 - \$60,000 each) but no other recruitment dollars or front-end loading for these individuals. Therefore, for the first six months that I was in the department all dollars that I generated went into a special fund which I then used for recruiting and front-end loading of new faculty. I also made a decision at that time, at least in general surgery, that individuals would come on board with a negotiated annual salary comprised of their School of Medicine portion and practice dollars with incentives. We now have 11 faculty members in general surgery and the average starting salary is around \$120,000 which includes the School of Medicine contribution. Associate Professors make between \$140,000 - \$160,000 and full Professors have been capped at \$190,000 including myself. Up until about three years ago we put all residual dollars into our academic programs including resident travel, research and perks, including travel, dues, etc. up to 5% of the individuals salary. In general surgery we are at the low end of the AAMC guidelines. We are also in the process of forming a group practice in the medical school.

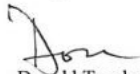
At the present time, surgeons who take trauma call inhouse get reimbursed by the hospital at \$300

a 12-hour shift. This applies only to week nights and weekends. It does not include weekdays. The hospital decided to do this in 1987 when the trauma program actually got off ground because Emanuel Hospital reimbursed their surgeons at \$600 a 12-hour shift, which ostensibly was for indigent care. As you probably know, there are really only four of us who take the bulk of trauma call and this month we will cover 22 of the night and weekend shifts.

In the last 3-4 years I have become disappointed in the Division of General Surgery's earnings. Under managed care we are working twice as hard as we did five years ago and getting paid half as much. We are just able to meet our salary commitments and expenses. We are no longer able to set aside money for research and it is increasingly difficult to fund some of the resident travel and research projects. I am sure this is not unique to OHSU. At the same time I am reluctant to cut faculty salaries because we have not had any significant raises in the same period of time. Being a department chairman is no longer fun.

I hope this is the information you desired. Please don't hesitate to call me if you need additional information. It was good to see you in Boise. It could be the shortest report ever submitted with the all-time record criteria deficiencies.

Best personal regards,



Donald Trunkey, MD
Professor and Chairman
Department of Surgery
Oregon Health Sciences University

Beyond Friendship by Charles Schwab, MD

Published 2019-05-27 · <https://dontrunkey.com/2019/05/27/beyond-friendship-by-charles-schwab-md/>

It has taken time to write about Don. When he started to decline mentally, it seemed incomprehensible that this great man would come to a disease that would strip away his mind. For it was his intellect that defined Don's professional life and delivered the influence he had on the world. My father, decades ago, suffered the stages of dementia and Dad's four-year decline was intensely painful. To know how Don's remaining years might proceed crushed my heart.

It is difficult to put into words a description of Don Trunkey. For Don Trunkey was in a category all his own - a man of utmost integrity, a person who had all the gifts that could guide, advise and lead during the good times, and especially when paths had not been travelled and answers remained hidden. Dr. Trunkey was the consummate professional: ethical behavior beyond reproach, altruistic to the core, constant intellectual development, committed to his convictions, with superb emotional intelligence and an inability to compromise his values. He was serious and strong, not arrogant, rather humble, and he constantly displayed a sense of enjoyment and fun about life and for the people he served and loved. He was "called" to the profession of medicine and sought to improve the health of others by perpetually elevating the care of the injured. He was a visionary, counselor, leader, physician, surgeon, righteous citizen, patriot, confidante to many and the most impactful trauma surgeon of our time.

I don't know, why or exactly when Don and I became good friends. Regardless, for some thirty years we were the best of friends. We rarely talked business even though we traveled together a great deal, vacationed with our wives and, if time sped on without talking, with no regard for time zone or , continent, a phone call came about. Our Sun Fun group with Tommy Thompson, Lew Flint and Kim Maul kept the five couples together. Always a gathering in mid-winter, on a Caribbean island and a few rules: no business allowed, great music and entertainment, fabulous meals, and a little fine wine was a part of the glue. These gatherings were hilarious and an annual recharging of the energy cells of our bodies, minds and souls. Don and I were hikers and over thirty years we probably hiked thousands of miles, one on one. Those times were precious. Margie and Jane were great friends and as a traveling foursome, our trips were adventurous and memorable. We enjoyed each other's company and our senses of humor and love of the comedy in life were lifelong bonds. Many, many tears were shared; most were from laughter, some from sorrows. Friends for life.

I see today what I most admired about Don, both his gentleness and strength, easygoing joy and stubborn tenacity for issues he strongly believed. He was a wonderful older brother, a navigator of my life and gently turned my compass a few degrees, and without my knowing the change in direction was taking place. He was beyond a friend and a precious gift in my life. Thank you, Don.

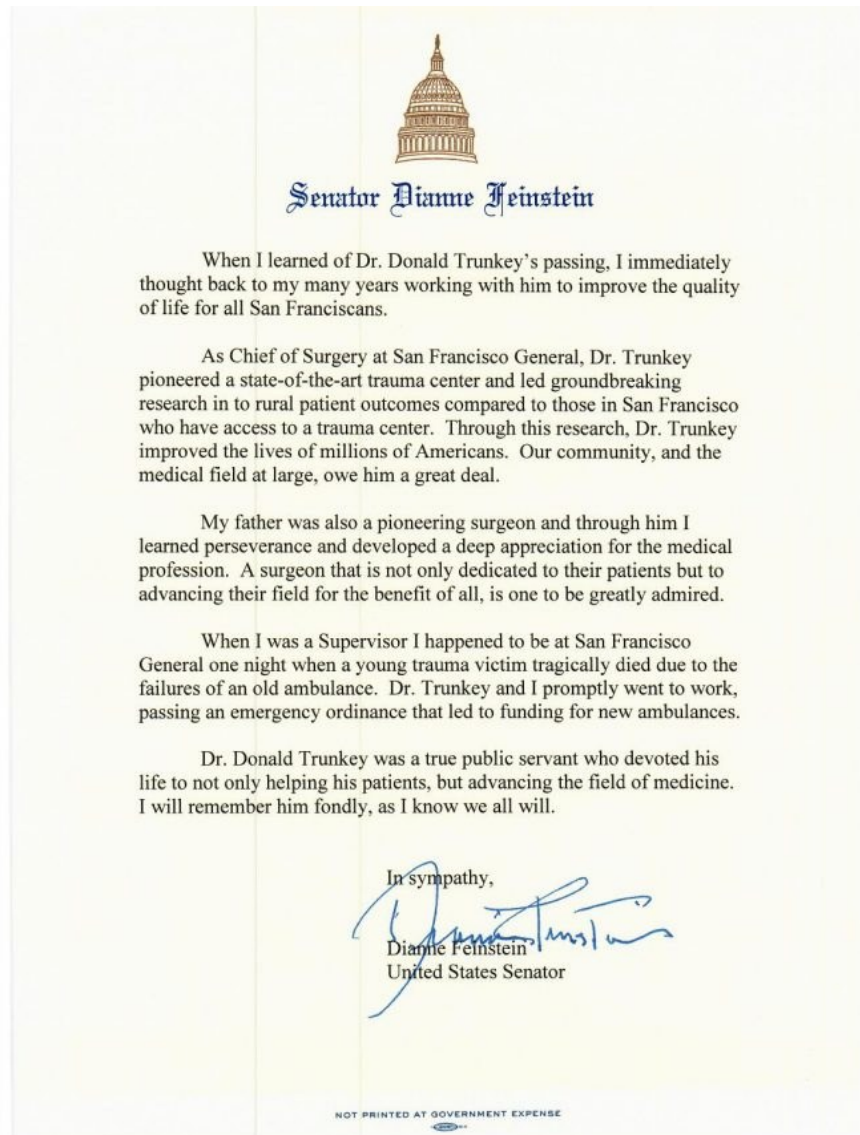
Reader memories

trunkeyd · 2019-05-27

Thank you for your memories. It was painful to watch my Dad decline. He had so far to fall.

A true public servant by Senator Dianne Feinstein

Published 2019-05-29 · <https://dontrunkey.com/2019/05/29/a-true-public-servant-by-senator-dianne-feinstein/>



Respect and kindness for patients by Tammy Sloan-Minckler OHSU/MRH

Published 2019-06-10 ·

<https://dontrunkey.com/2019/06/10/respect-and-kindness-for-patients-by-tammy-sloan-minckler-ohsu-mrh/>

I worked in Med Control/Medical Resource Hospital for OHSU Trauma. Your Father was my favorite Trauma Doc at the “U”. Not only was I part of OHSU Trauma, my so was a four time kidney transplant patient and three time cancer survivor. Including CNS lymphoma. Dr. Trunkey always took time upon arriving in the ED before the arrival of his trauma patient, to stop in and ask about my son, Rory. He always said he was available to help me with questions or concerns to help him reach the best person in the given field of need. I adored him for his kindness to us.

With each Trauma Activation, when Dr Trunkey led the team, I always knew this patient had the best chance and would be treated with the utmost respect, regardless of the patients outcome. One of my earliest memories of Dr Trunkey, he and his residents arrived to the trauma bay for a gravely injured young man. After he led the assessment and gave his initial opinion he allowed the team to work their amazing talents. When the situation was hopeless for the patient, he would simply say “okay, thank you everyone, but stop now.” And a very respectful quiet would come over the ED. You could see in him respect for every patient, every time. So, sending my utmost respects to each and every family touched by Dr. Trunkey. Forever a giant in the world of medicine, military, and humanity.”

My deepest condolences to your family. This is a loss beyond measure. I have lost both my parents and my son, Rory passed in 2012 from heart failure. I understand where your hearts are now. Please know how admired, respected, and appreciated Dr. Trunkey will always be.

Reader memories

Kristi Jo · 2019-06-10

Thank you for sharing... and your kind heartfelt words.. Kristi Jo Trunkey

Laurie Burke, LCSW · 2019-08-15

I too had the privilege of working beside Dr. Don Trunkey at OHSU, I was a social worker in the ED and was in attendance at traumas but basically as an observer for family. It was always amazing to watch Dr Trunkey control a chaotic scene with such calm assurance. He was a force for good and one hell of a great physician.

Changing hearts and minds by Robert C. Mackersie, M.D., FACS

Published 2019-06-10 · <https://dontrunkey.com/2019/06/10/changing-hearts-and-minds-by-robert-c-mackersie-m-d-facs/>

My first encounter with Don Trunkey was as an impressionable 4th year medical student, doing an externship on the trauma service in the fall of 1977. I had spent some time at SFGH previously doing computer programming for Frank Lewis and was beginning to understand that these trauma surgeons (Blaisdell, Trunkey, Lewis, Sheldon, et. al.) were not only impressively smart; could work wonders with their hands (and intellect), but seemingly had great fun at the same time.

Trunkey epitomized it all - with a command of surgery (and medicine); a lightening-quick wit; and an ability to inspire. And it didn't stop there. When I happened to identified a tune Dr. Trunkey was whistling one day on rounds (Rhapsody on a Theme of Paganini), he immediately replied: "Yeah, and now tell me who Paganini was...". Gulp.

However, I was hooked. I was fortunate enough to be able to return to UCSF for residency during which Dr. Trunkey was the Chief of Surgery at SFGH. Already an imposing figure, Trunkey became larger than life. Striding around in his colored OR hat and white bucks for OR shoes, he was clearly in command of his realm. Trunkey was a television star (Operation Lifeline, 1978); he was a bon-vivant (rushing back to the hospital OR one time in black tie), he was a wine-maker - I still have a bottle of Trunkey/Deveny/Upshaw Pinot Noir in my cellar - hopefully it doesn't "taste like socks" (Trunkey's opinion of one of his early vintages).

Don Trunkey was internationally famous - in fact he travelled so much, the surgery residents laughingly posted a sign on his office door that read: "TWA Visiting Professor of Surgery". His travel (and writings/lecturing) made him one of the most recognized figures in American surgery - and it wasn't limited to purely medical settings. Many years later, when I happened to be with a surgical group visiting Sydney, Australia, we dined at a place named Doyles on the Beach. There the restaurant maitre'd was heard to remark: "American surgeons ay? Do you know a guy named Trunkey?"

Trunkey wrote prolifically - on many topics including shock, sepsis, intestinal injury and resuscitation. He used to remind us that crystalloid fluids were toxic and more than once I remember the senior residents being accused (by DDT) of "salt water drowning" by an overly aggressive crystalloid resuscitation of a patient in shock. Of course we know recognize that Don was absolutely correct and that crystalloid solutions contributed to immune suppression, coagulopathy, and abdominal compartment syndrome among other things.

His most notable efforts at changing hearts and minds were probably in the area of trauma center and trauma systems development. With his charisma and energy, he made a superb spokesman. Two of his most memorable articles were "Systems of trauma care. A study of two counties" that he wrote with John West from Orange county in 1979, documenting the (staggeringly) high percentage of preventable deaths that could occur in the absence of an organized trauma center/system. These concepts were

further reinforced in a piece he wrote in Scientific American (1983) where he became one of the first to remind us that trauma accounted (and still accounts) for more productive years of life lost than heart disease and cancer combined.

As a surgical educator, Dr. Trunkey was a blast to work with. He was always the master of the ‘pimp’ question, yet held forth with such persistent good humor that one never minded being skewered. He could be very direct - reserving use of the term “clean kill” for only the most egregious transgressions, but while appropriately critical of residents’ management, he was never, ever mean - a characteristic of his - unusual for the day, that I always admired. He used to give an introductory lecture to 1st year medical students in the middle of which an agitated person would burst into the lecture hall exclaiming: “Dr. Trunkey, Dr. Trunkey, there’s been a horrible accident - someone has been hit by a bus in front of the hospital!!” Following this, the “victim” (a perfectly healthy, uninjured volunteer, in full moulage) would be brought to the front of the room and a number of students called up to help with the “resuscitation”. It was wonderful theater and made for an experience that the students (and ‘assistants’) would never forget.

He could be irreverent at times also - usually hilariously so. One Saturday morning, during the old Morbidity and Mortality conference, our surgical Chairman, Dr. Paul Ebert (one of the most accomplished pediatric cardiac surgeons in the country) was in the midst of an unusually long-winded explanation of a complicated heart operation. After going on for many minutes (to the increasing confusion and puzzlement of those listening), Trunkey finally blurted out: “Oh hell, Paul, just give the kid a new set of gills & throw him back in the water”. The place erupted in unconstrained laughter, (and even Dr. Ebert may have had a faint smile on his face).

I will remember Don Trunkey as one of the two individuals who most sparked my interest in surgery in general, and trauma surgery specifically. He did the same for many of his residents and fellows who now occupy important positions in academic & community trauma across the country. Trunkey was one of a kind - extraordinarily bright, articulate, committed, forceful, and charismatic, but with unwavering good humor and grace, and a clear devotion to and love of what he did. They don’t make ‘em like this anymore. Our community has lost one of our icons - a mentor, friend, and role model. We will remember and honor him best by continuing to work towards the goals that he espoused and try to similarly spark the interest of the next generation of general/trauma surgeons who will carry forward the legacy.

Reader memories

Kristi Jo • 2019-06-10

I absolutely LOVE this!!! Thank you so much!! Thre imagery is bright and clear!! I can “hear” him speaking, as I read. Thank you!! Kristi Jo Trunkey

John Jeb Hallett • 2019-06-10

A wonderful remembrance of an extraordinary surgeon whom I observed from afar! Thanks for sharing. Was he bipolar?

A Tribute to Donald D Trunkey by M. Margaret (Peggy) Knudson MD, FACS

Published 2019-06-15 ·

<https://dontrunkey.com/2019/06/15/a-tribute-to-donald-d-trunkey-by-m-margaret-peggy-knudson-md-facs/>



The Landstuhl site visit. Left to right, front row: Ms. Martin, Dr. Knudson, and Ms. Klein. Back row: Mike Glenn, RN, Trauma Informatics Director, LRMC; Dr. Trunkey; Dr. Mitchell; and Dr. Dorlac.

To me and to many trauma surgeons around the world, the word “Trunkey” is synonymous with the word “Trauma”. Most of us completing our residencies in surgery in the 1980s never considered trauma surgery as a career.....it was just something you did when you were on call for the emergency room.

When I moved to California after finishing my chief year in surgery at the University of Michigan, my plan was to be a pediatric surgeon. But sometime during my first year of pediatric surgery fellowship at Stanford University, I realized that I didn’t actually like that field and was considering other areas of specialization.

Around that same time, the state of California was beginning to organize trauma systems by county, spurred on by the seminal work of Trunkey, West, and Lim demonstrating the high rate of preventable deaths after injury in areas of the state without trauma systems. (1) I decided to visit the Department of Surgery at the San Francisco General Hospital (SFGH) to scope things out and had the great privilege of meeting with Trunkey in person.

He told me that I belonged in the trauma world and when I asked him how he knew he replied: “I just noticed how your face lit up when you talked about trauma”! And so, I became a trauma surgeon, making frequent trips to San Francisco to learn from the masters at SFGH while we set up the trauma system in the county of Santa Clara.

Even after Dr. Trunkey moved to the University of Oregon to assume the position of Chair of the Department, he continued to mentor me in both my clinical and my academic endeavors. In 1989, I was offered a position at SFGH under the leadership of Dr. Frank Lewis, only the second woman to be on their faculty after Dr. Muriel Steele.

Shortly thereafter, Dr. Trunkey and I, along with Colonel Don Jenkins (US Air Force, ret.) traveled to Australia where we taught numerous trauma courses from Melbourne to Sydney. Of course, with Trunkey there was always fun mixed in with work. One day, we traveled to the Blue Mountains, the home of many fine Australian wineries.

We stopped at numerous tasting rooms and at every stop Dr. Trunkey would pull out his credit card and join their wine club so that he could have a continuous supply of Australian wine shipped to his home in Portland. But international travel can wreak havoc on your time zones and one morning during a teaching conference in Liverpool (AU) we were both in need of caffeine. We found ourselves in the kitchen of the hospital but no one was there. I decided to brew coffee and must have hit the start button too many times because not only did we fill the first carafe but also the entire floor with coffee! I was mortified of course, but Trunkey just looked at me and responded with his well-known laugh. I don’t think the kitchen staff ever did figure out who spilled all that coffee!

In 2006, we initiated the Senior Visiting Surgeons Program that allowed non-military surgeons to work as volunteers at the Landstuhl Regional Medical Center (LRMC) in Germany. Landstuhl became the evacuation hospital for all wounded US troops from Afghanistan and Iraq.



Dr. Trunkey (Col, US Army, ret) was a frequent visitor to LRMC, mentoring young military surgeons in the ICU and operating room, caring for the injured, and assuring that LRMC would pass their inspection by the American College of Surgeons/Committee on Trauma Verification Review Committee (VRC) (a committee he helped to found while he was the COT Chair) to become a level 1 trauma center. (2,3) (See also attached Photos)

I think my very favorite story about Dr. Trunkey occurred in Hawaii. We were both asked to speak at the Hawaiian Trauma Conference and at the conclusion were heading to a traditional Hawaiian luau. We invited Don to my cousin's home in Oahu and offered to drive him to the party. When the doorbell rang my young twin daughters answered it and then ran to me saying: "Mom there is this really big man out there in a grass skirt"! Yes, I said, that in a nutshell is Dr. Trunkey.

In many ways, Dr. Trunkey was my professional father. Even my own father (an engineer) knew his name and how important he was to me in my career and to the world of trauma. To me, Trunkey was larger than life and his death (like my own dad's) leaves a void that will never be filled.

M. Margaret (Peggy) Knudson MD, FACS

Professor of Surgery, University of California San Francisco

Medical Director, Military Health System Strategic Partnership, American College of Surgeons

References

- West JG, Trunkey DD, Lim RC: Systems of Trauma Care: A Study of Two Counties. Arch Surg 1979;114:455-460.
- Moore EE, Knudson, MM, Schwab CW, Trunkey DD, Johannigman JA, Holcomb JB: Military-civilian collaboration in trauma care and the Senior Visiting Surgeon program. NEJM 2007, Dec 27;357:2723-7.
- Knudson MM, Mitchell FL, Johannigman JA: First trauma VRC site visit outside the US: Landstuhl Regional Medical Center (Germany). Bull Am Coll Surg 2007;92:16-19.

Legends for Figures

Figure 1: Dr. Trunkey helping to load an injured soldier onto the bus at Landstuhl for his trip to Ramstein Air Base and the beginning of his journey home.

Figure 2: The COT Verification Review Committee at Landstuhl Germany.

Reader memories

Kristi Jo • 2019-06-15

I love it!! Thank you for sharing! I pray your children have recovered!

Kristi Jo Trunkey

John Mayberry • 2019-06-17

What a beautiful tribute, Peggy.

Pictures from memorial Service

Published 2019-06-19 · <https://dontrunkey.com/2019/06/19/pictures-from-memorial-service/>





In the vineyard...



