

Training the 'Complete Physician' for Rural America: Lessons from the Oklahoma City Federal Building Bombing

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The world today is such that we never know when we will find ourselves in the midst of a situation that requires quick thinking and the skills for decisive action. That situation may occur in the middle of a large metropolitan area with widely available medical services or in the rural backroads of our country.

Those of us who have come to know Dr Robert Bomengen, a family physician from rural Lake County, Oregon, are not surprised that he is always prepared. His constant readiness, combined with his belief that all Americans deserve well-trained physicians of all disciplines, served him and many others well when, by fate, he found himself at the University of Oklahoma Health Sciences Center in Oklahoma City on April 19, 1995. At 9:02 that morning, a car bomb destroyed the Alfred P. Murrah Federal Building just nine blocks away. Dr Bomengen had come to Oklahoma City to speak to medical students interested in rural health issues with the hope of enlisting the best and the brightest to practice in rural America.

In an interview following the blast, Dr Bomengen shared his perspective on the events of the day and their implications for physicians serving rural America.

"I came here to recruit the compassionate and dedicated students—students blessed with good judgment, with common sense, with altruistic motives—to staff the United States, to join a revolution which would bring back the 'complete physician' to serve this country." At his side as he spoke to us was his "black bag," a commer-

cially available emergency medicine kit.* "I'm calling for the return of the black bag," he said. "I carry this bag everywhere." Bomengen, an advocate for training all physicians to be prepared for any exigency, put his own training, his black bag, and his confidence in his abilities as a physician to good use here on April 19.

After the explosion occurred, the physicians at the Oklahoma Health Center, unaware of the magnitude of the disaster, activated a standard disaster plan: all physicians reported to the emergency departments of the Center's three hospitals—Presbyterian Hospital, University Hospital, and Children's Hospital of Oklahoma. Bomengen approached Dr Ken Smith, a family physician faculty member who had donned his white coat and was heading out. With his black bag clasped in front of him with both hands, Bomengen announced in a booming voice, "I'm ready. How can I help?" He accompanied Dr Smith to the Presbyterian Hospital emergency department.

Bomengen continued, "We arrived at the ER and I found the doctor in charge and asked 'What can I do?' I could see there were plenty of doctors there, one for every square foot." An ambulance that had just discharged some of the first victims from the disaster was preparing to pull out. Bomengen asked the driver if he could catch a ride. "I had to get where they needed me," he said later when he described the events that took him into the heart of the disaster.

Bomengen described the scene: "It looked like a war zone," he said. "Looking at [the building], I couldn't imagine that anyone had survived." But, amazingly, people did survive. Bomengen and another volunteer he knew only as Dave immediately began treating victims who were critically injured as well as those who were dazed and wandering around the streets. At that point, he

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*Banyan Stat Kit 800, Banyan International Corp, PO Box 1779, Abilene, TX 79604; (800) 351-4530.

wondered if he was the only physician there. Just as he and Dave, along with other rescue personnel, were about to enter the building, what appeared to be a second explosive device was discovered by firefighters. Bomengen and Dave initiated an evacuation effort in surrounding buildings, enlisting the first people they met in each building to help get others to safety.

Dave had a portable emergency communications radio, which broadcast a request for emergency medical personnel to go to a small park south of the blast site. At the park, Bomengen reported, "another doctor there assumed the role of setting up the staging area. He pointed out a bus and requested that 15 doctors with emergency experience and 30 nurses board. I joined the group and took the role of treatment area group supervisor. I began organizing volunteers into triage teams, one doctor and two nurses per team. Arriving at our assigned site, a bare building approximately one block from the Murrah Building, we began setting up a medical triage and treatment area. There were hardly any medical supplies except what I had in my bag."

As he spoke, he opened his black emergency bag and showed us the contents. It was filled with bandages, vials, masks, gloves, scissors, a jumble of advanced medical first aid and life-support material. "I'm always telling medical students to be prepared. You never know what you will come across. At first, I was the only one with drugs and the right kind of medical supplies. I began dispensing what I had. I carry a complete cardiac set. We made tourniquets out of rubber gloves. There was no suction device available, so we made one out of the materials I carry. I was the only one with surgical scissors. I was passing out my scissors everywhere." Bomengen remained at the facility, caring for victims, until an identified emergency trauma director arrived and took charge some time later.