**Don's mother and father,
Doug & Becky at their 50th Anniversary, 1985**



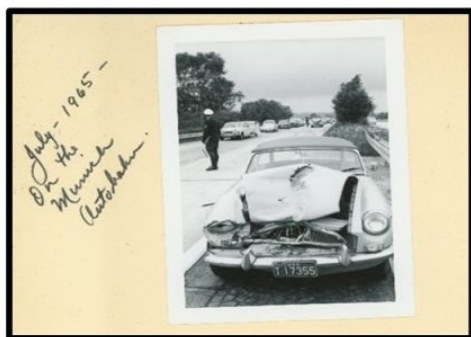
Doug & Becky's 50th anniversary, with Don & siblings, 1985





Don with Irwin Thal





We're in the Army now!



**Don
and
Jane
Trunkey**



**Circa 1999,
Montara, CA**



Russell & Judith Strong, Jane, and Don



Ron Maier, Jane, and Don





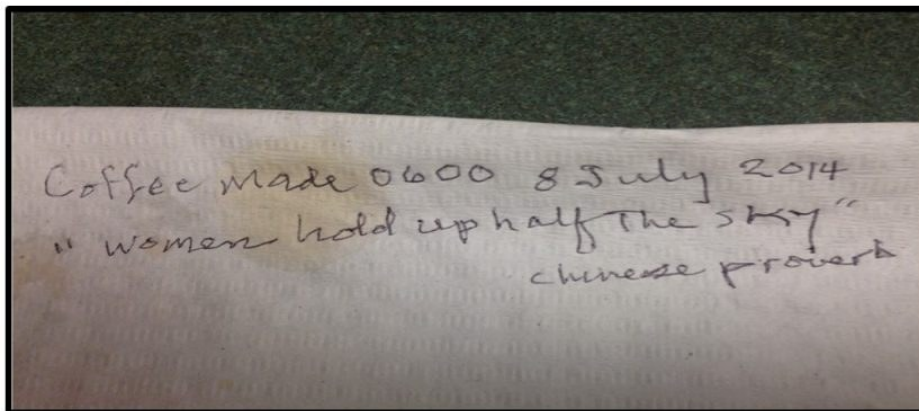
**Don, Derek, and Hoover,
somewhere in Montana,
circa 1975**



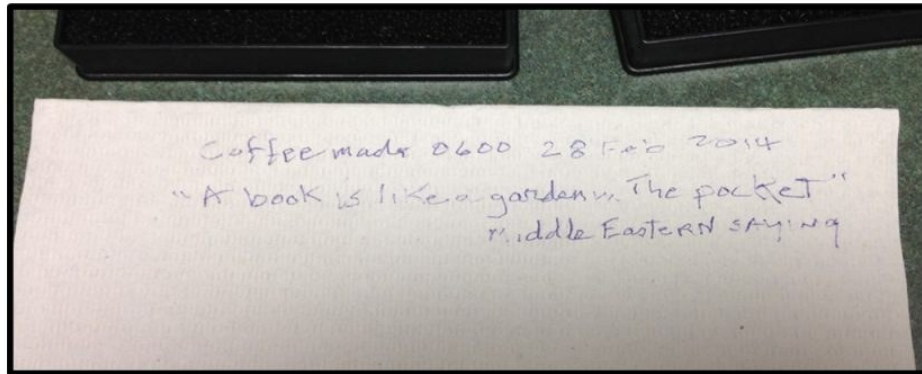
U.S. Army Ski Patrol, Alps-1964 or 1965



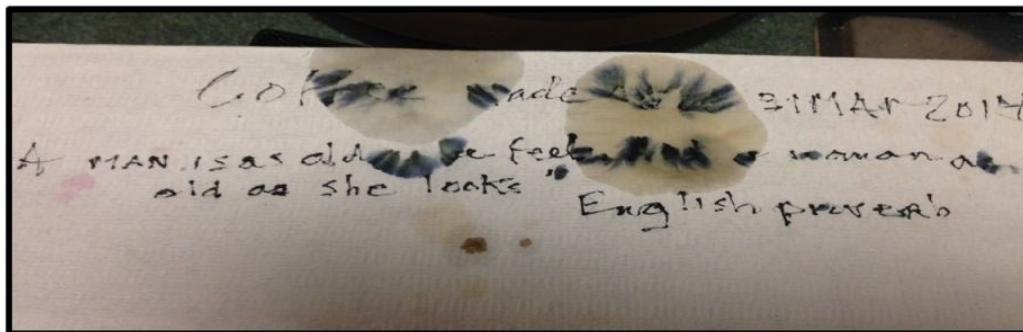
**Words of wisdom from the office early bird
who always made the first pot of coffee...**



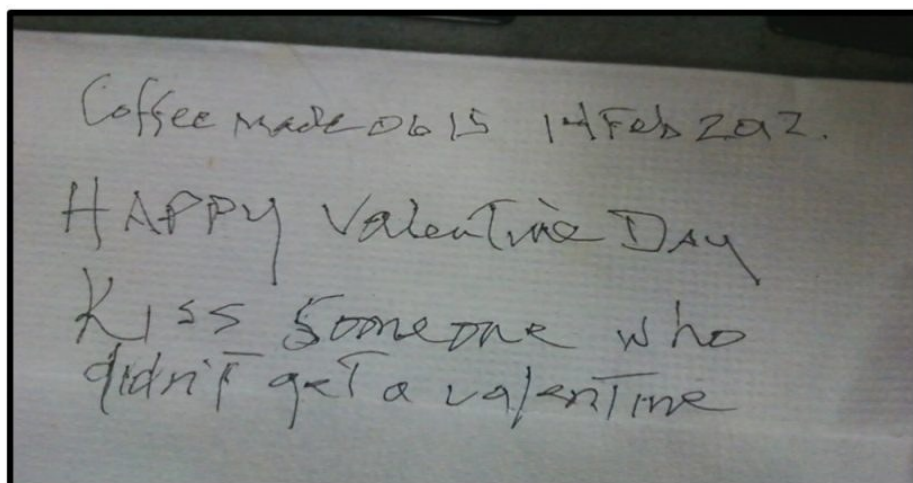
**Words of wisdom from the office early bird
who always made the first pot of coffee...**



**Words of wisdom from the office early bird
who always made the first pot of coffee
(complete with coffee stains from our staff)...**



**Coffee quote #4 from the office early bird
who always made the first pot of coffee...**



Stirring the grapes, circa 1990



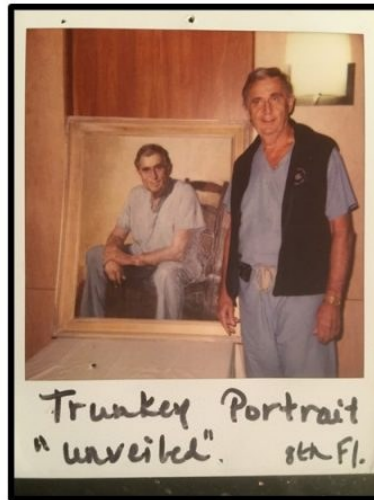
Bamberg, circa 1965



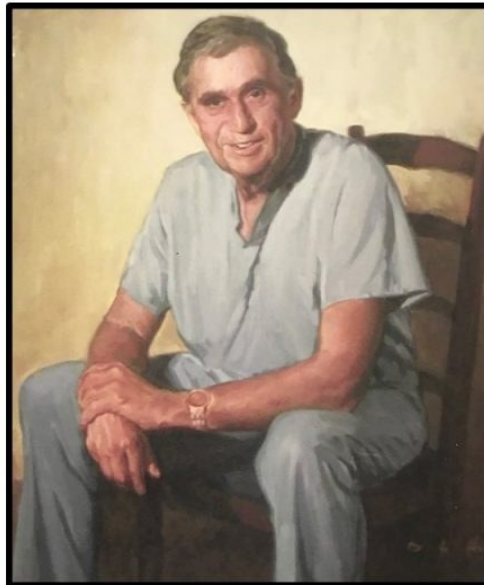
Don Trunkey with Pam Sidis- circa 1986



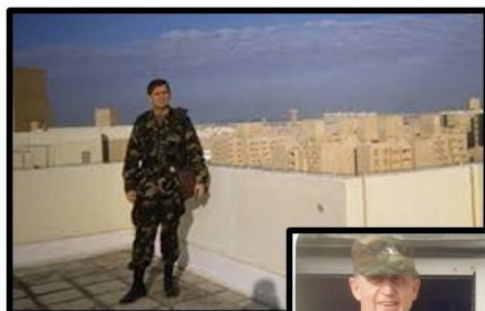
Trunkey portrait “unveiled”



**Portrait by
Daniel Howe**



**Don Trunkey,
George Sheldon,
John Hunter**



**Operation Desert Storm,
Riyadh, Saudi Arabia
1991**





Hayden Lake, circa 1960



Hayden Lake, circa 2000



Elk Cove Vineyard, circa 1990



Cliff Deveney, Don, Mike Upshaw, circa 1975



**Washington State University
Distinguished Alumnus Award, 2017**

**In good company with
previous recipients
Edward R. Murrow,
Sherman Alexie,
Paul Allen,
and Gary Larson**



Emergency Room, San Francisco General Hospital



Easter dinner at the Deveney's



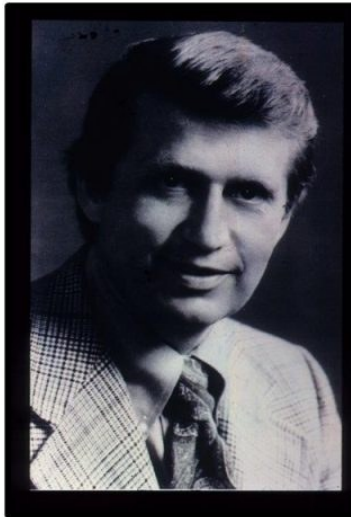
Karen Kwong, Marty Schreiber, and Don



Trunkeys and Deveneys



Trauma brass at OHSU





The Ladies' Man





Long-time friends Anna and Stewart Milne





San Francisco General Trauma Team- Early 1980s



At home on the Clackamas- early 2000s



Reader memories

rose milano · 2019-06-19

Thank you so much for posting these amazing photos of amazing memories of an amazing life!

Don Trunkey 1937-2019 from Injury Journal

Published 2019-06-19 · <https://dontrunkey.com/2019/06/19/don-trunkey-1937-2019-from-injury-journal/>



Nothing lasts forever. However, for most of us, Don Trunkey was the innovator of modern trauma care and it's hard to imagine a world which he is not part of. As Ralph Waldo Emerson stated it is not length of life, but depth of life that matters. Indeed, his talent, passion for improvement, and vision to look into the future were unique and his contributions to the evolution of trauma care have been priceless.

Donald D Trunkey FACS, was born in Eastern Washington and went to medical school at University of Washington. He served in the US Army in the mid 60 s in Germany and completed his surgical training in San Francisco. It was from San Francisco that his seminal "Two Counties" [1] paper was published where he convincingly showed that where a trauma system existed the mortality was substantially lower than where it did not. It was this paper, more than any other in the contemporary literature which led to the drive to systematise trauma care around the world.

Another of Don's seminal papers was that on the trimodal pattern of death after injury which was published in Scientific American in 1983 [2]. In that paper he outlined that death after trauma was either immediate, usually as a result of catastrophic brain or torso injury, in hours as a result of uncontrollable haemorrhage, or in 2-3 weeks as a result on multiple organ dysfunction itself, a long term consequence of poor initial control of haemorrhage. While true in 1983, the trimodal pattern of death no longer exists because, through the efforts of Don and other trauma surgeons, effective early trauma care, particularly consequent on near-universal uptake of ATLS/EMST teaching, has resulted in effective early haemorrhage treatment.

Noteworthy, he was also a leading figure in highlighting the challenges of managing multiple injured patients with associated head injuries what he described as a 'crisis' in trauma care [3]. He suggested that 'neurosurgery should step up to the plate and provide coverage for Level I and Level II trauma centres at a reasonable cost, and went as far as to state that 'If neurosurgery cannot or does not want to provide coverage, they should let other surgeons provide coverage' [3].

Professor Trunkey also was one of the first clinicians to express his concerns about the omissions of the USA public policy in relation to recreational use of drugs such as heroin, cocaine, methamphetamines, and marijuana and reported a direct link between alcohol or drug use and crime, corruption, violence, and health problems, calling for the need of formulating a workable public policy [4].

Professor Trunkey's academic record lists 317 publications and 10,118 citations but his only publication in Injury occurred in 2000 and was a comparative study looking at trauma outcomes in Oregon Health Sciences University and Stoke-on-Trent [5]. This paper, co-authored by John Templeton and Peter Oakley amongst others showed that although raw mortalities were different, when casemix was considered there were no significant differences between the centres. This highlighted how important it was to carefully consider casemix in any comparison of trauma outcome.

Don's early military career was bookended by a role in the First Gulf War 1990-1991 where he served as an advisor to the US Forces in Saudi Arabia. He dealt with a number of operational and cultural obstacles that prompted him to publish a commentary in the March 1993 edition of Archives of Surgery called "Lessons Learned" [6]. This document paved the way for how the U.S. Department of Defence trained its trauma personnel.

Don was a giant on the US trauma stage but also a frequent traveller who spread his knowledge and influence around the world. Apart from his Honorary FRACS and FRCS(Eng) he was also an honorary fellow of the surgical colleges of Ireland, Edinburgh, Glasgow, South Africa and Brazil.

Don was inspirational, enigmatic, friendly and forceful all at the same time. He influenced generations of young doctors, in surgery and in other disciplines, to improve trauma outcomes and contribute to the teaching and delivery of optimal trauma care. At conferences and courses he was an enthusiastic teacher and a challenging mentor. He conveyed the absolute necessity of taking action when time critical injuries were present and was never afraid to do so.

Donald D. Trunkey was a legend in every aspect of the word and the trauma community will be much poorer with his passing. His legacy however, of improved trauma systems, trauma care and trauma

outcomes, is very much alive and society as a whole will be grateful for the career long contribution of this trauma giant.

<https://www.nattrauma.org/don-trunkey-giant-in-trauma-remembered/>

[https://www.injuryjournal.com/article/S0020-1383\(19\)30303-1/fulltext?dgcid=raven_jbs_etoc_email](https://www.injuryjournal.com/article/S0020-1383(19)30303-1/fulltext?dgcid=raven_jbs_etoc_email)

References

- West, J.G., Trunkey, D.D., and Lim, R.C. Systems of trauma care: a study of two counties. Arch Surg. 1979; 114: 455-460View in Article | Crossref| PubMed| Scopus (483)Google Scholar
- Trunkey, Donald D. Trauma. Sci Am. 1983; 249: 28-35View in Article | Crossref| PubMed| Scopus (558)Google Scholar
- Trunkey, D.D. The emerging crisis in trauma care: a history and definition of the problem. Clin Neurosurg. 2007; 54: 200-205View in Article | PubMedGoogle Scholar
- Trunkey, D.D. and Bonnono, C. A rational approach to formulating public policy on substance abuse. J Trauma Inj Infect Crit Care. 2005; 59: S61-S66View in Article | Crossref| Scopus (1)Google Scholar
- Templeton, J., Oakley, P.A., MacKenzie, G., Cook, A., Brand, D., Mullins, R.J. et al. A comparison of patient characteristics and survival in two trauma centres located in different countries. Injury. 2000;31: 493-501View in Article | Abstract| Full Text| Full Text PDF| PubMed| Scopus (24)Google Scholar
- Trunkey, D. Lessons learned. Arch Surg. 1993; 128: 261-264View in Article | Crossref| Scopus (26)Google Scholar

Dr. Donald D. Trunkey, Renowned Trauma Surgeon and Former Chief of Surgery at SFGH, Passes Away at 81 from UCSF

Published 2019-06-19 · <https://dontrunkey.com/2019/06/19/dr-donald-d-trunkey-renowned-trauma-surgeon-and-former-chief-of-surgery-at-sfgh-passes-away-at-81-from-ucsf/>





The Department of Surgery is deeply saddened to announce the passing of our friend and colleague, Dr. Donald D. Trunkey who died on Wednesday at the age of 81. Dr. Trunkey was an internationally renowned trauma surgeon and is considered the father of modern trauma systems. He served as Chief of Surgery at San Francisco General Hospital from 1978 until 1986. He was then appointed Professor and Chair of the Department of Surgery at the OHSU School of Medicine, a position he held until 2001.

Following a first-year internship at the University of Oregon School of Medicine and a two-year stint in Germany as a general medical officer in the U.S. Army, Dr. Trunkey completed his general surgery training at UCSF in 1971. Dr. Trunkey returned to UCSF a year later after an NIH fellowship as a member of the faculty, pursuing a career in trauma surgery. He served as Chief of the Burn Center at San Francisco General and established a laboratory to study mechanisms of shock at the cellular level. Dr. Trunkey was a founding member of the Homeland Security Department as well as the National Foundation for Trauma Care. He served as Chair of The American College of Surgeons Committee on Trauma and helped establish the Advanced Trauma Life Support Course. His dedication to the field is captured in Dr. Trunkey: An Advocate for Injured Patients, a Legend in Trauma Care.

Dr. Trunkey was a towering figure on the Trauma Service at San Francisco General. His yeoman service, innovation and leadership at the General was memorialized by Dr. William Schechter, Professor Emeritus at UCSF, in The History of The Surgical Service at San Francisco General Hospital, “The Trunkey Years, 1978-1986”.

Dr. Trunkey served in the first Gulf War in 1991, stationed in Riyadh, Saudi Arabia during Operation Desert Storm and Desert Shield. His commentary in the March 1993 edition of Archives of Surgery, “Lessons Learned,” served as a model for how U.S. Department of Defense trauma personnel are

trained today.

Dr. Peggy Knudson, one of Dr. Trunkey's protégés, currently Professor of Surgery at UCSF and Medical Director for the Military Health System (MHS) Strategic-ACS Partnership, recalled his outsized influence on her career:

“Dr. Donald Trunkey was a father figure to me in my professional life. He encouraged me to dedicate my career to the care of the injured back in the day when trauma surgery as a discipline was still in its infancy. I had the great privilege of traveling and teaching with him across Australia and again in Germany where he worked tirelessly to assure the highest care possible for injured American troops. Trunkey as a figure was larger than life and the news of his passing has saddened the trauma community around the world.”

Dr. Trunkey's presence will be sorely missed. The Department's heartfelt condolences go out to his family, friends, and colleagues.

<https://surgery.ucsf.edu/news-events/ucsf-news/81384/Dr.-Donald-D.-Trunkey-Renowned-Trauma-Surgeon-and-Former-Chief-of-Surgery-at-SFGH-Passes-Away-at-81>

Dr. Donald D. Trunkey, FACS 1937-2019 from American Association for the Surgery of Trauma

Published 2019-06-19 · <https://dontrunkey.com/2019/06/19/dr-donald-d-trunkey-facs-1937-2019-from-american-association-for-the-surgery-of-trauma/>



It is with sadness that we report the passing of one of Trauma Surgery's greatest icons, Dr. Donald D. Trunkey. Dr. Trunkey served as the Chair of the ACS Committee on Trauma from 1982-1986 and as President of the American Association for the Surgery of Trauma 1986-1987. In 1976, Dr. Trunkey led the COT's efforts to publish the Optimal Hospital Resources for the Care of the Seriously Injured- the first document aimed at defining and developing trauma centers and trauma systems. Dr. Trunkey, MD, FACS was a pioneer in trauma system development, publishing seminal work on the impact of trauma systems development on preventable death. A critical moment in Dr. Trunkey's career was when he published a paper in 1979 on death rates of trauma patients in the more rural Orange County, California compared to those in San Francisco County. It was one of the earliest, most persuasive pieces of evidence on the effectiveness of trauma centers. His message was unwavering: injured patients deserve the best trauma care available, and the best care includes an organized trauma system.

Dr. Trunkey grew up in rural Eastern Washington and was an alumni of the University of Washington Medical School. He did a rotating internship at the University of Oregon and then served in the US Army from 1964-1966. He completed his surgical training at UCSF and became a faculty member in 1972. He was Chief of the Burn Center at UCSF and had established a laboratory to study mechanisms of

shock at the cellular level. In 1986, he was recruited back to Oregon Health Science University where he served as the Mackenzie Professor and Chair of the Department of Surgery from 1986 - 2001.

Five years into his term as Chair, Dr. Trunkey was activated from reserve status to active military to serve in the first Gulf War in 1991. He was stationed in Riyadh, Saudi Arabia during Operation Desert Storm and Desert Shield. He dealt with a number of operational and cultural obstacles that prompted him to publish a commentary in the March 1993 edition of Archives of Surgery called “Lessons Learned.” This document paved the way for how the U.S. Department of Defense trains its trauma personnel today.

In 2008, he received the King Faisal prize in medicine for his research improving trauma care. He has many other awards including Distinguished Service Award of the American College of Surgeons, Washington State University College of Science Distinguished Alumnus Award, Barry Goldwater Service Award, International Society of Surgery Prize, Honorary Membership of the British Association for Accident and Emergency Medicine and Honorary Fellowships of the Royal Colleges of Surgeons of England, Ireland, Edinburgh, Glasgow, South Africa and Brazil, Medal of the Royal College of Medicine of England and Honorary Professorship of the Royal College of Surgeons of Edinburgh. In 1989, he delivered the Scudder Oration on Trauma entitled, “What’s Wrong with Trauma Care?”. In 2018, he received the Icons in Surgery award from the American College of Surgeons.: <https://www.youtube.com/watch?v=vVNolaPGF24&feature=youtu.be>

Above all, Dr. Trunkey is remembered for his kindness, support, and mentorship to an entire generation of trauma surgeons. We offer his wife Jane and their 2 children and grandchildren our heartfelt condolences.

Donald Dean Trunkey June 23, 1937 - May 1, 2019 (Age 81) by English Funeral Chapel

Published 2019-06-19 ·

<https://dontrunkey.com/2019/06/19/donald-dean-trunkey-june-23-1955-may-1-2019-age-63-by-english-funeral-chapel/>

Donald Dean Trunkey, M.D., 81

Donald Dean Trunkey passed away peacefully with his loved ones by his side on May 1, 2019, in Post Falls, Idaho. He was born on June 23, 1937, in Oakesdale, Wash., to John Douglas and Rebecca Nelson Trunkey. The family moved to St. John, Wash., where Don grew up and graduated from St. John High School in 1955 as valedictorian. He attended what was then Washington State College and received a degree in zoology, which made him the last person to have graduated from WSC before it officially became Washington State University. He was a member of Alpha Tau Omega.

Don and Jane Trunkey were married in Colfax, Wash., on Sept. 26, 1958. After graduation, Don went on to the University of Washington, where he received his doctorate of medicine degree. He did a rotating internship in Portland, Ore., at Oregon Health and Science University (OHSU).

Don later served within the U.S. Army with the 4th Armored Division 2nd Calvary, in Bamberg, Germany, in the dispensary for two years. While there, their son, Robert Derek was born in Nuremberg, Germany; followed four years later by their daughter, Kristina “Kristi” Jo, born in San Francisco, Calif.

Don had a stellar career as a trauma surgeon - first through his residency in San Francisco, then becoming chairman of surgery at San Francisco General Hospital. Also a professor emeritus of surgery at the Oregon Health Science University, Don was presented the WSU Alumni Association’s Alumni Achievement Award in recognition of his influential career and contributions to medical education, surgical methods and trauma care.

While in Portland, he also served as the head of the 50th General Hospital in Riyadh, Saudi Arabia within Desert Storm.

Don often volunteered in Landstuhl, Germany. While there, Col. Trunkey and Col. Daniel Cavanaugh flew Lieutenant General John. J. Yeosock to Germany for an operation. When they returned a few days later, Lt. General John J. Yeosock began the ground war. The order was given by Gen. Norman Schwarzkopf, Jr. Commander-in-Chief. Col. Trunkey was given a Bronze Star for his service.

Don is survived by his wife, Jane Mary Trunkey; son, R. Derek (Kristen Hammond) Trunkey and daughter, Kristi Trunkey. He is also survived by his sister, Sandie Trunkey and his grandchildren, Ethan, Nathan, Mason, Hayden, Hayley and Harrison. Don was preceded in death by his parents and his brothers, Jay, Gary, David Roger and K.B.

A memorial service for Don will be held at a later date.

In lieu of donations, please send to Trunkey Family Scholarship, S.J.E. School Foundation. PO Box 411, St. John, WA. 99171 or the St. John Heritage Museum, PO Box 315, St. John, WA 91711.

The family also asks for donations to be made in honor of Don to the College of Arts and Sciences Scholarship Fund or the College of Education Scholarship Fund at Washington State University, located at: <https://foundation.wsu.edu/give/>. Checks should be made payable to the Washington State University Foundation and mailed to the Washington State University Foundation at PO Box 641925, Pullman, WA 99164-1925. Please designate on the check "in honor of Don Trunkey, College of Arts and Sciences Scholarship Fund" OR "the College of Education Scholarship Fund."

Reader memories

trunkeyd · 2019-12-06

Comment by Carol Fink:

Oh Dear, It was serendipity that Jane shared a joke and her message back never mentioning Dr T. So I googled, fearing lousy news, and that's how I found that "Trunkey" (as I knew him) had left us wayyy too soon. That disease robs one of everything and I'm sure he hated living with it. I was recovering from a femur fracture and was drugged for a few months including May.

Like others, Dr. T got me into a career spanning 27 years, starting in the old Mish, as we called the old ER, run by Gladys Jones, whom we adored, in 1969. I was evaluating the suicide attempts in the rubber room, he was doing trauma early on, and as I saw patients in the med surgical units we became friends.

When he one weekend snuck into the basement, where any drug one wanted was being dealt, and he brought a few funky beds and an old claw foot tub up to a really shabby closed ward and started a BURN UNIT, he asked me to meet with the nursing staff, who were having nightmares of the patient screams during painful debridement, and were threatening to leave.

Sure, I'd have done anything he asked, and burns were a pretty challenging introduction to Trauma. I loved it and we truly developed a close knit family of nursing staff with consultants from St. Francis and his leadership. We heated food on old noisy registers, walked our patients into the tub room, and really had some awesome successes. Chasing little ones through the dark corridors was one of the most challenging creative things we did.

Treating abused wee ones broke our collective hearts. But Trunkey brought out the best in staff, and we all wanted to be better, for him. When we moved into the new hospital we stocked the frig with Rainier Ale, one calorie per cc and tastier than Ensure. A brilliant Trunkey idea, and he taught us all that food was the best antibiotic. I've quoted him so often, and not just about antibiotics.

We did a few burn meetings in New Orleans where not only were there oysters and jazz, but the most bawdy artwork in the back room of his favorite gallery. Trunkey was a great storyteller and loved showing his most gory slides at meeting and teaching house staff. An arrow to the head was a favorite.

My favorite story probably happened in the new hospital where, besides telling new house staff they had best listen to the nurses, and ask questions because they knew more, he told me once when I knocked on the office door too bitch about some 'youngster' that asked was he Jewish (knew I had trouble with men much like I had grown up with, spoiled by mums) said he'd tell them there was room for only one prince or princess in our castle, and the job was taken.

He always had my back, and I adored him. We all knew how much he ADORED Jane and the family, and couldn't wait to get home to them, UNLESS a big trauma came in. He was bigger than life, and funnier, and truly loved trauma, teaching and doing. And didn't suffer fools, so when he moved up to Oregon I got into trouble with a new burn plastics guy and moved up the floor to the Trauma ICU where I made a new fabulous home for myself, but quoted my buddy often and missed him always. Jane, 'kids,' you lost him wayyyy too soon.

The last conversation we had several years ago was his hoping the College would figure out a way to test surgeon's ability so he could work for lots longer, in the OR where he was happiest. If God needs any help choosing beers or wines, or maybe treating a burn from down below, he'll be there to help. My heart breaks for you all. There will never be another Dr. Trunkey.

Hugs and much much love, Carol Fink

Pictures

Published 2018-08-27 · <https://dontrunkey.com/pictures/>



Who is in this photo? Where is this? Fort Lewis? Add your answers in the comments.

References and Library

Published 2018-08-02 · <https://dontrunkey.com/sample-page/>

Interview with my Dad where he describes his achievements

17-Donald-D.-Trunkey-MD-1986-1987-1

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Materials at OHSU Library

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Newspapers and other media

16 Years at S.F. General

Trauma Unit Creator Is Leaving

By Katy Butler

Dr. Donald Trunkey, the skilled surgeon who built and ran San Francisco General Hospital's world-class trauma center, resigned yesterday as chief of surgery to become chairman of the department of surgery at the University of Oregon.

He leaves behind him the trauma center, the jewel of the county hospital, where ambulances roll up day and night delivering the nearly dying to teams of surgical nurses and surgeons.

Such medical teams have saved the lives of actress Mary Martin, who was brought here after a horrendous car crash in 1962; Art Agnos, now an assemblyman, shot through the lung and the colon by the Zebra killer in 1973; Nathan Kravner, a University of San Francisco student delivered to the emergency room "dead as a doornail" after being shot on the way home from the movies in 1980.

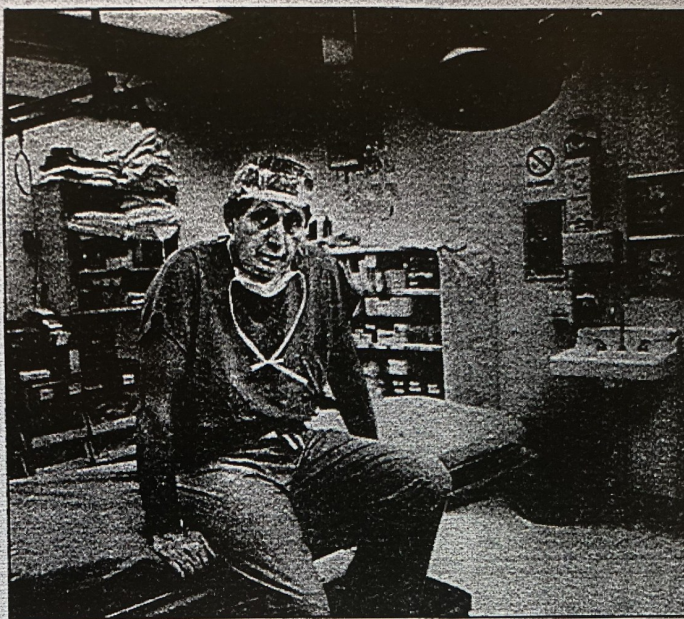
The trauma teams, staffed 24 hours a day, have saved hundreds of taxi drivers, owners of mom-and-pop grocery stores, rich and poor victims of crimes and accidents.

"I love this hospital because of the people who come here," Trunkey said in an interview. "They're just neat, salt of the earth people, first generation immigrants, people without insurance, the working poor. It's a tremendous satisfaction to see someone like that through a crisis. There are very few areas in medicine where you can truly save someone's life and return them to a functioning state."

Trunkey, 48, the son of a farm-machinery mechanic in eastern Washington state who went through the University of Washington on a football scholarship, has been saving lives at San Francisco General for 16 years, putting in 60-hour weeks and practicing guerrilla medicine in the jungle of urban politics.

He was a surgical resident in 1970, and soon learned it took more than good medicine to run a first-class emergency operation in an impoverished county hospital.

In 1974, a 16-year-old high



By Gary Fong

Dr. Donald Trunkey during his last day of work at S.F. General Hospital's trauma center

school student, shot in the heart, died because a wheezy old city ambulance's battery went dead. By the time the youth was brought to the hospital, it was too late to save him, although Trunkey tried, cutting open his chest and massaging his heart.

Then he strode out of the operating room covered with blood, grabbed then-Supervisor Dianne Feinstein, who was coincidentally at the hospital for the trauma unit's dedication, and showed her the dead youth's body.

"I was so angry," he remembered. "If he'd made it here alive, we would have saved him. I just

took her in and showed her this 16-year-old kid. That Monday she called me down to her office, and she drafted an emergency measure that eventually got us nine new ambulances."

At the same time, there was no burn unit in San Francisco that would take the poor.

"One day I took an empty ward and I went to all the hospital departments and basically stole the equipment. We didn't have a whirlpool bath, so we got an old Victorian claw-foot tub for the dressing changes."

"One Friday afternoon after the hospital administrator left, I an-

nounced we were accepting patients. Then I called the press and (then-Mayor) Joe Alioto and got him to come over and dedicate it. When the hospital administrator came in on Monday, it was a fait accompli. It's the most Machiavellian thing I've ever done."

Trunkey became interested in proper trauma care and its potential for saving lives after reading autopsy reports about avoidable deaths. He recalled one case—that of a young husband, sent home from a private San Francisco hospital's emergency room without an X-ray after an awning fell on him. The man died of an easily treated collapsed lung.

Trunkey crusaded for trained paramedic ambulance drivers, linked to trauma-care centers all over the Bay Area, with surgeons standing by 24 hours a day capable and willing to treat anyone.

For eight years he fought what he calls "greed, turf, and competition" in local counties, until trauma-care centers were also established in San Jose and in Napa and Sonoma counties.

Then, falling elsewhere, he

Good and Bad Places to Have An Accident in the Bay Area

If you are in a near-fatal accident in the Bay Area, your chances for survival are best in

San Francisco: San Francisco

ing to his 1982 study of avoidable trauma deaths in the counties: "

Contra Costa County: No designated regional trauma center. John Muir Hospital is trying very

Good bye roast from San Francisco

Support

Published 2019-01-18 · <https://dontrunkey.com/support/>

My dad had strong opinions about supporting education. These are my best guess at the places he would most like to support:

St. John High School Trunkey Scholarship (please fill in Trunkey fund under “Specify a fund” <https://donations.scholarshipamerica.org/index.php?cochapid=WA0817&cachapname=St.+John-Endicott+Schools%27+Foundation+Dollars+for+Scholars&page=1>

University of Washington Trunkey Chair

<http://depts.washington.edu/givemed/prof-chair/endowments/jane-and-donald-trunkey/>

OHSU Trunkey Lecture <https://www.ohsu.edu/xd/education/schools/school-of-medicine/departments/clinical-departments/surgery/about/donald-trunkey-lectureship.cfm>

Original reference documents

The following documents are reproduced from the downloads linked on the original References and Library page. Their original formatting and pagination are retained.



DONALD D. TRUNKEY, MD
PRESIDENT 1986–1987

DR. FREDERICK A. LUCHETTE

How was it that you decided to choose a career in surgery and then, second, when did you decide to focus your career on trauma surgery?

DR. DONALD D. TRUNKEY

When I was in the seventh grade, I was tackled and hit a clothesline pole with an outstretched right hand, and it caused a dislocated epiphyseal plate fracture of my right wrist. It was quite painful. When my father got off work, he took me to the general practitioner and, over the next three hours, the general practitioner kept going in and reading the books and trying to reduce the fracture. He subsequently was successful, but it did not stay. He then went back to the books and found a clever way of keeping it in reduction, which was to put it in ulnar deviation. My dad held my arm every time he was reducing it, and this was without any anesthesia. Over the next eight weeks, I went back every Friday to have a new cast put on because I continued to play football. I made a decision at that time that I wanted to be a doctor. When I got to medical school I was told by the dean that being a general practitioner put me in the bottom ten percent of the class. I then gravitated towards internal medicine because all my heroes at the medical school at the University of Washington were internists, including Clem Finch and Robert Petersdorf. Surgery was a non-entity at that time and I decided to do a rotating internship at the University of Oregon where Dr. J. Dunphy was. My very first rotation was general surgery, and after three weeks I knew exactly what I wanted to do, and that was

to go into surgery. Dunphy was an incredible role model and I admired him greatly. I did not get the Berry Plan, so I was drafted after my internship. After two years in Germany, Dr. Dunphy called me and reinforced that I was to join his program. I did, and during the five years, my role models became Bill Blaisdell, Bob Lim and Jack Wiley. I then decided that I wanted to do trauma surgery and I talked to Dr. Dunphy. He picked up the phone, called Tom Shires in Dallas and asked him if he would take me on as a trauma NIH fellow. Tom agreed and I spent one year with him doing research. I also helped out with clinical care.

LUCHETTE

Tell us about the response that your peers and mentors had when you announced that you wanted to be a trauma surgeon.

TRUNKEY

Very few people were interested in trauma care. Most people wanted to go into more glamorous and well-paying surgical subspecialties. I never regretted taking the fellowship.

LUCHETTE

Tell us the two or three significant scientific contributions that you are most proud of and how these influenced the field of trauma care?

TRUNKEY

I would have to say the *Archives of Surgery* article (*Arch Surg*.1979 Apr;114:455–60) and The Scientific American article (*Sci Am*.1983 Aug;249:28–35) were most important in systems of care. The *Archives of Surgery* paper compared two counties in California. San Francisco had a Level I trauma center, although that didn't exactly exist at that time, that's what it was. Orange County had several hospitals that took care of trauma and, I might add, very poorly. John West called me and said he was very frustrated in trying to set up a trauma center in his county. I told him that he should look at 100 autopsies of patients who died from trauma and I would do the same with Bob Lim in San Francisco, and we would compare the outcomes. The data was overwhelmingly in favor of a trauma center. The surgeons in Orange County resisted this article and were told to do their own study. After they did so, they were overwhelmed with the evidence that they had too many preventable deaths in Orange County.

My contributions to research initially were with a primate model and I studied shock, resuscitation and the influence of the shock insult on various resuscitative measures. I showed the excitation contraction coupling within the heart was impaired. I also showed that excitation secretion coupling in the adrenal gland was disturbed, and all of these things contributed to the pathophysiology of the post-shock state. When I moved to Oregon to be chair of surgery, I continued my research in the pathophysiology of shock and some of our best papers were written at that time. They were summarized in the *British Journal of Surgery* several years ago.

LUCHETTE

There are always advances in medical care that in retrospect were not the “advances” we thought or hoped. If you had one thing you “championed or adopted” that you could change in your career what would it be?

TRUNKEY

I was suckered into believing the data that came out of the U.S. Naval Research Center in Da Nang, Vietnam, that stated you had to use saline resuscitation and, furthermore, you should have a central venous pressure of about 18 since that would “load the heart” and increase cardiac output. It was a terrible concept and simply contributed to some of the problems we saw at that period of time. It took much convincing and other data that salt water drowning was inappropriate and I hope that I contributed significantly to debunk this bad idea.

LUCHETTE

What do you consider to be the two to three greatest advances in trauma care/science that occurred during your career?

TRUNKEY

I think systems approach to trauma care has been a major concept. It has recently been shown that if patients are entered into a trauma system, they have a 25% better chance of survival and most all will have minimal disability. I think ATLS has been a major advance and more recently, mid-level providers (nurse practitioners and physician assistants) have increased our ability to provide excellent ICU and ward care. I also think that prehospital care has been markedly improved during my life.

LUCHETTE

What were the major changes in practice patterns that occurred during your career?

TRUNKEY

Trauma is now considered a viable pathway in medicine. More recently, there has been a “dumbing down” of general surgery and I think acute care surgery may solve some of the problems. Unfortunately, it is very difficult now for a surgeon to be a true general surgeon that does thoracic and abdominal surgery and critical care. During my training, we would do craniotomies and a fair amount of orthopedics. More recently, particularly at OHSU, we have fostered a one-year rural surgery program which goes back to our roots and these residents who do the year will do approximately 400–500 cases, including C-sections, ORIFs, prostatectomies, etc. This has been a major plus.

LUCHETTE

What aspects of your career have you found to be the most rewarding or are most satisfying to you?

TRUNKEY

In 1980, I went on to the American College of Surgeons Committee on Trauma. Within a few months, I was up to my ears in trying to make changes through the executive director's office and ultimately to the Board of Regents. The executive director was a tyrant and a high control freak. This made things very difficult. I met with him and was very blunt, then went back to San Francisco and wrote a letter highlighting the things the Committee on Trauma should do. This led to confrontation with the executive director and the executive committee of the regents. We were called together in February of that year and my hands were slapped. Following this meeting, I was told that I would never be an officer in the ACS, and that I would never serve on the Board of Governors. My reaction was to simply keep pushing, and over the next two years we were able to get all of the things that I had originally wanted. We were able to translate ATLS into different languages and we were able to eventually get some nurses through ATLS in a modified way. I certainly took advantage of it and when I went to Desert Storm, I taught all of the nurse/surgeon teams ATLS.

LUCHETTE

What aspects of care have you found to be the most challenging or difficult? What things keep you up at night?

TRUNKEY

I think the thing that gives me the most stress is when you fail on a patient, particularly a young male or female, when you have tried everything and yet they still die. It bugs me to figure out how we went wrong or what happened. Sometimes there just doesn't seem to be any answers.

LUCHETTE

What career advice would you give to young surgeons interested in a career in academic trauma/acute care surgery?

TRUNKEY

I am very positive about such a career. There is nothing more rewarding. Money is not the issue; it's the reward of getting somebody through an acute injury or acute surgery with a good outcome. What more could you want?

LUCHETTE

What "life-coach" advice would you offer them on their lives outside the hospital?

TRUNKEY

Live your life to the fullest. Take time out to have fun with your family and pursue hobbies that will make you better. I cannot think of many things that are more satisfying than to read a good book, listen to a classic symphony, and playing with my grandchildren. My wife and I

have been married 53 years, and I still love her very much.

LUCHETTE

I'd like to talk specifically about the greatest challenges and the opportunities for the future of trauma and ACS. What do you think they will be?