After returning to the Oklahoma Health Center late that afternoon, Bomengen described his day in the context of training physicians to be prepared for events like this. "Over and over, I find myself in situations when there is no time to get stuff together or even think about what you're going to do next. That's why I have this kit. I tell all medical students I teach, 'Ask for one of these kits for graduation and keep it ready.' I am one of four physicians in rural eastern Oregon—the only medical care for some patients within 150 miles. Those people out there are independent; they don't call me for sniffles. So when they do call for help, I know it's serious."

Bomengen is also a pilot and sometimes flies to his patients and to emergencies in the surrounding area. He told a story of a tractor-trailer accident on a remote highway in Nevada. He got the call and "grabbed my bag and a medical student. We landed on the highway near the

accident. The driver was seriously injured, but we were able to get him stabilized by the time the ambulance showed up."

Bomengen used this story to emphasize the need for providing a special training track for physicians going into rural practice. "We need to train people differently to take care of people in rural America. I'm advocating more training for doctors who are going into rural practice. It's time to put medical politics aside and start doing what is best for our patients. Physicians, especially those in rural areas removed from tertiary centers and emergency assistance, must have the training, qualifications, and confidence to meet any situation head on."

As further evidence of this strong belief, he described an occurrence at a recent medical conference. Bomengen interrupted the speaker, who had just declared that any physician who performed fewer than 200 deliveries a year was not qualified to deliver babies and was bordering on malpractice. "I stopped him and said, 'I deliver about 65 babies a year, many of them high-risk, lots of c-sections, and I'm qualified.'"

He went on, "Most physicians practicing in remote areas are not going to see 200 deliveries in a year. There are no large hospitals nearby, no ambulances to take women in labor quickly enough to a facility where they can be 'properly' managed. We are their only health care, and the local doc has to bear the burden of care and know what to do. We don't need people scaring them away with statements about their lack of qualifications. Instead, we need people to train them to be prepared.

"It is amazing to me how little physicians understand how it feels to be alone in rural America faced with life-threatening medical and surgical problems. I literally beg the ear of physicians throughout America, be they the subspecialists, the educators, whoever, that they listen to my story. I truly want my Lake County community population to be cared for as well as if they were sitting on the front steps of the Mayo Clinic. Neither I nor any other individual physician can attain this goal without a common base of understanding and commitment to the future of medical education throughout not only Oregon and Oklahoma, but all of America."

Later, in a videotaped version of the talk he had planned to give in Oklahoma City, Dr Bomengen issued a challenge to medical students, urging them to "Roll up your sleeves and fill a need in America's health care delivery." He offered encouragement to medical students finding the going rough, urging students to stick with what he described as the "best job in the world." He talked about his "Odes to Success in Clinical Medicine," in which he entreats physicians to "Take care of your patients as if they were part of your family; take care of them and they will take care of you. Never turn a patient

away. You're not God, just an extension of Him; doctors treat, God will heal. The best things in life *are* free; don't let the bottom line run your life. America is tired of businessmen-doctors. Happiness evolves from the ability to feel deeply, enjoy simply, think freely and, above all, share life and be needed."

If some good for medicine in America can come from the tragedy in Oklahoma City, perhaps it will be a lesson from Dr Bomengen's total dedication, his confidence, and his ready willingness to serve wherever he is needed. We can and must change medical education to allow us to train physicians who will not be afraid to assume leadership in any situation where medical care is needed, whether in the wake of urban terrorism or on an isolated Nevada highway. They must be confident in their own ability to practice their trade and save lives.

Crises such as the Oklahoma City bombing remind

us that we are a profession bound by a common goal: providing the best care possible for all our patients, wherever they may be. Unfortunately, the inability to resolve issues about the appropriateness of training often hampers our ability to provide rural Americans with exactly what we are all striving for, that is, quality health care with compassion. Those of us who worked alongside Dr Bomengen in caring for the victims of the disaster in our city realize that now is the time to rethink and openly discuss the issues that stand in the way of delivering optimal health care to the millions of Americans living in rural areas.

"We have to train physicians in rural areas to be prepared for all types of situations, and we are not doing that," said Bomengen. "We have to change the way we think about health care. I say to all physicians, 'Let's roll up our shirt-sleeves and fill the need. This *is* the best job in the whole world.' "