TRUNKEY

I believe that we must reinvigorate trauma training. I believe there should be six months of special training if it is possible. This would include six months of hepatobiliary surgery, six months of endovascular surgery, at least six months of thoracic surgery, and I strongly believe that if there was enough training (six months) there could be acute neurosurgical procedures such as craniotomies, evacuation of blood and certainly trained to be able to stick in monitors such as ventricular shunts, etc.

LUCHETTE

What do you think the practice of trauma, surgical critical and acute care surgery care will be in 10–20 years?

TRUNKEY

I would do everything to resist “dumbing down” trauma or acute care surgery. I think the future is bright if we truly provide comprehensive trauma care, surgical critical care, and acute care surgery in the best interest of patients.

LUCHETTE

As you reflect on your three decades in academic surgery, is there anything you would change?

TRUNKEY

First and foremost, I would probably, if I had to do it over again, have a stronger relationship with the military. I get incredible satisfaction taking care of soldiers. They are called upon to protect our country, and I think they deserve the very best in care.

I have never perceived my personality as being particularly abrasive, but I sure have pissed off a lot of people. I guess maybe I should be more warm and fuzzy, but then I wouldn't be myself.

LUCHETTE

What would you change related to your life outside the hospital?

TRUNKEY

I think I have been very fortunate. I have a great wife, two children, and six grandchildren. We see them as often as we can. I also have been able to travel extensively during my career.

I take my wife on as many of these trips that I can, provided it is safe. I do some things that are a little bit hazardous, but so far, I have been very fortunate. I have many hobbies including making wine, fishing, and I suppose the one thing that my wife would change if she could is that I would not have so many books.

LUCHETTE

What plans do you have in the future, both clinical/academic and personal?

TRUNKEY

I think most of my plans will focus on the personal, because I am 75 years of age and I expect to step down from clinical activity soon. This does not necessarily mean that my academic interests will change. I may write more and I have considered writing a biography.

LUCHETTE

What is the one thing in your career that you would do differently if you had the chance?

TRUNKEY

Nothing. I have enjoyed it very much. As I said earlier, taking care of soldiers that are terribly wounded has been so rewarding, it is hard to believe.

LUCHETTE

Is there anything that we didn't talk about in these questions that you'd like to add for the membership or the readers of the commemorative book during the 75th anniversary of the AAST?

TRUNKEY

Yes. I guess, you know, after I had my little accident in football, I wanted to be a doctor. When I got to medical school all of my heroes were surgeons and that's what I wanted to do. I can tell you that I feel, personally, that it's just one of the most gratifying careers you can pick and particularly when it comes to taking care of the injured, whether it be civilian or military. I am telling you, you just can't believe how rewarding it is. If I had to do it over again I would probably pay money to do it.

LUCHETTE

That's just amazing to me with, as busy as your career has been, you still don't lose that passion and love for just being at the bedside or in the clinic with the patients.

TRUNKEY

You know, when I was in San Francisco I had a case that summarized it all for me, at least. There was this 19-year-old kid and his girlfriend were walking home from the San Francisco Symphony and these two hoodlums, teenagers 16 and 17, jumped out from behind some

shrubby and wanted their purse and billfold. Nathan, the male, said, "No." And so they shot both of them. The police arrived within two minutes and Lisa, the girlfriend, said, "Please help him." The policeman said, "Ma'am, he is dead. He doesn't have a pulse." About that time the ambulance arrived and they started CPR. He had a gunshot wound right over his sternum. They brought him into San Francisco General. The city of San Francisco is seven by seven miles so it's pretty well covered by ambulances.

So I opened his chest and repaired his right ventricle and then the left ventricle. The bullet exited the chest and traveled into his abdomen. I opened his abdomen, and it got his spleen as well. I had to ligate his right profundus artery. We had a rule at that time that if the patient didn't wake up in 48 hours we would basically withdraw support. On the 47th hour, he opened his eyes. He opened his eyes and his mom and dad were there. His father was a minister from Montana. Lisa had sustained a gunshot wound through her rectum and she had a colostomy.

His family had prayed for him. I was really losing hope. And, by God, he opened his eyes. He has done very well. They got married and they have three kids. I get a Christmas card every year from his mom and dad.

So I think that kind of case that just makes it so rewarding. And then my more recent stuff, you know, with the military. I've been going to Landstuhl every summer since 2006, and I went to Afghanistan. Then, of course, I had been in Desert Storm before that.

These kids get told to go over there in defense but probably we would be better off not going. It's really rewarding to see them get back.

Donald D. Trunkey Papers, 1970-2015

Overview of the Collection

Creator	Trunkey, Donald D., M.D., 1937-
Title	Donald D. Trunkey Papers
Dates	1970-2015 (bulk) 1970 2015 1952-2015 (inclusive) 1952 2015
Quantity	19.0 linear feet
Collection Number	2015-019
Summary	Donald Dean Trunkey, M.D., Professor Emeritus and former Chairman of the Department of Surgery at OHSU, has been described as the "The Father of Organized Trauma Care." His vast experience has ranged from military combat trauma, civilian disaster management, and trauma systems organization, to medical education, history, and space medicine. This collection provides a variety of materials covering his multifaceted career.
Repository	Oregon Health & Science University, Historical Collections & Archives OHSU Historical Collections & Archives Oregon Health & Science University 3181 SW Sam Jackson Park Rd. MC:LIB Portland, OR 97239 Telephone: 503-418-2287 hcaref@ohsu.edu
Access Restrictions	Some materials in this collection may be restricted due to the presence of protected health information (PHI) or other confidential information. Please contact Historical Collections & Archives for more details regarding access.
Languages	English

Biographical Note

Donald Dean Trunkey was born, raised, and educated in the state of Washington. He graduated with an M.D. from University of Washington in 1963 in the hope of becoming a General Practitioner. He interned under J. Englebert Dunphy at the University of Oregon Medical School, who became his mentor and turned his focus to surgery. When Trunkey was drafted into the Army, Dunphy went to San Francisco to begin one of the first trauma centers. He brought Trunkey in to join him after his service, and also got him a surgical Fellowship in Texas. On his return Trunkey rose to become chief of surgery for San Francisco General Hospital for 8 years. He then came back to Oregon to build a trauma system as Dept. Chairman over the next 15 years. An important interlude saw him as chief of surgery in an army hospital in Saudi Arabia during Desert Storm. After the chairmanship he returned to teaching and lecturing on a global scale as a Professor and Professor Emeritus.

His varied experiences influenced his thoughts and actions on trauma care. In the Army rampant alcoholism led him to institute A.A. programs. In San Francisco the drug wars of the '60s made him both an expert in gunshot wounds, and an advocate for controversial measures like gun control and drug legalization. Work with traffic accident victims led him to lobby for seat-belt and helmet laws. Likewise, exposure to the Texas Burn Unit not only led him to replicate one in San Francisco, but also to research fire-retardant clothing and self-extinguishing cigarettes. His wartime service likewise gave him an up-close look at the current state and problems of combat medicine.

Trunkey's decades-long involvement with trauma and trauma systems led to new surgical protocols of both invasive and non-operative types; the authorship of hundreds of articles and book chapters; the delivery of innumerable lectures; and participation in over 30 professional organizations.

Content Description

This collection includes a wide array of paper, photographic and electronic media. Correspondence, memos, reports, articles, journals, books and multi-media presentations are included.

Series I: Professional Papers. Here are located materials covering various aspects of his career. Included is a voluminous correspondence of an official nature as well as that concerning his hundreds of published works. Autobiographical and biographical articles, and information about his many slide presentations are in this section. Documentation concerning his military service is here as well, as is his involvement in numerous professional societies.

Series II: Military Medicine. This section deals in more detail his work with the Army and combat trauma medicine in general. There is much on his wartime service in 1991 as chief of surgery with the 50th General Hospital in Riyadh, Saudi Arabia, during Operations Desert Shield/Desert Storm against Iraq. His critiques on the lessons learned are here, which changed the way the Army approached combat trauma. He continued to help in this new training approach into the 21st century.

Series III: Trauma and Trauma Care Systems. Here is contained Dr. Trunkey's work on the theory and practice of trauma care, and the organization of systems to provide it. Included also is the famous Orange County, California study. This study, prompted by an angry denial of his 1979 critique on emergency care, ended up independently confirming his criticisms, and of the need for a new approach to trauma care.

Series IV: Trauma and the Human Body. This section goes into the specifics of trauma and trauma care. Not only of the types of trauma, whether-blunt or penetrating; due to burns, accident, or violence; but also their specific impact on the various parts of the anatomy as well.

Series V: Diagnosis and Therapy. In this series will be found Trunkey's work not only concerning surgical protocols, but also non-surgical options including fluid resuscitation and computer tomography.

Series VI: History of Medicine. Dr. Trunkey here indulges his love of historical topics in presentations ranging from Lord Nelson to the American Civil War to Presidential assassinations.

Series VII: Photographic Media. A series which provides some photo prints and radiographs; but the bulk of which is comprised of his many slide presentations.

Series VIII: Electronic Media. Herein are contained many of his lectures, presentations, and photo prints in CD and DVD format. These are individually housed in plastic and paper containers.

Series IX: Electronic Media and Bound Volumes. This grouping contains some CD/DVD items which were housed not in individual containers but in plastic pages holding multiple items in a file format. There are bound items as well.

Series X: Artifacts. Located here are a variety of personal items from tobacco pipes to oversize certificates and awards.

Historical Note

Distinguished Service Award of the American College of Surgeon, Washington State University College of Science Distinguished Alumnus Award, Barry Goldwater Service Award, International Society of Surgery Prize, Honorary Membership of the British Association for Accident and Emergency Medicine and Honorary Fellowships of the Royal Colleges of Surgeons of England, Ireland, Edinburgh, Glasgow, South Africa and Brazil, Medal of the Royal College of Medicine of England and Honorary Professorship of the Royal College of Surgeons of Edinburgh, King Faisal International Prize for Medicine.

Use of the Collection

Restrictions on Use

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Preferred Citation

Donald D. Trunkey Papers, Collection Number 2015-019, Historical Collections & Archives, Oregon Health & Science University.

Administrative Information

Arrangement

This collection is divided into ten series: Series I: Professional Papers; Series II: Military Medicine; Series III: Trauma and Trauma Care Systems; Series IV: Trauma and the Human Body; Series V: Diagnosis and Therapy; Series VI: History of Medicine; Series VII: Photographic Media; Series VIII: Electronic Media; Series IX: Electronic Media and Bound Volumes; and Series X: Artifacts.

Acquisition Information

Donald D. Trunkey, M.D.

Related Materials

Detailed Description of the Collection

I. Professional Papers, 1978-2015

Container(s)		Description	Dates
Box	Folder		
1	1	Curriculum Vitae	undated
1	2	Blood Products Committee, background articles	1978-2007
1	3	Chairman, Dept. of Surgery, OHSU, correspondence	1985
1	4	U.S. Army, correspondence and documentation	1985-2007
1	5	unauthored, "V.I.P. Donald Trunkey," MedStar Trauma One	1986
1	6	List of residents trained by Dr. Trunkey	1986-2000
1	7	Biographical article, Washington State University "Hill Topics"	1987
1	8	Trunkey, "Trauma Care at Mid Passage - A Personal Viewpoint: 1987," Journal of Trauma	1988
1	9	Scudder Oration correspondence	1988-1990
1	10	Health Objectives for the Year 2000	1989-1990
1	11	Governor's Task Force on Head Injury	1989-1990
2	1	Health Services Commission	1990
2	2	Medi-Cine (medical film makers) correspondence and scripts	1990-2010
2	3	Travel correspondence	1990-2010

Container(s)		Description	Dates
2	4	Collins, "MCMS Physician Reports From Gulf 24-hours Before War," Portland Physician Scribe	1991
2	5	Holt, "Healing War's Wounds," West Linn Tidings	1991
2	6	Hamilton, "Royal Northwest Welcome Greets Returning Reserve Hospital Unit," Oregonian	1991
2	7	Gulf War correspondence	1991
2	8	Trunkey, "Summary of After Action Report, 50th General Hospital, Operation Desert Storm"	1991
2	9	Trunkey, "Desert Shield/Desert Storm: A Personal Perspective" draft and correspondence, for Annals of Surgery	1991
2	10	Professional correspondence	1991-2012
2	11	Trunkey, "17th Annual Wm. T. Fitts Lecture: Reflections on Recent Experiences," Journal of Trauma	1992
2	12	Trunkey, "Random Thoughts on Surgery, Decision Making, and Lifes' Expectations," chapter in Healthcare Career Directory, 2nd edition	1993
2	13	Alpha Omega Alpha Visiting Professor certificate, University of Chicago	1994
2	14	Publisher correspondence	1996-2001
2	15	Trunkey, "Impact on the New Chair," drafts and correspondence, Archives of Surgery	2000
2	16	Moody, "Dunphy Stories," Surgery	2000
2	17	43rd International Surgical Group (ISG) Meeting brochure	2000
2	18	Memorandum of Understanding (MOU) between Trunkey and OHSU Dept. of Surgery	2001
3	1	Doctors' address lists	2002-2008

Container(s)		Description	Dates
3	2	Index of Trunkey presentations	2002-2009
3	3	Military training	2003
3	4	Medical Panel for Occupational Innovations	2004
3	5	Copyright releases	2004-2007
3	6	Oregon Board of Medical Examiners	2004-2007
3	7	Recredentialing correspondence	2004-2008
3	8	Schechter, "The Trunkey Years 1978-86," chapter IV in History of the Surgical Service of San Francisco General Hospital	2005-2007
4	1	American College of Surgeons Conference on Trauma (ACSCOT)	2005-2009
4	2	Bibliography	2006
4	3	Federal Employment Eligibility	2006
4	4	Blood Products Advisory Committee (BPAC) correspondence	2006
4	5	BPAC correspondence and documentation	2007
4	6	OHSU Certificate of Emeritus	2007
4	7	BPAC correspondence	2008
4	8	Trunkey, "Cognitive Changes in Retirement," Editorial comment, Journal of the American College of Surgeons	2008
4	9	BPAC Current Studies	2008-2009
4	10	BPAC Fibrinogen Briefing Document for January meeting	2009
4	11	BPAC Materials for April Rockville, Md. meeting	2009
5	1	BPAC July Conference Washington, D.C.	2009

Container(s)		Description	Dates
5	2	BPAC Curriculum Vitae for Dr. Adnan Cobanoglu	2009
5	3	Consulting agreement, Trunkey - Acute Innovations LLC	2009
5	4	Frontiers in Surgery Conference, Australia	2009
5	5	Trunkey, "My Life as a Surgeon," PowerPoint presentation	2009
5	6	American Surgical Association (ASA)	2009-2010
5	7	Landstuhl	2009-2010
5	8	ASA Presidential Address correspondence	2010
5	9	Halsted Society	2010
5	10	Publisher's correspondence	2010
5	11	Trauma 2012 Conference, Australia	2012
5	12	Oregon Health and Science University (OHSU) School of Medicine Alumni Council	2013
5	13	Trunkey book donations to OHSU Library	2015
5	14	Luchette, "Donald D. Trunkey, M.D., President 1986-87" of the American Association of Surgery of Trauma (AAST)), Interview	undated
5	15	Gilchrist, "A moment of magnificent kindness ..." Oregonian	undated
5	16	Presentation material, unidentified	undated
5	17	Cartoons	undated
5	18	Certificates	1987-2010
5	19	Visiting Professor, Emory University, Atlanta, Georgia	1992 August
5	20	Organ Grading System for Trauma (laminated card)	undated

II. Military Medicine, 1989-2013

Container(s)		Description	Dates
Box	Folder		
6	1	Trunkey, book review of "Care of the Wounded in Vietnam," by Robert M. Hardaway, editor (1988); in Surgery, Gynecology and Obstetrics	1989
6	2	Notebook of Thanks from 3rd Military Medical College, Chongqing, China	1989 May 28
6	3	Zajtchuk, "Combat Casualty Care Guidelines: Operation Desert Storm"	1991
6	4	Trunkey, "After Action Report, Desert Storm"	1991
6	5	Combat Casualty Research Program correspondence	1993
6	6	Bellamy, Textbook of Military Medicine - Specialty Editor Guide, with correspondence and drafts	1993-1995
6	7	Trunkey et al, "Blast Injury and Explosives," draft of proposed chapter in unnamed book, with correspondence	1996
6	8	Trunkey et al., "Management of Battle Casualties," chapter 56 in Trauma, 3rd edition	1996
6	9	Trunkey et al., "Principles of Wartime Surgery," chapter 3.6 in Oxford Textbook of Orthopedics and Trauma, drafts and correspondence	1996-2001
6	10	Trunkey et al., "Terrorism in America: An Evolving Threat." Archives of Surgery	1997 October
6	11	Cox, "D.O.D. Medical Readiness," unpaginated synopsis of GAO draft report and cover memo	1998 February
6	12	Trunkey et al., "Management of Battle Casualties," chapter 55 in Trauma 4th edition	2000
6	13	Trunkey et al., "Management of Battle Casualties.," Trauma 5th edition, galleys	2001

Container(s)		Description	Dates
6	14	Trunkey, "In Search of Solutions," Journal of Trauma	2001-2002
6	15	Trunkey et al., "Lessons Relearned," Commentary, Archives of Surgery	2008
6	16	Trunkey, "Civilian and Military Trauma: Does Civilian Training Prepare Surgeons for the Battlefield?," draft editorial, American Surgeon	2010
6	17	Power Point Presentations (fragments)	2010-2012
6	18	Trunkey, "Nothing to Disclose: Changes in Combat Casualty Care," PowerPoint presentation for American College of Surgeons Clinical Congress	2011
6	19	Trunkey, "Changes in Combat Casualty Care," PowerPoint presentation	2013
6	20	Trunkey, "Postmortem Computerized Tomography (CT)," draft Commentary of reviewed article, Journal of Trauma	1999

III. Trauma and Trauma Care Systems, 1972-2010

Container(s)		Description	Dates
Box	Folder		
7	1	Trauma Systems, assorted articles	1972-2007
7	2	Trunkey, "What To Do in the Event of a Major Disaster," Bulletin of the American College of Surgeons	1975
7	3	Trunkey et al., "Trauma Centers: A Pragmatic Approach to Need, Cost, and Staffing Patterns," Journal of the American College of Emergency Physicians	1977
7	4	Trunkey, "The Critically Injured Patient," Consultant	1977
7	5	Trunkey et al., "Hospital Care of the Trauma Patient," Journal of the American Medical Association	1978
7	6	Trunkey, "Who Goes There - Friend or Foe?," Journal of Trauma, with news clippings	1978-1979

Container(s)		Description	Dates
7	7	Trunkey et al., "Systems of Trauma Care: A Study of Two Counties," Archives of Surgery	1979
7	8	Trunkey, "Centralized Trauma Facilities," Presentation for Josiah Macy Jr. Foundation, Williamsburg, Virginia	1979
7	9	Trunkey, et al., "Role of the Specialist in the Emergency Room," Journal of Trauma	1979
7	10	Trauma Care Systems, articles and correspondence	1979-1984
7	11	Trunkey, "Does Los Angeles County Need Trauma Centers?," Interview, Stat	1979
7	12	Trunkey, et al., "Impact of Emergency Medicine on Surgical Care in the Emergency Ward," presentation	1980
7	13	Trunkey, "Trauma Care: A Rational Approach," chapter in Clinics in Emergency Medicine volume 3	1982
7	14	Trunkey, "The Value of Trauma Care Centers," Bulletin American College of Surgeons	1982
7	15	Trunkey, "On the Nature of Things That Go Bump in the Night," Surgery	1982
7	16	Trunkey et al., "Pre-Hospital Trauma Care: Are Paramedics Hazardous to Your Health?," Journal of the American Medical Association	1983
7	17	Committee on Trauma (COT) of the American College of Surgeons (ACS), "Hospital and Pre-hospital Resources for Optimal Care of the Injured Patient," Bulletin American College of Surgeons	1983
7	18	Trunkey, et al., "Alcohol Abuse, Road Trauma, and the Role of Medical Professionals," Bulletin American College of Surgeons	1983
7	19	Trunkey, "Do Trauma Centers Make a Difference?," Infections in Surgery	1983
7	20	Trunkey, "Trauma," Scientific American	1983

Container(s)		Description	Dates
7	21	Committee on Trauma of the ACS, "Hospital and Pre-hospital Resources for Optimal Care of the Injured Patient," Bulletin American College of Surgeons, reprint and correspondence	1983-1986
7	22	Trunkey, "Is Advanced Life-Saving (ALS) Necessary for Pre-hospital Trauma Care?," Editorial, Journal of Trauma	1983-1984
7	23	Dunphy, "San Francisco Trauma Center," Emergency	1984
7	24	Trunkey, "Trauma Care Systems," Emergency Clinics of North America	1984
7	25	Trunkey, "Toward Optimal Trauma Care," Bulletin American College of Surgeons	1984
7	26	Trunkey, "Societal Impact on Surgical Education in Trauma," Editorial, Journal of Trauma	1985
7	27	Trunkey, "A Plea for Surgical Leadership," Journal of Trauma	1985
7	28	Trunkey, et al., "Preventable Trauma Deaths," Journal of the American Medical Association	1985
8	1	Trunkey, "Regionalization of Trauma Services," chapter in Common Problems in Trauma	1986
8	2	Trunkey et al., "Trauma: General Survey and Synopsis of Management of Specific Injuries," chapter in Hardy's Textbook of Surgery 2nd edition	1987
8	3	Trunkey, "Organization of Trauma Care," chapter in Trauma Management	1988
8	4	Trunkey et al., "Management of the Injured Patient," chapter in Current Surgical Diagnosis and Treatment 8th edition	1988
8	5	Trauma Studies	1988-1992
8	6	Trunkey et al., "Trauma: A Major Public Health Problem," chapter in Trauma Management	1989

Container(s)		Description	Dates
8	7	"Report of the Council of the Association of Surgeons of Great Britain and Ireland," British Medical Journal	1989
8	8	Trunkey, "Trauma - A Public Health Problem," chapter for prospective book Early Care of the Injured	1989
8	9	Trunkey et al., "Rural Trauma: The Oregon Experiment," Journal of Emergency Nursing	1990
8	10	Trunkey, "The Epidemiology of Trauma Deaths and the Influence of Trauma Centers," chapter in Blunt Multiple Trauma	1990
8	11	Trunkey, "Priorities in Trauma Management," Military Medicine	1989
8	12	Trunkey et al., "An Argument for a Trauma System in Israel," Israel Journal of Medical Sciences	1991
8	13	Trunkey et al., "Trauma Systems," chapter in Current Therapy of Trauma 3rd edition	1991
8	14	Trunkey et al., "Elements of a Trauma System," chapter in Current Therapy of Trauma 3rd edition	1991
8	15	Trunkey et al., "Emergency Department Care," chapter in Current Therapy of Trauma 3rd edition	1991
8	16	Trunkey, "Why I Prefer Not to Treat Trauma Patients," Archives of Surgery	1991
8	17	Trunkey, "Treatment Priorities," chapter in Current Therapy of Trauma 3rd edition	1991
8	18	Trunkey et al., "Preventable Mortality," chapter in Current Therapy of Trauma 3rd edition	1991
8	19	Trunkey et al., "Establishment of Care Priorities," chapter in Trauma Anesthesia and Intensive Care	1991
8	20	Trunkey, "Is a Trauma Care System Necessary for Ireland?," Journal of the Irish Colleges of Physicians and Surgeons	1992

Container(s)		Description	Dates
8	21	Trunkey, "Future Shock," Archives of Surgery	1992
8	22	Trunkey, "Impact of Violence on the Nation's Trauma Care," Health Affairs	1993
8	23	Bazzoli articles on Trauma Care	1994-1997
8	24	Trunkey et al., "Systems of Trauma Care: A Study of Two Counties," (1979 article reprint), Clinical Orthopedics and Related Research	1995
8	25	Trunkey, Editorial, Journal of Trauma	1995
8	26	Trunkey, "Trauma Systems at Risk," Journal of the American Medical Association	1996
8	27	Trunkey, "Reform in Academic Health Centers," Surgery	1996
8	28	Trunkey et al., "Non-penetrating Injury of the Thorax," chapter in Scientific Foundations of Trauma	1997
8	29	Global Burden of Disease Study correspondence	1998
9	1	Trunkey, "Treatment Priorities," chapter in Current Therapy of Trauma, 4th edition	1999
9	2	Trunkey et al., "Prehospital Care: An Overview," chapter in Current Therapy of Trauma, 4th edition	1999
9	3	Trunkey, "An Unacceptable Concept," Editorial, Annals of Surgery	1999
9	4	Trunkey et al., "Management of the Geriatric Patient at Risk of Death," Archives of Surgery	2000
9	5	Assessing Competence and the American College of Surgeons	2000-2001
9	6	Trunkey et al., "Assessing Competency: A Tale of Two Professions," Journal of the American College of Surgeons	2001
9	7	Competency	2001-2008

Container(s)		Description	Dates
9	8	Trunkey, "Best Trauma Centers," PowerPoint presentation	2003
9	9	Trunkey et al., "Time to Death of Hospitalized Injured Patients as a Measure of Quality of Care," Journal of Trauma	2003
9	10	Trunkey, "Problems/Crises in Health Care," abstract	2004
9	11	Current Opinion in Critical Care correspondence	2005
9	12	Trunkey, "Trauma in Modern Society," Surgeon	2005
9	13	Trunkey, "Dysfunctional Care in a Dysfunctional Healthcare System," draft	2006
9	14	Coalition for American Trauma Care (CATC) Washington Report	2007
9	15	Trunkey, "Emerging Crisis in Trauma Care," Clinical Neurosurgery	2007
9	16	Mullins et al., "Statewide Assessment of Injury and Death Rates ...," Journal of the American College of Surgeons	2007
9	17	Trunkey, "The Medical World is Flat Too," World Journal of Surgery	2008
9	18	Trunkey, "Invited Commentary" revisions	2008-2011
9	19	Trunkey, "Health Care Reform: What Went Wrong," Annals of Surgery	2010
9	20	Trunkey, "Issues in Trauma Care," draft chapter for Clinical Surgery	undated
9	21	Trunkey, "Abandonment of Trauma Care by Surgeons," draft	undated
9	22	Trunkey, "Optimal Trauma Care," draft	undated
9	23	Trunkey, "Problems in Trauma Care," draft	undated
9	24	Trunkey, "Trauma Overview," draft	undated

Container(s)		Description	Dates
9	25	Trunkey, "An Overview of Trauma in Great Britain," draft	undated
9	26	Trunkey, "Variations on a Theme of Walter Kelly," draft	undated
9	27	Trunkey, "Vertical Categorization," draft	undated
9	28	Trunkey, "Trauma: A Neglected Health and Social Problem," draft	undated
9	29	Trunkey, "Overview of Trauma in the USA," draft	undated
9	30	Trunkey, "Trauma Care Responsibilities: What Level Should Your Hospital Be?," draft	undated
9	31	Trunkey, "Overview of Trauma Team Concepts and Activities," draft	undated
9	32	Trunkey, "Effect of Regionalization on Quality of Trauma," draft	undated
9	33	Trunkey et al, "Needed Plan for Emergency Medical Care," draft	undated
10	1	Orange County Study Part I	1979-1982
10	2	Orange County Study Part II	1981-1982
10	3	Orange County Study Part III (1)	1973-1983
10	4	Orange County Study Part III (2)	1984-1986

IV. Trauma and the Human Body, (bulk 1970-2007) 1952-2007

Container(s)		Description	Dates
Box	Folder		
11	1	Churchill, "The Shock Frog," Editorial, Annals of Surgery	1952
11	2	Trunkey et al., "Preservation of Canine Hearts," Cryobiology	1970

Container(s)		Description	Dates
11	3	Trunkey, "Management of Rectal Trauma," Journal of Trauma	1973
11	4	Trunkey, "Effect of Hemorrhagic Shock," Surgery	1973
11	5	Trunkey, "Management of Pelvic Fractures in Blunt Injury Trauma," Journal of Trauma	1973-1974
11	6	Trunkey, "Ulcerated Atheroma of the Carotid Artery," Archives of Surgery	1974
11	7	Trunkey, "Management of Liver Trauma," Annals of Surgery	1974
11	8	Trunkey, "Changes in Cell Membrane Following Shock and Cross-Perfusion," Surgical Forum	1974
11	9	Trunkey, "Calcium Shifts During Hemorrhagic Shock in Baboons," Surgical Forum	1974
11	10	Trunkey, "The Child in the Emergency Room," postgraduate course at AMA conventions	1974-1976
11	11	Hepatic Trauma articles	1974-2004
11	12	Trunkey et al., "Pulmonary Extravasation of Albumin during and after Hemorrhagic Shock in Baboons," Journal of Surgical Research	1975
11	13	Trunkey et al., "Platelet Response to Acute Blood Loss," Journal of the American College of Emergency Physicians	1975
11	14	Trunkey et al., "Renal Trauma and Retroperitoneal Hematomas," Journal of Trauma	1975
11	15	Trunkey, "Abdominal Injuries," part of chapter 15 in Current Surgical Diagnosis 2nd edition	1975
11	16	Head Injury articles	1975-1995
11	17	Trunkey et al., "Further Analysis of Lung Water in Baboons," Journal of Surgical Research	1976

Container(s)		Description	Dates
11	18	Holcroft, "Sepsis in the Baboon," correspondence	1977
11	19	Trunkey et al., "Thermal Injury: Defects in Immune Response Induction," Journal of Surgical Research	1977
11	20	Trunkey et al., "Recovery of Cardiac Intracellular Membrane Potentials," Surgical Forum	1977
11	21	Blaisdell, "Shock," chapter galley for Current Surgical Diagnosis, 3rd edition	1977
11	22	Trunkey et al., "Intravascular Coagulation and Pulmonary Edema in the Septic Baboon," Journal of Surgical Research	1977
11	23	Trunkey et al., "Myocardial Depression in Acute Thermal Injury," Journal of Trauma	1978
11	24	Trunkey et al., "Ionized Calcium and Magnesium," Journal of Trauma	1978
11	25	Trunkey et al., "Excessive Fluid Administration in Resuscitating Baboons," American Journal of Surgery	1978
11	26	Trunkey et al., "Visceral Vessel Erosion Associated with Pancreatitis," Archives of Surgery	1978
11	27	Trunkey, "Inhalation Injury," Surgical Clinics of North America	1978
11	28	Trunkey et al., "Effect of Septic Shock on Skeletal Muscle," abstract, Proceedings of the European Society for Surgical Research, Helsinki	1978
11	29	Trunkey et al., "Burns," chapter in Quick Reference to Pediatric Emergencies	1978
11	30	Trunkey, "Abdominal Trauma," chapter in Quick Reference to Pediatric Emergencies 2nd edition	1978
11	31	Lung Water articles	1978-1979

Container(s)		Description	Dates
12	1	Trunkey et al., "Effect of Hypothermia and Cardioplegia on Cardiac Intracellular Membrane Potentials," Journal of Surgical Research	1979
12	2	Trunkey et al., "Extravasation of Albumin in Tissues of Normal and Septic Baboons and Sheep," Journal of Surgical Research	1979
12	3	Trunkey et al., "Effect of Septic Shock on Skeletal Muscle Action Potentials in the Primate," Surgery	1979
12	4	Trunkey et al., "Ionized Calcium," Journal of Surgical Research	1979
12	5	Trunkey et al., "Predicting Fatal Sepsis in Burn Patients," Journal of Trauma	1979
12	6	Trunkey et al., "Peritonitis" Pt. 1 (symposium proceedings), Contemporary Surgery	1979
12	7	Trunkey et al., "Peritonitis" Pt. 2 (symposium proceedings), Contemporary Surgery	1979
12	8	Trunkey et al., "Treatment of Shock," chapter in Management of Trauma, 2nd edition	1979
12	9	Trunkey, "Effects of Hormones and Toxic Factors in Shock," Current Concepts	1979
12	10	Baker et al., "Suppressor Cells in Burn Patient Leukocytes," draft	circa 1979
12	11	Trunkey, "Pathogenesis and Management of Sepsis in the Traumatized Patient," draft	circa 1979
12	12	Trunkey et al., "Simple Method of Predicting Severe Sepsis in Burn Patients," American Journal of Surgery	1980
12	13	Trunkey et al., "Burn Rounds at San Francisco General Hospital," Journal of Burn Care and Rehabilitation	1980
12	14	Trunkey et al., "Extracellular Calcium Pool Decreases During Deep Septic Shock in the Baboon," Annals of Surgery	1980

Container(s)		Description	Dates
12	15	Trunkey et al., "Chest Trauma," Surgical Clinics of North America	1980
12	16	Crass, "Portal Hypertension," Western Journal of Medicine	1980
12	17	Trunkey et al., "Multisystem Organ Failure" (symposium), Contemporary Surgery	1981
12	18	Trunkey et al., "Multiple Injured Patient - Priorities," draft	1981
12	19	Ortho Immunobiology Division, "Immune Consequences of Thermal Injury" (Ortho Pharmaceutical Study)	1981
12	20	Trunkey et al., "Multiple Trauma," chapter in Quick Reference to Pediatric Emergencies 3rd edition, D.J. Pascoe et al. editors	1982
12	21	Trunkey et al., "Abdominal Injuries," chapter draft	1982
12	22	Trunkey, "Flail Chest," chapter in Rob and Smith's Operative Surgery	1982
12	23	Trunkey et al., "Septic Shock," chapter draft for Clinical Surgery International, 9th edition	1982-1983
12	24	Trunkey, "Neural Trauma," chapter in Trauma of the Central Nervous System	1982-1985
12	25	Root, "Occult Abdominal Injuries," Journal of the American Medical Association	1983
12	26	Trunkey et al., "Shock," chapter in Current Emergency Diagnosis and Treatment	1983
12	27	Trunkey, "Mortality Differences and Speed of Wound Closure," Journal of the American Medical Association	1983
13	1	Trunkey et al., "Abdominal Trauma," draft chapter for Current Surgical Therapy	1983
13	2	Trunkey et al., "Mechanisms of Myocardial Depression in Septic Shock," abstract	1983

Container(s)		Description	Dates
13	3	Trunkey et al., "Abdominal Pain," chapter in Emergency Medicine Diagnosis and Treatment	1983
13	4	Trunkey et al., "Myocardial Dysfunction in Septic Shock," Archives of Surgery	1984
13	5	Trunkey, "Abdominal Trauma," Thai Journal of Surgery	1984
13	6	Trunkey et al., "Myocardial Depression," Archives of Surgery	1984
13	7	Trunkey, "Shock Trauma," Canadian Journal of Surgery	1984
13	8	Trunkey et al., "Risk of Infection After Penetrating Abdominal Trauma," New England Journal of Medicine	1984 October
13	9	Trunkey, "Vascular Injury," chapter draft for Current Surgical Therapy 2nd edition	1984
13	10	Trunkey, "Trauma Principles and Penetrating Neck Trauma," chapter in Current Therapy of Trauma	1984
13	11	Trunkey, "Chest Trauma," chapter in Quick Reference to Pediatric Emergencies 3rd	1984
13	12	Trunkey, "Abdominal Trauma," chapter in Current Surgical Therapy	1984
13	13	Trunkey, "Thoracic Trauma," chapter in Current Therapy of Trauma	1984
13	14	Trunkey et al., "Burns and Smoke Inhalation," chapter in Quick Reference to Pediatric Emergencies, 3rd edition	1984
13	15	Trunkey, "Cardiac Injuries," chapter draft in Tsung Cheng, International Practice of Cardiology	1984-1985
13	16	Trunkey, "Burns," chapter in Current Surgical Diagnosis and Treatment, 6th edition	1985
13	17	Trunkey et al., "Report from the California Burn Registry," Western Journal of Medicine	1985

Container(s)		Description	Dates
13	18	Trunkey et al., "Major Burns Resulting From Scalds," Journal of Biological and Chemical Research	1985
13	19	Trunkey, "Hemorrhagic Shock," chapter in Current Therapy in Emergency Medicine	1985
13	20	Trunkey et al., "Vascular Emergencies," chapter in Current Emergency Diagnosis and Treatment 2nd edition	1985
13	21	Trunkey et al. "Gastrointestinal Tract Bleeding," chapter in Current Emergency Diagnosis and Treatment 2nd edition	1985
13	22	Trunkey et al., "Chest Trauma," chapter in Current Emergency Diagnosis and Treatment 2nd edition	1985
13	23	Trunkey et al., "Traumatic Shock," draft	1985
13	24	Trunkey et al., "Shock and Trauma," chapter in Handbook of Surgery	1985
13	25	Trunkey et al., "Intensive Care Management of the Multiple Injury Victim," draft chapter for Topics in Neurosurgery	1985
13	26	Trunkey, "Treatment of Shock," chapter in Management of Trauma, 4th edition	1985
14	1	Trunkey, "Multiply Injured Patient," chapter in Current Emergency Diagnosis and Treatment, 2nd edition	1985
14	2	Trunkey, "Shock and Metabolism," Bulletin American College of Surgeons, with correspondence	1985-1986
14	3	Trunkey, "Abdominal and Pelvic Vascular Injuries," draft chapter and correspondence for Current Therapy in Vascular Surgery	1985-1986
14	4	Trunkey, "Abdominal Trauma," correspondence regarding translation into German	1986
14	5	Trunkey et al., "The Effects of Burn Injury," draft presented at American Burn Association Meeting	1986
14	6	Trunkey et al., "Mortality from Ruptured Abdominal Aortic Aneurysms," American Journal of Surgery	1986

Container(s)		Description	Dates
14	7	Trunkey, "Penetrating Abdominal Trauma," interview transcript	1986
14	8	Trunkey et al., "Air Embolism," chapter in Current Therapy of Trauma 2	1986
14	9	Trunkey et al., "Schock," chapter 5 in Basic Surgery 3rd edition	1986
14	10	Trunkey, "Torso Trauma," Current Problems in Surgery	1987
14	11	Trunkey, "Infectious Complications in Trauma," chapter 12 in New Surgical and Medical Approaches in Infectious Diseases	1987
14	12	Trunkey, "Patient Management Priorities in Trauma Care - Surgical Profiles," from symposium "Multiple Organ Failure: Contributing Factors" in Costa Mesa, Ca.	1988
14	13	Trunkey, "Inflammation and Trauma," Editorial, Archives of Surgery	1988
14	14	Trunkey et al., "Reoperation in Abdominal Trauma," Chapter 11 in Reoperative Surgery	1988
14	15	Trunkey et al., "Thoracic Gunshot Wounds," chapter 21 in Management of Gunshot Wounds	1988
14	16	Trunkey et al., "Emergency Room Thoracotomy," Chapter 22 in Ordog's Management of Gunshot Wounds	1988
14	17	Trunkey, "Treatment of Sepsis ... in the Trauma Patient" (generic description of articles in volume 11, Supplement A of Clinical Therapeutics - no Trunkey material)	1988
14	18	Trunkey, "Comments on the Article by Fackler," Editorial, Surgery	1989
14	19	Trunkey et al., "Burns in the Elderly," American Family Physician (correspondence on re-use of 1987 reprint)	1989
14	20	Trunkey, "Shock and Trauma," chapter 1 in Handbook of Surgery	1989

Container(s)		Description	Dates
14	21	Trunkey et al., "Abdominal Pain," chapter 8 in Current Emergency Diagnosis and Treatment 3rd edition	1989
14	22	Trunkey, "Abdominal Trauma," chapter 19 in Current Emergency Diagnosis and Treatment 3rd edition	1989
14	23	Trunkey et al, "Trauma to Chest Wall, Pleura, and Thoracic Viscera," draft	1989
14	24	Trunkey et al., "Acute Abdomen," draft for Patient Care	1990
14	25	Trunkey, "Treatment of Sepsis and Other Complications in the Trauma Patient," Clinical Therapeutics, Supplement B	1990
14	26	Trunkey, "Non-operative Management of Abdominal Trauma," draft	circa 1990
14	27	Trunkey et al., "Nonoperative Management of Abdominal Trauma," Surgical Clinics of North America	1990
14	28	Trunkey et al., "Abdominal Pain," chapter 8 in Current Emergency Diagnosis and Treatment 3rd edition	1990
14	29	Trunkey et al., "Vascular Emergencies," chapter 26 in Current Emergency Diagnosis and Treatment 3rd edition	1990
14	30	Trunkey et al., "Gastrointestinal Tract Bleeding," chapter 9 in Current Emergency Diagnosis and Treatment 3rd edition	1990
14	31	Trunkey, "Multiply Injured Patient," chapter 3 in Current Emergency Diagnosis and Treatment 3rd,	1990
14	32	Trunkey et al., "Infection in Trauma Surgery," chapter 20 in Principles and Management of Surgical Infections	1990
14	33	Trunkey et al., "Chest Trauma," chapter 18 in Current Emergency Diagnosis and Treatment 3rd	1990
14	34	Trunkey, "Blunt and Penetrating Renal Artery Injury," chapter in Current Therapy in Vascular Surgery	1990

Container(s)		Description	Dates
15	1	Trunkey, "Prevention of Chest Trauma - Invited Comment," chapter 3 in Thoracic Surgery: Surgical Management of Chest Injuries	1991
15	2	Trunkey et al., "Trachea, Bronchi, and Lungs," chapter in Current Therapy of Trauma 3	1991
15	3	Trunkey et al., "Abdominal Trauma and Indications for Celiotomy," chapter 27 in Trauma 2nd edition	1991
15	4	Trunkey et al., "Biliary Tract Trauma," chapter 21 in volume 3 Shackelford's Surgery of the Alimentary Tract	1991
15	5	Trunkey et al., "Treatment of the Flail Chest," course material for independent study class Modern Perspectives in Trauma Surgery	1991
15	6	Trunkey et al., "Abdominal Trauma and Indications for Laparotomy," chapter 28 in Trauma 2nd edition	1991
15	7	Trunkey et al., "Pelvic Vascular Injuries," chapter 17 in Vascular Injuries in Surgical Practice	1991
15	8	Trunkey et al., "Great Vessel Injury," chapter in Current Therapy of Trauma 3	1991
15	9	Trunkey et al., "Non-penetrating Blunt Impacts Thorax and Management," correspondence and draft chapter for Scientific Foundations of Trauma	1991-1995
15	10	Trunkey et al., "A Decision Analysis of Traumatic Splenic Injuries," Journal of Trauma	1992
15	11	Trunkey et al., "Tracheobronchial Injuries," Advances in Trauma and Critical Care	1992
15	12	Trunkey, "Venous Access," chapter in Rob and Smith's Operative Surgery 4th edition	1992
15	13	Trunkey, "Liver Injury," chapter in Current Surgical Therapy 4th edition	1992
15	14	Trunkey, "Hypovolemic and Traumatic Shock," chapter 8 in Shock and Resuscitation	1993

Container(s)		Description	Dates
15	15	Trunkey et al., "Trauma to the Liver, Gallbladder, and Bile Ducts," chapter 55 in Diseases of the Liver	1993
15	16	Trunkey, "Great Vessel Injury," chapter 17 in Cervicothoracic Trauma 2nd edition	1993
15	17	Trunkey, "Chest Wall Injuries," chapter 12 in Cervicothoracic Trauma 2nd edition	1993
15	18	Trunkey et al., "Should Head - Injured Patients Be Brought to the Nearest Hospital ...?," chapter 48 in Neurotrauma: Evidence - Based Answers to Common Questions	1994
15	19	Trunkey, "Shock and Trauma," chapter 1 in Schrock's Handbook of Surgery 10th edition	1994
15	20	Trunkey, "Cardiopulmonary Resuscitation in the Intensive Care Unit," Journal of the American College of Surgeons	1995
15	21	Trunkey et al., "Oxygen Free Radicals and Brain Injury," chapter in Advances in Trauma and Critical Care volume 10	1995
15	22	Trunkey et al., "Abdominal Vascular Injuries," Surgical Clinics North America	1996
15	23	Trunkey et al., "Herbicide/Pesticide Effects on Intestinal Epithelial Growth," resubmitted draft for Environmental Research	1997
15	24	Trunkey et al., "Fractured Rib in Chest Wall Trauma," Chest Surgery Clinics of North America	1997
15	25	Trunkey et al., "Splenic Trauma," chapter in Surgical Diseases of the Spleen	1997
15	26	Trunkey, "Treatment of Major Hepatic Trauma," chapter 95 in Mastery of Surgery 3rd	1997
15	27	Trunkey, "Thoracic Inlet Injuries," chapter 20 in Operative Trauma Management: An Atlas	1997
15	28	Chest Inquiries, correspondence about publishing in Austrian journals	1997-1999

Container(s)		Description	Dates
15	29	Trunkey, "American Surgical Instruments," book review in New England Journal of Medicine	1998
15	30	Trunkey et al., "Management of Hepatobiliary Trauma," drafts for chapter 32 of Shackelford's Surgery of the Alimentary Tract, 5th edition	1998-2000
16	1	Trunkey et al., "Neurotrauma," chapter in Current Therapy of Trauma 4th	1999
16	2	Trunkey et al., "Heart Injury," chapter in Current Therapy of Trauma 4th	1999
16	3	Trunkey, "Injuries to Trachea, Bronchii, and Lungs," chapter in Current Therapy of Trauma 4th	1999
16	4	Trunkey et al., "Injuries to the Small Intestine," chapter 47 in Upper Digestive Surgery	1999
16	5	Trunkey et al., "Chest Wall Injury," chapter in Current Therapy of Trauma 4th edition	1999
16	6	Trunkey et al., "Liver Injury," chapter in Current Therapy of Trauma 4th edition	1999
16	7	Trunkey, "Vascular Trauma," chapter for Current Surgical Therapy 7th edition	1999-2000
16	8	Trunkey, "Abdominal Abscess," chapter in Current Therapy of Infectious Disease 2nd edition	2001
16	9	Trunkey et al., "Colon Injuries," chapter in Surgical Treatment: Evidence-Based and Problem-Oriented	2001
16	10	Trunkey et al., "Blunt Cardiac Injury," Critical Care Clinics, draft	2002-2003
16	11	Trunkey et al., "Blunt Cardiac Injury," Critical Care Clinics	2004
16	12	Assorted trauma articles	2004-2007
16	13	Trunkey book reviews	2005-2006

Container(s)		Description	Dates
16	14	Trunkey, "Hypovolemic Shock," draft chapter	undated
16	15	Trunkey et al., "Systemic Complications in Burn Injury," draft	undated
16	16	Trunkey, "Dilemma of Multiple Organ Failure," draft	undated
16	17	Trunkey et al., "One Year Survival Analysis" (publication not given)	undated
16	18	Trunkey et al., "Better Definition of the Usefulness of Burn Units," draft	undated
16	19	Trunkey, "Changes in Immunology Following Burns," draft	undated
16	20	Trunkey et al., "Septic Shock in the Baboon," draft	undated
16	21	Trunkey et al., "Correlation of Traumatic Shock with Immunocompetence and Sepsis," draft	undated
16	22	Miller et al., "Monocyte Function as a Predictor of Responses to Septic Challenge ...," draft	undated
16	23	Trunkey et al., "Exam and Evaluation of the Shock Patient," draft	undated
16	24	Trunkey, "Metabolic Response to Trauma Sepsis," draft	undated
16	25	Baker et al., "Characterization of Suppressor Cells After Thermal Injury," draft	undated
16	26	Blaisdell, "Chest Trauma," chapter in unidentified book	undated

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Container(s)		Description	Dates
Box	Folder		
17	1	Trunkey et al., "Acute Abdominal Injury," Archives of Surgery	1974

Container(s)		Description	Dates
17	2	Trunkey, "Review of Current Concepts in Fluid and Electrolyte Management," Heart and Lung	1975
17	3	Trunkey et al., "An Experience with a LeVeene Ascites Shunt," Archives of Surgery	1976
17	4	Trunkey et al., "Monitoring Resuscitation of Primates ...," Journal of the American College of Emergency Physicians	1976
17	5	Trunkey et al., "Postoperative Treatment of Patients After Liver Resection for Trauma," draft	1977
17	6	Trunkey et al., "Fluid and Electrolyte Therapy," chapter in Schrock's Handbook of Surgery	1978
17	7	Trunkey et al., "Excessive Fluid Administration in Baboons ...," American Journal of Surgery	1978
17	8	Trunkey et al., "Management of the Emergency Right Hemicolectomy," Journal of Trauma	1979
17	9	Trunkey et al., "Early Post-Operative Mortality Following Portacaval Shunting for Variceal Hemorrhage," Gastro	1979
17	10	Trunkey et al., "Identity in Mononuclear Cells Which Compromise the Resistance of Trauma Patients," Journal of Surgical Research	1979
17	11	Trunkey, "Initial Treatment of the Trauma Victim," draft chapter for Collected Papers in Emergency Services and Traumatology	circa 1979
17	12	Trunkey et al., "Neurological Outcome Following E.R. Thoracotomy for Trauma," American Journal of Surgery	1979-1980
17	13	Trunkey et al., "Safety and Efficacy of a New Synthetic Burn Dressing," Archives of Surgery	1980
17	14	Trunkey et al., "Choledochoplasty," American Journal of Surgery	1980-1981
17	15	Trunkey et al., "Use of Secondary Closure for Contaminated Abdominal Wounds," chapter for More Controversies in Surgery	1980-1981

Container(s)		Description	Dates
17	16	Trunkey et al., "Epidemiology of Trauma Deaths," American Journal of Surgery , draft	1980-1986
17	17	Trunkey et al., "Postsplenectomy Sepsis, chapter for Surgical Infections: Discussions in Surgical Management	1981
17	18	Trunkey, "Initial Circulatory Support: Fluid Management," Western Journal of Medicine	1981
17	19	Trunkey et al., "Role of Emergency Room Thoracotomy in Trauma," Journal of Trauma	1981
17	20	Trunkey et al., "Surgical Aspects of Pediatric Trauma," draft	1981
17	21	Trunkey et al., "A Randomized Controlled Trial ...," Gastro Abstracts of Papers	1981
17	22	Trunkey et al., "Trauma: General Survey and Synopsis of Management of Specific Injuries," draft	1982
17	23	Trunkey et al., "Considerations in Selection of Antimicrobial Chemotherapy," monograph of meeting sponsored by Merck, Sharp and Dohme	1982
17	24	Trunkey, "Resuscitation - How I Do It," drafts and correspondence	1982-1985
18	1	Trunkey, "Immunologic Effects of Trauma," contributor's agreement for chapter in Traumatic Injury: Infection and Other Immunologic Sequelae	1983
18	2	Trunkey et al., "Panel: Current Status of Trauma Severity Indices," Journal of Trauma	1983
18	3	Champion et al., "Report on the Conference on Injury Severity and Triage," Mayflower Hotel, Washington D.C.	1983
18	4	Trunkey et al., "Establishment of Care Priorities," draft	1983
18	5	Trunkey et al., "Surgical and Anti-Microbial Management of Trauma Victims," Infections in Surgery	1984

Container(s)		Description	Dates
18	6	Trunkey et al., "Endoscopic Sclerotherapy versus Portacaval Shunt ...," New England Journal of Medicine	1984
18	7	Trunkey et al., "Selective Nonoperative Management of Blunt Liver Injury ...," Archives of Surgery	1985
18	8	Trunkey et al., "Fluid and Electrolyte Therapy," chapter in Schrock Handbook of Surgery 8th edition	1985
18	9	Trunkey, "Metabolic Response to Trauma," correspondence regarding prospective chapter in book Trauma	1985-1986
18	10	Trunkey et al., "Oxygen Free Radicals: Helpers or Suppressors?" correspondence regarding presentation at American College of Surgeons Annual Meeting	1986
18	11	Trunkey et al., "Surgical Procedures," chapter in Blaisdell, Trauma Management	1986
18	12	Trunkey, "General Approaches and Treatment Priorities," chapter in Rob and Smith's Operative Surgery	1986
18	13	Trunkey, "Diagnostic Laboratory Workup," draft chapter for Rob and Smith Operative Surgery	1986
18	14	Trunkey, "Re-exploration or "Second Look" Procedure," draft chapter for Rob and Smith Operative Surgery	1986
18	15	Trunkey, "Control of Soilage From the Gastrointestinal Tract," draft chapter for Rob and Smith Operative Surgery	1986
18	16	Trunkey, "Diagnostic and Interventional Radiology," draft	1986
18	17	Trunkey, "Computed Tomography in Perspective," draft	1986
18	18	Trunkey, "Surgical Approaches to Penetrating Injuries," chapter in Hefte zur Unfallheilkunde (Issues in Emergency Medicine)	1987
18	19	Trunkey, "Infectious Complications Following Trauma," chapter 12 in Infectious Diseases: New Surgical and Medical Approaches	1987

Container(s)		Description	Dates
18	20	Trunkey, "An Open-labeled, Multicenter Assessment of Buprenex ..., Clinical Perspectives	1987
18	21	Schechter, "Colostomy Closure After Colon Injury ...," American Association for Surgery of Trauma Abstracts	circa 1987
18	22	Trunkey, et al., "Reoperation in Abdominal Trauma," chapter in Tompkins' Reoperative Surgery	1988
18	23	Trunkey, et al., "Emergency Room Thoracotomy," chapter 22 in Ordog's Management of Gunshot Wounds	1988
18	24	Trunkey, et al., "CT Scanning in Acute Abdominal Injuries," Surgical Clinics of North America	1988
18	25	Trunkey, et al., "Diagnostic Investigations," chapter 15 in Ordog's Management of Gunshot Wounds	1988
18	26	Trunkey, et al., "Special Problems in Operative Management," chapter in Operative Surgery	1989
18	27	Trunkey, et al., "Trauma Victim Management," chapter 2 in Facial Fractures	1989
18	28	Trunkey, et al., "Importance of Spontaneous a-Ketoacid Decarboxylation in Experiments Involving Peroxide," Biochemical and Biophysical Research Communications	1990
18	29	Trunkey, et al., "Response to Trauma in the Elderly," chapter 33 in Geriatric Emergency Medicine	1990
18	30	Trunkey, et al., "Shock," chapter 2 in Current Emergency Diagnosis and Treatment 3rd edition	1990
18	31	Trunkey, et al., "The Spleen," chapter 33 in Nora's Operative Surgery	1990
18	32	Trunkey, et al., "Injuries to the Spleen and Pancreas," chapter 3 in Emergency Abdominal Surgery	1990
18	33	Root, "Diagnostic Peritoneal Lavage versus CT Scanning in the Trauma Patient," Perspectives in General Surgery	1990

Container(s)		Description	Dates
18	34	Trunkey, et al., "Routine Diagnostic Imaging," chapter in Current Therapy of Trauma 3rd edition	1991
18	35	Trunkey, "Initial Treatment of Patients with Extensive Trauma," New England Journal of Medicine	1991
18	36	Trunkey, et al., "Special Diagnostic Testing," chapter in Current Therapy Trauma 3rd	1991
18	37	Trunkey, et al., "Angiography and Interventional Radiology," chapter in Current Therapy Trauma 3rd	1991
18	38	Trunkey, et al., "Initial Management and Field Triage," chapter 6 in Civilian Vascular Trauma	1992
18	39	Trunkey, "Diagnostic Laboratory Investigation and Diagnostic and Interventional Radiology," chapter in Rob and Smith's Operative Surgery	1992
18	40	Trunkey, et al., "Efficacy of a b-lactamase inhibitor ...," Annals of Surgery	1993
18	41	Trunkey, et al., "Blood Component Supplementation During Massive Transfusion ...," Journal of Trauma	1993
18	42	Trunkey, et al., "Microassay of Decarboxylation Reactions in Cultured Cells," Analytical Biochemistry	1993
18	43	Trunkey, et al., "Signs of the Times-Response," in Collected Letters, Correspondence Society of Surgeons	1993
18	44	Trunkey, "Fluid and Electrolyte Therapy," chapter in Schrock's Handbook of Surgery 10th edition	1993
18	45	Trunkey, et al., "Selective Fecal Diversion in Complex Open Pelvic Fractures ...," Archives of Surgery	1994
18	46	Trunkey, et al., "Current Issues in the Management of Trauma," Roundtable discussion and correspondence	1994-1995
18	47	Trunkey, et al., "Nitric Oxide and the Trauma Surgeon," chapter in Advances in Trauma and Critical Care	1995
18	48	Trunkey, "Response," Collected Letters	1995

Container(s)		Description	Dates
19	1	Trunkey, "Foreword," Complications in Trauma and Critical Care	1996
19	2	Trunkey, et al., "Insulin-like Growth Factor (IGF) and IGF Binding Protein ...," Surgical Forum	1996
19	3	Trunkey, et al., "Steroids in Central Nervous System Injury," Advances in Surgery	1997
19	4	Trunkey, et al., "Emergency and Intensive Care of the Trauma Patient," chapter 4 in Oral and Maxillofacial Trauma 2nd edition	1997
19	5	Trunkey, et al., "Tracheostomy," Current Techniques in General Surgery	1997
19	6	Trunkey, "Response," Collected Letters	1998
19	7	Physicians Committee for Responsible Medicine handouts	1998
19	8	Nyberg-Swenson, "The Selenium Link," Medical Hypotheses	1999
19	9	Trunkey, et al., "Absorbable Mesh Prosthesis Closure for Abdominal Trauma ...," chapter 10 in Advances in Surgery	1999
19	10	Trunkey, et al., "Advanced Options in Pulmonary Support," chapter in Current Therapy of Trauma 4th edition	1999
19	11	Trunkey, et al., "Initial Diagnostic Imaging," chapter in Current Therapy of Trauma 4th edition	1999
19	12	Trunkey, et al., "Prehospital Fluid Resuscitation," chapter in Current Therapy of Trauma 4th edition	1999
19	13	Trunkey, et al., Drug Reactions, Abstracts, NORM '99 conference	1999
19	14	Trunkey, et al., "Management of the Geriatric Patient at Risk of Death: Therapy Withdrawal Decision Making," drafts and correspondence	1999
19	15	Trunkey, et al., "Surgical Management of Liver Injuries in the Adult," draft and correspondence	1999-2000

Container(s)		Description	Dates
19	16	Trunkey, et al., "Cardiopulmonary Resuscitation," chapter in Surgical Treatment: Evidence-Based and Problem-Oriented	2001
19	17	Trunkey, et al., "Management of Hepatobiliary Trauma," chapter 32 in Shackelford's Surgery of the Alimentary Tract, volume 3, 5th edition	2002
19	18	Trunkey, "Treatment of Major Hepatic Trauma," chapter 92 in Mastery of Surgery volume 1, 4th edition	2001
19	19	Trunkey, "Abdominal Abscess," chapter in Schlossberg's Current Therapy of Infectious Disease	2001
19	20	Trunkey, "Flail Chest," PowerPoint presentation	circa 2002
19	21	Trunkey, et al., "Acute Care Surgery: Eraritjaritjaka," draft	2005
19	22	Trunkey, "Splenectomy for Trauma: Early and Late Complications," draft	2005
19	23	Trunkey et al., chapter drafts and correspondence for book Trauma: Contemporary Principles and Therapy	2005-2007
20	1	Trunkey, "Treatment of Major Hepatic Trauma," chapter 96 in Mastery of Surgery 5th edition	2006
20	2	Trunkey et al., Preface and chapter 68, in Current Therapy of Trauma and Surgical Critical Care, with correspondence	2007-2009
20	3	Acute Care Surgery, curriculum and correspondence	2008-2009
20	4	Correspondence regarding chapter for Current Surgical Therapy 10th edition	2009
20	5	Correspondence regarding chapter on "Chest Wall Stabilization" for Encyclopedia of Intensive Care Medicine	2009
20	6	Trunkey, "Foreword," draft for Damage Control Surgery in Orthopedics and Trauma	2009
20	7	Trunkey et al., "Emergency Measures, Definitive Controls, and Atriocaval Shunts," chapter draft for Operative Techniques for Severe Liver Injury	2015

Container(s)		Description	Dates
20	8	Trunkey et al., "Isolation and Quantification of Adrenochrome and Adrenolutin," draft	undated
20	9	Trunkey et al., "Peroxynitrous Acid Mediated Oxidation of Catecholamines," draft	undated
20	10	Trunkey, "Randomized Controlled Clinical Trial of Endoscopic Heater Probe ...," draft	undated
20	11	Trunkey, "Potassium, Calcium, and Magnesium Metabolism," draft	undated
20	12	Trunkey, "Quality Assurance - Applications in the Trauma Setting," draft	undated
20	13	Trunkey et al., "Initial Treatment of the Shock Patient, draft	undated
20	14	Trunkey, "Initial Resuscitation of Trauma Victims," draft	undated
20	15	Trunkey, "CT in Abdominal Trauma," draft	undated
20	16	Trunkey, "Fluid Management of the Surgical Patient," draft	undated
20	17	Trunkey, "Trauma Epidemiology and Strategies," draft	undated
21	1	Inhaled Nitric Oxide Study	1984-1995
21	2	Inhaled Nitric Oxide Study	1986-1996
21	3	Inhaled Nitric Oxide Study	1989-1995
21	4	Inhaled Nitric Oxide Study	1992-2000
21	5	Inhaled Nitric Oxide Study	1992-2000
21	6	Inhaled Nitric Oxide Study	1993-1997

VI. History of Medicine, 1969-2014

Container(s)		Description	Dates
Box	Folder		

Container(s)		Description	Dates
22	1	Medical History (1 of 2)	1969-1999
22	2	Medical History (2 of 2)	1969-1999
22	3	Trunkey, "George Goodfellow: the First Civilian Trauma Surgeon," Surgery, Gynecology, and Obstetrics	1975
22	4	Trunkey, et al. "Autopsy of a Disaster: the Martinez Bus Accident," Journal of Trauma	1980
22	5	Trunkey, "Reflections on Our Origins," drafts and correspondence	circa 1986
22	6	Trunkey et al., "Samuel D. Gross: Pioneer Academic Trauma Surgeon of 19th-century America," Journal of Trauma	1990
22	7	Ravenholt, "Triumph Then Despair: the Tragic Death of Meriwether Lewis," Epidemiology	1994-2008
22	8	Connolly, "Norman Freeman: the 'First' American Specialist in Vascular Surgery," Journal of Vascular Surgery	1995
22	9	Scher, "Studies of the Electrical Activity of the Ventricles and the Origin of the QRS Complex," Acta Cardiologica	1995
22	10	Case Report: Hot-Air Balloon Fatality (RESTRICTED)	1997 August
22	11	Trunkey, "History and Development of Trauma Care in the United States," drafts, galleys, and correspondence	1998-1999
22	12	Trunkey et al., "Medical and Surgical Care of Our Four Assassinated Presidents," drafts and correspondence	2001-2005
22	13	Schechter, "San Francisco General Hospital," Commentary, Archives of Surgery	2003
22	14	History of the Committee on Trauma of the American College of Surgeons	2003-2012
22	15	Evans, Reviews of World War I books, New York Review of Books	2014

Container(s)		Description	Dates
22	16	Brigadier general Joshua L. Chamberlain, U.S.A., (1864-1865, photocopies)	undated
22	17	Trunkey, "Origin and Recognition of Surgery," draft	undated

VII. Photographic Media, 1977-2009

Container(s)		Description	Dates
VII-a. Prints			1982-2007
Box	Folder		
23	1	Trauma Charts (for book)	circa 1982
23	2	Trunkey Group Photos	1988-1999
23	3	Trunkey Admission Ceremony, College of Medicine of South Africa	1990
23	4	Society of Clinical Surgery - Meeting Group Portrait	1992
23	5	Presentation Scans vol. XVI pt. 1 (photocopied)	2005-2007
23	6	Presentation Scans vol. XVI pt. 2 (photocopied)	2002-2006
23	7	Chest and abdominal X-ray prints (unidentified patients)	undated
23	8	Specimen slide print of Lung Sepsis	undated
23	9	Specimen slide print of Heart Shock	undated
23	10	Management of Hepatobiliary Trauma-chapter prints and strip negatives	undated
23	11	Sample Burn Charts for Adult and Child	undated
23	12	Color Portrait J. Englebert Dunphy, M.D.	undated
VII-b. Slide Presentations			1990-2009

Container(s)		Description	Dates
24	1	"Abdominal Aortic and Caval Injuries"	2004-2006
24	2	Abdominal Trauma	undated
24	3	"Acute Abdominal Aortic Injuries"	undated
24	4	"Admiral's Wounds" (Lord Nelson)	2005
24	5	"Advanced Endoscopic Surgery"	undated
24	6	"Advances in Critical Care"	undated
24	7	"American Experience Integration Military-Civilian Training"	undated
24	8	Assassination	2004-2008
24	9	"Assessing Competence: A Tale of Two Professions"	2002-2009
24	10	Automobile Trauma	undated
24	11	"Autopsy of a Disaster" (Martinez Bus Crash 1976)	2007
25	1	"Bad Medicine(s) in the SICU"	undated
25	2	"Biological and Chemical Terrorism"	2004
25	3	"Blunt Cardiac Injury"	undated
25	4	Burn Trauma	undated
25	5	"Cardiac and Lung Support in the O.R. and S.I.C.U."	undated
25	6	Cartoons and Caricatures	undated
25	7	"Cellular Manipulation Cams"	undated
25	8	"Clintonomics and Health Care"	undated
25	9	"Coagulopathy"	2007
25	10	"Complex Pelvic Fractures"	undated

Container(s)		Description	Dates
25	11	"Controversies in Management Intra-abdominal Injuries"	2007
25	12	"Credentialing and Privileging"	undated
25	13	"Decision Making In Complex Trauma Cases"	undated
25	14	"Demystifying Blunt Cardiac Injury"	undated
25	15	"Diagnosis and Management of Pancreatitis"	undated
25	16	"Disasters in Austere Environments"	undated
25	17	"Do We Need to Legislate for TraumaCare?"	undated
25	18	Education	undated
25	19	"Evolution of Modern Trauma Care Systems"	undated
26	1	"First Aid Disaster Care"	undated
26	2	Fluid Resuscitation	undated
26	3	Fractures	undated
26	4	"Future Shock"	undated
26	5	"Future of Trauma Centers Under Managed Care"	undated
26	6	"Gastrointestinal Dysfunction"	undated
26	7	Geriatric Trauma	undated
26	8	Graphics	undated
26	9	Gunshot Wounds (GSW)	undated
26	10	"Have We Gone Too Far in Management of Liver Injuries?"	undated
26	11	Head Trauma	undated
26	12	Health Maintenance Organizations	undated

Container(s)		Description	Dates
26	13	History	undated
26	14	"History of the Treatment of Shock"	2004-2008
26	15	Humor: Yogi Berra Wisdom	undated
26	16	"I Am Giddy - Expectation Whirls Me Around"	undated
26	17	Insurance	undated
26	18	"J.E. Dunphy and the American College of Surgeons (ACS)"	undated
26	19	"Management of Injuries to the Thoracic Aorta"	2004-2005
26	20	"Management of Soft Tissue Injuries"	1992
27	1	Mangled Extremities Trauma	2005
27	2	Military Medicine - Blast Injuries	undated
27	3	Military Medicine - Comparative Statistics	undated
27	4	Military Medicine - Desert Storm/50th General Hospital	1991
27	5	"Nitric Oxide Metabolites in the Surgical Patient"	undated
27	6	"Nitrous Oxide and the Surgeon"	undated
27	7	"Old and New Concepts in Shock Resuscitation"	undated
27	8	"Open Pelvic Fractures"	undated
27	9	"Operative Decisions and Priorities"	undated
27	10	"Oregon Experiment"	undated
27	11	Oregon Health Plan	undated
27	12	"Organ Failure Following Sepsis"	undated
27	13	"Organization of Trauma Care"	2008

Container(s)		Description	Dates
27	14	"Origins of Surgery"	undated
27	15	"Outcome of Patients in an Urban Trauma System"	undated
27	16	"Oxygen Delivery/Consumption During Sepsis"	undated
27	17	"Oxygen Transport"	undated
28	1	"Past Lessons for the ICU"	undated
28	2	"Past, Present, and Future of Military Trauma Surgery"	undated
28	3	"Pathophysiology of Shock"	undated
28	4	"Pelvic Fracture Management"	undated
28	5	"Pre-Hospital Care"	undated
28	6	Presentation Title Cards (miscellaneous)	undated
28	7	Quotable Quotes	undated
28	8	"Random Stroll Through Health Reform"	undated
28	9	"Reason for Catecholamine Resistance to Sepsis"	undated
28	10	"Rehabilitation/Quality of Life"	undated
28	11	"Repair of Flail Chest"	undated
28	12	"Robotics in Trauma Surgery"	undated
28	13	"Seminars in Surgical Practice"	undated
28	14	Sepsis and Shock	undated
28	15	Shock Factor - Heart	undated
28	16	"SIRS - Systemic Inflammatory Response Syndrome"	undated
29	1	Space Station and Space Medicine	undated

Container(s)		Description	Dates
29	2	"Splenic Trauma"	undated
29	3	South Africa	1990
29	4	"Surgical Priorities in the Trauma Patient"	undated
29	5	Terrorism	undated
29	6	Thoracic Trauma	undated
29	7	Torso Trauma	undated
29	8	"Transfer of Patients"	undated
29	9	Trauma Care	undated
29	10	"Trauma Care, Clinton Care, and Other Cataclysmic Events"	undated
29	11	"Trauma Care in the Elderly"	2007
29	12	"Trauma Perfusion"	undated
29	13	Trauma Priorities	undated
29	14	"Trauma in the Rural Setting"	undated
30	1	Trauma Surgery	undated
30	2	"Trauma Surgery in 2020 C.E."	undated
30	3	Trauma Surveys	undated
30	4	Trauma System Comparative Study	undated
30	5	Trauma Systems	2004-2006
30	6	Trauma Systems	2004-2006
30	7	Trunkey at OHSU	undated
30	8	"Unsolved Problems in Surgery"	undated

Container(s)		Description	Dates
30	9	Vascular Trauma	undated
31	1	"Violence, Drugs, and Trauma"	2004
31	2	"Weapons of Mass Destruction and Terrorism"	2003-2006
31	3	"What Price Commitment?"	2003
31	4	"Where Is All the Oxygen Going?"	undated
31	5	Wounds	undated
31	6	"Wounds of the Lion" (Joshua Chamberlain)	2004-2006
VII-c. Radiographic Prints			1985-1988
Box	Folder		
32	1	Fractures	1985-1988

VIII. Lectures, (bulk 2001-2013) 1978-2013

Container(s)		Description	Dates
Box	Disk		
33	1	"Lifeline"	1978 October
33	2	"National Trauma Data Bank (NTDB) Figures"	2001
33	3	"Presentations '02"	2002
33	4	"Assessing Competence: A Tale of Two Professions"	2002
33	5	"Origins of Intensive Care"	2002
33	6	"ICU Care: Lessons Learned in the Last 25 Years"	2002 December
33	7	"What Price Commitment?"	2003 January

Container(s)		Description	Dates
33	8	"Drug Trade"	2003 February 26
33	9	"Axillary Injury"	2003 February 26
33	10	"Drugs"	2003 March 6
33	11	"Trauma Systems"	2003
33	12	"Lessons Relearned"	2003
33	13	"Strategies for Interventional Radiology"	2003 April 1
33	14	"Ribs"	2003 April
33	15	"Lessons Relearned"	2003 April
33	16	"Lessons Relearned: Most Difficult Prevention Program"	2003 April
33	17	"Trauma Service Line - Reimbursement Issues"	2003 April 29
33	18	"Trauma System Development"	2003 June 16
33	19	"Weapons of Mass Destruction"	2003 June
33	20	"Trauma Center Pitfalls"	2003 June 16
33	21	"Presentations '03"	2003
33	22	"Drugs"	2003 September 26
33	23	"Geriatric Trauma Care Issues"	2003 September 26
33	24	"Amorous Surgeon"	2003 October 16
33	25	"Drugs/Most Difficult Prevention Plan"	2003 November 14
33	26	"Bioterrorism"	2004

Container(s)		Description	Dates
33	27	"Presentations '04 Part I"	2004
33	28	"Presentations '04 Part II"	2004
33	29	"Colon Injuries: Who Gets a Stoma?"	2004 January 22
33	30	"Who Should Be Transferred? Getting Priorities Right"	2004 January 26
33	31	"Trauma Centers: Volumes and Outcomes"	2004 February
33	32	"Consideration for a Model for American Board of Surgery (ABS)"	2004 March 9
33	33	"Abdominal Aortic and Caval Injuries"	2004 March 17
33	34	"Trauma System Development: Problems and Solutions"	2004 March 18
33	35	"Contemporary Management of Liver Injuries"	2004 March 18
33	36	"Dangers of Conservative Thoracic Abdominal Trauma Management"	2004 March 18
33	37	"Maintaining the Noble Effort"	2004 March 18
33	38	"Contemporary Management of Liver Injuries"	2004 March 22
33	39	"Thoracic Abdominal Management"	2004 March 29
33	40	"Trends, Problems and Opportunities in Healthcare"	2004 March 30
33	41	"Management of Injuries to the Thoracic Aorta"	2004 March 30
33	42	"Rib Fractures"	2004 March 30
33	43	"Most Difficult Prevention Program"	2004 April 20
33	44	"Analysis of Consecutive Trauma Fatalities"	2004 April 26
33	45	"What Constitutes Quality for the Multiply - Injured Patient?"	2004 April 26
33	46	"Trauma System Development: Current Problems"	2004 April 30

Container(s)		Description	Dates
33	47	"Trauma Systems: Past, Present, and Future"	2004 May 5
33	48	"Assassination"	2004 May 10
33	49	"Trauma Care in 2004"	2004 May 12
33	50	"European Model"	2004 May 19
33	51	"Contemporary Management of Liver Injuries"	2004 May 26
33	52	"History of Shock"	2004 May 26
33	53	"Hepatic Vein and Retrohepatic Cava Injuries"	2004 May 27
33	54	"Trauma Priorities"	2004 June 1
33	55	"Maintaining the Noble Effort" - Boston	2004 June 7
33	56	"Solid Organ Injury"	2004 June 9
33	57	"Contemporary Management of Liver Injuries" - Minneapolis	2004 June 16
33	58	"Maintaining the Noble Effort" - Knoxville	2004 June 19
33	59	"Trauma Systems: Past, Present, and Future"	2004 June 19
33	60	"Crisis in Trauma Care" - International Surgery Group (ISG)	2004 August 24
33	61	"History of Shock" - Tulsa	2004 September 23
33	62	"Most Difficult Prevention Program"	2004 September 26
33	63	"Assassination"	2004 October 7
33	64	"We Must Build a National Healthcare System"	2004 October 22
33	65	"Assessing Competence"	2004 October 26

Container(s)		Description	Dates
33	66	"Assessing Competence: A Tale of Two Professions"	2004 October 30
33	67	"Trauma Systems: Current Issues and Implementation"	2004 November 11
33	68	"Contemporary Management of Liver Injuries" - Detroit	2004 November 11
33	69	"Violence, Drugs, and Trauma in the Western Hemisphere"	2004 November 18
33	70	"Wounds of the Lion"	2004 November 22
33	71	"Complete Trauma Surgeon - The European Model"	2004 December 9
33	72	"Bleeding You Can Hear" - Kansas City Symposium	2004 December 10
33	73	"Trauma Care Problems and Solutions" - Grand Rounds OHSU	2004 December 13
34	1	"History of the Treatment of Shock" - Original	2004
34	2	"Most Difficult Prevention Program"	2004 November 1
34	3	"Public Satisfaction for Healthcare - Grand Rounds"	2004 December 13
34	4	"Presentations '05 Part I"	2005
34	5	"Presentations '05 Part II"	2005
34	6	"Future of Trauma Care - Northwest States"	2005
34	7	"Problems(Crisis?) in Trauma Care"	2005
34	8	"Rapid Sequence Intubation"	2005 February 16

Container(s)		Description	Dates
34	9	"Physician-Trauma Center Models of Care - National Foundation for Trauma Care (NFTC)"	2005 February 18
34	10	"Weapons of Mass Destruction (WMD)" - Sioux City	2005 March 4
34	11	"Trauma Priorities" - Sioux City	2005 March 4
34	12	"Splenectomy for Trauma: Early and Late Complications" - Las Vegas	2005 March 21
34	13	"Non-Operative Management of Liver Injuries ..." - Las Vegas	2005 March 21
34	14	"Mangled Extremities: Delayed Amputation"	2005 April 7
34	15	"Hiram Polk" - American Surgical Association (ASA)	2005 April 13
34	16	"Admiral's Wounds"	2005 April 18
34	17	"Evolution and Challenges in Trauma Care"	2005 April 25
34	18	"Trauma Care Problems and Solutions" - Richmond	2005 April 26
34	19	"Assassination"	2005 April 28
34	20	"Myth of Non-Operative Management of Liver and Spleen Injuries"	2005 April 28
34	21	"Case Presentation" - Sunriver	2005 May 6
34	22	"History of Shock" - Sacramento	2005 May 10
34	23	"Myth of Non-Operative Management of Liver and Spleen Injuries" - East Bay Surgical	2005 May 14
34	24	"My Life As A Surgeon"	2005 May 14
34	25	"Assassination" - Madrid	2005 May 30
34	26	"Management of Injuries to the Thoracic Aorta" - Madrid	2005 June 3
34	27	"Blunt Thoracic Aortic Injuries" - Madrid	2005 June 3

Container(s)		Description	Dates
34	28	"Mangled Extremities: Delayed Amputation" - Madrid	2005 June 5
34	29	"Trauma Care in a Dysfunctional Healthcare System" - Gainesville	2005 June 15
34	30	"Assassination" - University of Pennsylvania (UPENN)	2005 June 23
34	31	"Myth of Non-Operative Management of Liver and Spleen Injuries" - UPENN	2005 June 23
34	32	"American Healthcare in Crisis"	2005 July 7
34	33	"History Treatment of Shock" - Sacramento	2005 July 27
34	34	"My Life As A Surgeon" - American College of Surgeons (ACS), Georgia	2005 September 18
34	35	"Myth of Non-Operative Management of Liver and Spleen Injuries" - Tulsa	2005 September 29
34	36	"Mangled Extremities: Delayed Amputation" - Tulsa	2005 September 30
34	37	"Medical and Surgical Care Corps of Discovery"	2005 October 6-7
34	38	"Mangled Extremities: Delayed Amputation" - Nebraska	2005 October 6-7
34	39	"Trauma Care in a Dysfunctional Healthcare System"	2005 October 7
34	40	"Thoracic Aortic Injuries" - Nebraska	2005 October 7
34	41	"Myth of Non-Operative Management of Liver and Spleen Injuries" - ACS	2005 October 18
34	42	"When Non-Operative Management Goes Too Far" - ACS	2005 October 18
34	43	"Ravages of Over-Resuscitation"	2005 October 26
34	44	"Priorities in Trauma Care Updated"	2005 November

Container(s)		Description	Dates
34	45	"Weapons of Mass Destruction" - Sioux City and Indianapolis	2005 November 3
34	46	"Trauma Priorities" - Indianapolis	2005 November 4
34	47	"Priorities in Trauma Care"	2005 November 4-5
34	48	"Assassination" - Indianapolis	2005 November 5
34	49	"Abdominal Aortic and Caval Injuries - Corrected"	2005 November 10
34	50	"Assassination" - Pan Am Congress	2005 November 14
34	51	"Priorities in Severe Abdominal Trauma"	2005 November 15
34	52	"Diagnosis and Treatment of Shock: Is ATLS Right?"	2005 December 9
34	53	"Trauma Care in a Dysfunctional Healthcare System" - Kansas City	2005 December 9
34	54	"Myth of Non-Operative Management of Liver and Spleen Injuries" - Many Presentations	2005
34	55	"Presentations '06 Pt. I"	2006
34	56	"Presentations '06 Pt. II"	2006
34	57	"Presentations '06 Pt. III"	2006
34	58	"Presentations '06 Pt. IV"	2006
34	59	"Urological Injuries - The Netherlands"	2006
34	60	"Trauma Laparotomy - The Netherlands"	2006
35	1	"Complex Thoracic Injuries" - Phoenix	2006 January 1

Container(s)		Description	Dates
35	2	"Complex Thoracic Injuries" - Phoenix	2006 January 11
35	3	"Impact of a Terrorist Attack on Individual Trauma Centers"	2006 February
35	4	"Blunt Thoracic Aortic Injuries" - Tampa	2006 February 24
35	5	"Blunt Thoracic Aortic Injuries" - Tampa (copy)	2006 February 24
35	6	"In Search of Solutions" - Tampa	2006 February 24
35	7	"Trauma Conference" - Williamsburg	2006 March 9
35	8	"Medical and Surgical Care Corps of Discovery"	2006 March 20
35	9	"Myth of Non-Operative Management of Liver and Spleen Injuries" - Florida	2006 May 26
35	10	"Daniela Scans"	2006 May 11
35	11	"General Surgeon's (GS) Approach to Head Injuries"	2006 April 13
35	12	"General Surgeon's Approach to Head Surgery"	2006 April 27
35	13	"Medical and Surgical Care Corps of Discovery"	2006 April 28
35	14	"Firearm Injuries"	2006 May 9
35	15	"Firearm Injuries"	2006 May 11
35	16	"Trauma Priorities" - Roseburg	2006 May 15
35	17	"Medical World Is Flat Too" - Spain	2006 May 26
35	18	"Operative Management of Complex Liver Injuries" - Spain	2006 May 25
35	19	"Assassination" - Florida	2006 May 26-27
35	20	"Case Presentation" - Williamsburg	2006 June 4-7

Container(s)		Description	Dates
35	21	"Hepatic Vein and Retrohepatic Cava Injuries" - Williamsburg	2006 June 5
35	22	"City Club Notes" - Portland	2006 July 9
35	23	"Prehospital Fluid Resuscitation" - Hawaii	2006 July 21
35	24	"Diagnosis of Shock" - Hawaii	undated
35	25	"Nonoperative Management of Splenic Injuries" - Hawaii	2006 July 21
35	26	"Nonoperative Management of Liver Injuries"	2006 July 21
35	27	"Retroperitoneal Injuries" - Hawaii	2006 July 21
35	28	"Abdominal Aortic and Caval Injuries" - Hawaii	2006 July 21
35	29	"Department of Toxic Substance Control (DTSC) and European Association for Trauma and Emergency Surgery(EATES) Presentations"	2006 September
35	30	"Thoracic Operative Approaches"	2006 September 1
35	31	"Trauma to the Pancreas and Duodenum" - Sweden	2006 September 4
35	32	"Torso Bleeding"	2006 September 5
35	33	"Cervico-Mediastinal Injuries" - Sweden	2006 September 5
35	34	"Cardiac and Liver Injuries"	2006 September 5
35	35	"Abdominal Compartment Syndrome"	2006 September 5
35	36	"Cardiac and Liver Injuries" - Sweden	2006 September 5

Container(s)		Description	Dates
35	37	"Primary Closed Colon Injuries" - Sweden	2006 September 6
35	38	"Hepatic Injuries with Major Vascular Involvement"	2006 September 6
35	39	"Experience in Rural Surgery Training" - Cooperstown	2006 September 18
35	40	"The Crisis in General Surgery and the Impact on Rural America"	2006 September 19
35	41	"Rural Surgery"	2006 September 19
35	42	"The Medical World is Flat Too"	2006 September 21-22
35	43	"History of Shock" - Tulsa	2006 September 21-22
35	44	"Diagnosis of Shock" - Tulsa	2006 September 22
35	45	"WMD" - Wenatchee	2006 September 29
35	46	"Rural Surgery" - Wenatchee	2006 September 29
35	47	"Medical and Surgical Care Corps of Discovery"	2006 October 2
35	48	"Emerging Crisis in Trauma Care"	2006 October 6
35	49	"My Life As A Surgeon"	2006 October 8
35	50	"Burden of Natural and Man-Made Disasters"	2006 October 10
35	51	"History of Shock" - Landstuhl	2006 October 14
35	52	"Myth of Non-Operative Management of Liver and Spleen Injuries" - Landstuhl	2006 October 14

Container(s)		Description	Dates
35	53	"Trauma Care in a Dysfunctional Healthcare System" - Landstuhl	2006 October 14
35	54	"Landstuhl Talks"	2006 October 14
35	55	"ICU Care: Lessons Learned" - Landstuhl	2006 October 14
35	56	"WMD"	2006 October 14
35	57	"Abdominal Aortic and Caval Injuries" - Landstuhl	2006 October 14
35	58	"Wounds of the Lion" - Landstuhl	2006 October 14
35	59	"Trauma Systems Past, Present, and Future"	2006 October 14
35	60	"Assassination" - Landstuhl	2006 October 14
35	61	"Grand Rounds" - Landstuhl	2006 October 14
35	62	"Chest Injuries" - Iowa	2006 November 9
35	63	"Crisis in General Surgery"	2006 November 11
35	64	"Myth of Non-Operative Management of Liver and Spleen Injuries" - Iowa	2006 December 5
35	65	"Management of Complex Pelvic Fractures"	2006 December 8
35	66	"Abdominal Complex Syndrome"	2006 December 9
35	67	"Trauma Surgery: The Last 50 Years and Beyond"	2007
35	68	"Preparing for the Next Inevitable Catastrophe"	2007 February 16
35	69	"Crisis in General Surgery and Impact on Rural America"	2007 March 3
35	70	"Treatment of Major Hepatic Injuries"	2007 March 3

Container(s)		Description	Dates
35	71	"Pelvic Fractures"	2007 March 8
35	72	"My Life As A Surgeon"	2007 March 22
35	73	"Leading Causes of Death"	2007 March 28
35	74	"Global Burden of Disease (Tables)"	2007 March 29
35	75	"Traumatic Aortic Disruptions"	2007 March 29
35	76	"History of Shock" - Emergency Medicine Grand Rounds	2007 April 18
35	77	"Trauma Care in the Elderly - Scans"	2007 April 19
35	78	"Damage Control"	2007 May
35	79	"Wounds and Wound Ballistics"	2007 May 4
35	80	"Assassination"	2007 May 7
35	81	"Assassination" - Sommer Lecture	2007 May 10
35	82	"History of Shock and Resuscitation"	2007 May 10
35	83	"Martinez Bus Accident"	2007 May 10
35	84	"Shortage of General Surgeons and Rural Impact" - Sommer Lecture	2007 May 11
35	85	"Pelvic Fractures" - Graz	2007 May 23
35	86	"Bleeding from the Portohepatis and Pancreatic Duodenal Complications"	2007 May 23
35	87	"Coagulopathy and Specific Adjuvant Measures" - Graz	2007 May 23
35	88	"Controversy of Management of Major Injuries to the Liver"	2007 May 23
35	89	"Autopsy of a Disaster" - Graz	2007 May 23
36	1	"Major Trauma in the Elderly"	2007 May 23

Container(s)		Description	Dates
36	2	"History of Shock"	2007 June 5
36	3	"Myth of Non-Operative Management of Liver and Spleen Injuries"	2007 June 22
36	4	"Best Way to Save the Spleen" - Hong Kong	2007 July
36	5	"Operative Approach to Retroperitoneal Bleeding" - Hong Kong	2007 July
36	6	"Current Challenges of Our Current System" - Hawaii	2007 July 2
36	7	"Medical World is Flat Too - Revised"	2007 July 12
36	8	"Surgery World is Flat Too"	2007 July 12
36	9	"Plating of Rib Fractures (Compressed)" - Hawaii	2007 July 20
36	10	"Severely Injured Geriatric Patients" - Hawaii	2007 July 20
36	11	"Shortage of General Surgeons and Rural Impact" - Hawaii (not used)	2007 July 20
36	12	"Traumatic Aortic Injury" - Hawaii	2007 July 20
36	13	"Shortage of Surgeons and Nurses" - Hawaii	2007 July 20
36	14	"Plating of Rib Fractures" - Hawaii	2007 July 21
36	15	"Trauma Surgery in a Global Economy" - San Antonio	2007 August 22
36	16	"Trauma Surgery in a Global Economy" - San Antonio (copy)	2007 August 22
36	17	"Non-Op Treatment of Abdominal Injuries - A Concept Gone Too Far"	2007 August 28
36	18	"Medical World is Flat Too" - Montreal	2007 August 28
36	19	"Improving Trauma Care in Developing Countries" - Montreal	2007 August 28
36	20	"Acute Care Surgery" - Montreal	2007 August 28

Container(s)		Description	Dates
36	21	"Crisis in Surgery With an Emphasis on Trauma Care"	2007 September 7
36	22	"Presentations '07 Pt. I"	2007 September 9
36	23	"Presentations '07 Pt. II"	2007 September 9
36	24	"Presentations '07 Pt. III"	2007 September 9
36	25	"Presentations '07 Pt. IV"	2007 September 9
36	26	"Presentations '07 Pt. V"	2007 September 9
36	27	"Severely Injured Geriatric Patients" - Tulsa	2007 September 21
36	28	"Coagulopathy and Specific Adjuvant Measures" - Tulsa	2007 September 21
36	29	"Trauma Care and Trauma Care Systems - Origins and Implications"	2007 October 3
36	30	"38 Years of Research"	2007 October 8
36	31	Backup Disk #1	2007 November 16
36	32	Backup Disk #6	2007 November 16
36	33	Backup Disk #7	2007 November 16
36	34	Backup Disk #8	2007 November 16
36	35	Backup Disk #9	2007 November 16

Container(s)		Description	Dates
36	36	Backup Disk #10	2007 November 16
36	37	"Controversies in Management Abdominal Injuries" - Finland	2007 November 22
36	38	"Myth of Non-Operative Management of Liver and Spleen Injuries" - Greece	2007 December 2
36	39	"History of Shock and Resuscitation"	2007 December 31
36	40	"Case Histories" - European Society for Trauma and Emergency Surgery (ESTES)	2008
36	41	"Complex Chest Injuries" - Case Western	2008 January 23
36	42	"Daniela Scans"	2008 February 8
36	43	"History of Shock and Resuscitation - Western Region EMS"	2008 February 23
36	44	"Trauma Priorities Forensics" - Western Region EMS	2008 February 23
36	45	"History of Shock" - Riyadh	2008 March 9
36	46	"Trauma: A Global Health Problem" - Saudi Arabia	2008 March 9
36	47	"Myth of Non-Operative Management of Liver and Spleen Injuries" - Jackson MS	2008 April 16
36	48	"Medical World is Flat Too" - Jackson MS	2008 April 16
36	49	"ESTES Conference" - Budapest	2008 May 24-28
36	50	"Management of Mangled Extremities" - Minneapolis	2008 June 5
36	51	"Trauma System Disaster Preparedness" - Skamania	2008 June 18
36	52	"Cardiac Injuries" - Hawaii	2008 July 18
36	53	"Organization of Trauma Care"	2008 July 19

Container(s)		Description	Dates
36	54	"Assassination" - Hawaii	2008 July 18
36	55	"Hepatic Trauma" - Hawaii	2008 July 19
36	56	"Best Trauma Centres"	2008 July 25
36	57	"Medical World is Flat Too" - Dresden	2008 September
36	58	"Changes in Combat Casualty Care" - Dresden	2008 September
36	59	"Changes in Combat Casualty Care" - OHSU Golf Dinner	2008
36	60	"Trauma Systems, Centers, and Centers" - Tulsa	2008 September 19
36	61	"Chest Injuries" - Tulsa	2008 September 19
36	62	"When Should the Department Chair Quit Operating?"	2008 October 12
36	63	"Pelvic Fractures" - Detroit	2008 November 6
36	64	"Management of Mangled Extremities" - Detroit	2008 November 6
36	65	"New Approaches to Thoracic Aortic Injury" - Kansas City	2008 December 13
36	66	"History of Shock and Resuscitation" - OHSU	2009 February 2
36	67	"Acute Care Surgery"	2009 March 4
36	68	"My Life As A Surgeon"	2009 March 5
36	69	"Training of US Trauma Surgeons for Mass Casualty Situation"	2009 March 11
36	70	"Changes in Combat Casualty Care" - Brisbane	2009 March 11
36	71	"Neck Cervico - Mediastinal Injuries" - Oslo	2009 May 4
36	72	"Abdominal Compartment Syndrome" - Oslo	2009 May 4

Container(s)		Description	Dates
36	73	"Abdominal Injuries/Surgery of War" - Oslo	2009 May 4
36	74	"History of Shock and Resuscitation" - OHSU	2009 May 11
36	75	"History of Shock and Resuscitation" - Athens	2009 June 25
36	76	"General Surgeon's Approach to Head Injury" - Athens	2009 June 25
36	77	"Physiology of Shock"	2009 September
36	78	"Damage Control Torso: Restrict the Use!"	2009 September
36	79	"Management of Mangled Extremities" - Tulsa	2009 September 24
36	80	"Pathophysiology of Shock" - Tulsa	2009 September 24
36	81	"Changes in Combat Casualty Care" - Tulsa	2009 September 25
36	82	"Medical World is Flat Too" - Hoopes Lecture	2009 October 8
36	83	"Assessing Competence: A Tale of Two Professions"	2009 October 12
36	84	"Medical World is Flat Too" - ACS	2009 October 14
36	85	"Pathophysiology of Shock" - Hartford	2009 October 29
36	86	"Most Difficult Prevention Plan"	2009 October 29
36	87	"King Faisal International Prize Press Kit"	2010
36	88	"Healthcare Reform - What Went Wrong" - Las Vegas	2010 February 9
36	89	"What's Wrong With Healthcare Reform?" - Las Vegas (Not Used)	2009 February 9
36	90	"Healthcare Reform - What Went Wrong" - ASA	2010 April 7
36	91	"Healthcare Reform - What Went Wrong" - ASA (copy)	2010 April 7

Container(s)		Description	Dates
36	92	"Complex Chest Injuries" - Cincinnati	2010 May 12
36	93	"Lifeline - Don Trunkey"	1978 October
36	94	"Chamberlain/Shock"	2004 March 15
36	95	"Cardiac Trauma"	undated
36	96	"Complex Pelvic Fractures"	undated
36	97	"Assassination"	undated
36	98	"Open Pelvic Fractures - Nerve Injury"	undated
36	99	"Landstuhl"	undated
36	100	"Chest Injuries"	undated
36	101	"Drug Abuse"	undated
36	102	Backup Trunkey PC #1	undated
36	103	Backup Trunkey PC #2	undated
36	104	Backup Trunkey PC #3	undated
36	105	Backup Trunkey PC #4	undated
36	106	Backup Trunkey PC #5	undated
36	107	Backup Trunkey PC #6	undated
36	108	Backup Trunkey PC #7	undated
36	109	Backup Trunkey PC #8	undated
36	110	Backup Trunkey PC #9	undated
36	111	Backup Trunkey PC #10	undated
36	112	Backup Trunkey PC #11	undated

Container(s)		Description	Dates
36	113	Backup Trunkey PC #12	undated
36	114	Backup Trunkey PC #13	undated
36	115	Backup Trunkey PC #14	undated
36	116	Backup Trunkey PC #15	undated
36	117	Backup Trunkey PC #16	undated
36	118	Backup Trunkey PC #17	undated
36	119	Backup Trunkey PC #18	undated
36	120	Backup Trunkey PC #19	undated
36	121	Backup Trunkey PC #20	undated
36	122	Backup Trunkey PC #21	undated
36	123	Backup Trunkey PC #22	undated
36	124	"Personal family photos"	2013

IX. Electronic Media and Bound Volumes, (bulk 2003-2011) 1989-2011

Container(s)		Description	Dates
Box	Volume		
37	1	Donald D. Trunkey, M.D. President, American Surgical Association (2009-2010)	2011
37	2	50th Anniversary Meeting, American Association for the Surgery of Trauma	1989
	Disk		
37	1	"Lifeline Donald Trunkey" (October 1978)	2008
37	2	"Donald D. Trunkey, M.D." (photographs, slides, documents)	2003-2006

Container(s)		Description	Dates
37	3	"Yogi Berra Quotations" (PowerPoint)	2003
37	4	American College of Surgeons: Drake Lecture (New Orleans, photographs)	2004 October 11
37	5	"Pelvic Scan - Combat Pics"	2006-2007
37	6	"Miscellaneous Trunkey"	2007
37	7	Department of Surgery Banquet - Trunkey Tribute	2007 June 7
37	8	"Epic Grad DVD"	2009 October
37	9	"Trunkey Pictures and Maps"	2007
37	10	"Miscellaneous Trauma Scans and [PowerPoints]"	2007
37	11	"Painting"	2009
37	12	Tribute to Frank Mitchell Jr., M.D.	2009
37	13	Liver Trauma chapter (3.5" disk)	undated
37	14	National Trauma Data Bank (NTDB) Annual Report and Pediatric Report	2009

X. Artifacts, 1986-1991

Container(s)		Description	Dates
Box			
38		Meerscham pipe in gold color pouch (Laxey Co., Isle of Man)	undated
38		Tobacco pipe (scarred) in brown leather pouch	undated
Folder			
39	1	Charles Bragg On Medicine (calendar)	1988

Container(s)		Description	Dates
39	1	Historical Instruments of Surgery (15 month) calendar of events	1995
39	2	California Legislature Resolution in Honor of Donald D. Trunkey, M.D.	1986 March 26
39	2	North Pacific Surgical Association membership	1986 November 14
39	2	Visiting Professor, University of Witwatersrand Dept. of Surgery	1991

Names and Subjects

Subject Terms :

General Surgery
Iraq War (2003-2011)
Medicine, Military
Trauma Centers
Wounds and Injuries

Personal Names :

Blaisdell, F. William (Frank William), 1927-
Dunphy, J(ohn). Englebert, M.D., 1908-1981

Corporate Names :

Oregon Health & Science University School of Medicine.
San Francisco General Hospital.
United States. Army.

Finding aid prepared by Jeff Colby, Archival Assistant
2017



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Don Trunkey

Born | (1937-06-23) June 23, 1937 Oakesdale, Washington

Died | (2019-05-01) May 1, 2019 (aged 81) Post Falls, Idaho

Education | Washington State College University of Washington

Spouse | Jane Mary Henry (m. 1958)

Children | 2

Medical career

Profession | Surgeon

Field | Trauma

Institutions | University of California, San Francisco Oregon Health & Science University

Sub-specialties | Zoology

Donald Dean Trunkey (23 June 1937 – 1 May 2019) was an American [trauma surgeon](#).^{[1][2]}

Early life

Trunkey was born in 1937 in Washington State.^[1] He received a BS in Zoology from [Washington State College](#), where he also played basketball and because of alphabetical sorting was the last person to graduate before the school changed its name to [Washington State University](#) in 1959.^[3]

Medical education

He then went to the [University of Washington](#) for Medical School and graduated in 1963.^{[4][5]} He interned under J. Englebert Dunphy at the [University of Oregon](#) Medical School, who became his mentor and turned his focus to surgery.^[6] He was then drafted into the army and served two years in Germany.^[1] He completed his surgical training at [UCSF](#) and became a faculty member in 1972.^{[7][1]} As a UCSF faculty member, he was the leader of the trauma service at San Francisco General Hospital. His experience as an academic trauma surgeon led to his authorship of a popular textbook on trauma care in 1983.^[8] In 1986 he became the Chief of Surgery at [Oregon Health & Science University](#).^{[9][10]} In 2018 he retired to Idaho.^[11]

Writings

Trunkey has authored 174 journal articles, 25 books, and about 200 book chapters.^{[12][13]} In 1978 he starred in an episode of *Lifeline* on NBC.^{[14][15]}

"The critical moment in Don Trunkey's career was when he published a paper in 1979 on death rates of trauma patients in Orange County (Calif.), compared to those in San Francisco County," said Richard Mullins, MD, Professor, Department of Surgery.^[16] "That paper was a bombshell. It was one of the earliest, most persuasive pieces of evidence on the effectiveness of trauma centers."^[16] Trunkey was, more than any other single person, responsible for the development of sophisticated, state-of-the-art trauma programs in the U.S.^[17]

Awards

In 2008 he received the King Faisal prize in medicine for his research improving trauma care.^[18] He has many other awards including Distinguished Service Award of the [American College of Surgeons](#), Washington State University College of Science Distinguished Alumnus Award, Barry Goldwater Service Award, [International Society of Surgery](#) Prize, Honorary Membership of the [British Association for Accident and Emergency Medicine](#) and Honorary Fellowships of the Royal Colleges of Surgeons of England, Ireland, Edinburgh, Glasgow, South Africa and Brazil, Medal of the Royal College of Medicine of England and Honorary Professorship of the [Royal College of Surgeons of Edinburgh](#).^[18] In 2018 he received the Icons in Surgery award.^{[19][17]}

Death

Trunkey died in Post Falls, Idaho on 1 May 2019, at the age of 81.^{[20][21]}

References

- "[Donald D. Trunkey, M.D. Lectureship](#)". *Oregon Health & Science University*. Retrieved 18 December 2018.
- "[Western Neurosurgical Society President](#)". *Westnsurg.org*. Archived from the original on 17 December 2018. Retrieved 18 December 2018.

3. "Spokane Daily Chronicle - Google News Archive Search". *News.google.com*. Retrieved 18 December 2018.
4. Piasecki, Sara (3 September 2008). "Historical Notes: History of medicine in Oregon". *Ohsu-hca.blogspot.com*. Archived from the original on 3 August 2019. Retrieved 18 December 2018.
5. profile, Health care. "Donald D. Trunkey, M.D. - OHSU People". *Oregon Health & Science University*. Archived from the original on 19 May 2020. Retrieved 18 December 2018.
6. "Archives West: Donald D. Trunkey Papers, 1970-2015". *Archiveswest.orbiscascade.org*. Retrieved 18 December 2018.
7. "THE HISTORY OF THE SURGICAL SERVICE AT SAN FRANCISCO GENERAL HOSPITAL" (PDF). *Sfgh.surgery.ucsf.edu*. Retrieved 18 December 2018.
8. Trunkey, Donald D.; Lewis, Frank R. (1984). *Current therapy of trauma, 1984-1985*. Philadelphia: Decker. ISBN 0-941158-12-8. OCLC 10824242.
9. "San Francisco Good Bye Roast – My Dad is a BIG DEAL – Don Trunkey". *Dontrunkey.com*. 16 August 2018. Retrieved 18 December 2018.
10. San Francisco Chronicle, March 29, 1986 p. 4
11. "About this site – Don Trunkey". *Dontrunkey.com*. Retrieved 18 December 2018.
12. "Surgery, trauma expert Don Trunkey presented Alumni Achievement Award - WSU Insider - Washington State University". *News.wsu.edu*. 23 June 2017. Retrieved 18 December 2018.
13. "King Faisal Prize - Professor Donald D. Trunkey". *Kingfaisalprize.org*. Retrieved 18 December 2018.
14. *Dr. Donald Trunkey: emergency trauma surgeon-in-chief*. 18 December 1980. OCLC 8037028.
15. "Clipped From The Petaluma Argus-Courier". *Petaluma Argus-Courier*. 25 April 1980. p. 28. Retrieved 18 December 2018.
16. "Dr. Trunkey: An advocate for injured patients, a legend in trauma care". *Oregon Health & Science University*. Retrieved 18 December 2018.
17. Deveny, Karen (29 October 2018). "Icon in Surgery".^[*unreliable source?*]
18. "Professor Donald D. Trunkey". King Faisal Prize. 2008. Retrieved 4 December 2018.
19. "Icons in Surgery". American College of Surgeons. Archived from the original on 28 March 2019. Retrieved 4 December 2018.
20. "Don Trunkey". Retrieved 2024-02-16.
21. "In memoriam: Donald D. Trunkey, MD, FACS, a giant in trauma surgery". August 2019.