

The Dick Kerber Only Some of Us Knew

The Richard E Kerber Lecture in Ethics
and Humanitarian Care

Seattle, June 12, 2022

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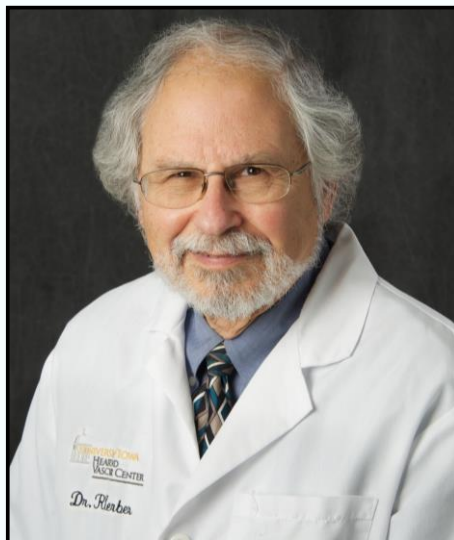
American Society Echocardiography

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Slide 1 = title

Richard E. Kerber, MD

1939 - 2016



Slide 2 = REK within a year of his death at the age of 77

I'm deeply honored by the invitation to offer this lecture in Dick's memory. Dick was one of the founders of the ASE. He absolutely loved the annual meeting. His closest buddies were here. I see so many of his colleagues and former Fellows who I hope to see at the Gala tonight – or schmoozing after this talk!



Slide 3 = Many of you know how important music was to Dick. Here he is at the ASE in Washington in 1999 at the end of his presidential term. They are in an area marked off from the poster session -- with John Gottdiener on the bassoon. If any of you recognize yourselves, be sure to introduce yourself to me.



Slide 4 = Here's the Dick Kerber I doubt you know. In medical school at NYU he registered for the Berry Plan – naively promising to enlist in the Army when he finished his internship. In turn, the Army promised not to interrupt his medical education. He actually swore the induction oath. Which meant that when Dick finished his internship in 1966, he was already in the Army. And we were already in Vietnam. Although he was deeply opposed to the morality and ethics of the war, to refuse to go was desertion, and we didn't have the guts for that.

So here he is, Captain of a tiny hospital at the base in Bear Cat, just outside Hanoi, in 1967. [Before that, he had been based in a MASH unit at Tan An, a crossroads in the Delta – He was transferred to Bear Cat a month or so before the Tet Offensive. Bear Cat was a base with a defensive perimeter, but the MASH unit was exposed; virtually everyone in the Unit was killed or wounded, including the young doctor who replaced Dick. Years later, when we were driving in the Mississippi Delta, not far from where Emmett Till was murdered, Dick said the road was just like Highway 1 in VietNam – no cover on either side. He didn't dare hitch a ride. Now there are bicycle tours on

Highway 1 to Saigon...



Slide 5 = here's Dick, age 28 or 29, on their base, giving a eulogy for a soldier .



Slide 6 = Dick rarely spoke of Vietnam – except once, when he said “Every letter home was a lie” – intending to keep us from worrying. He never spoke of his Bronze Star. Only in the late 00s did he apply to have one on his license plate – “That’s so no cop will give me a ticket,” he said dismissively.

Only after his death did I learn that the Bronze Star is given for courage under fire. He earned it for volunteering to fly on rescue helicopters into firefights to retrieve wounded men. Medics were required to go, docs only if they volunteered. Dick volunteered a LOT

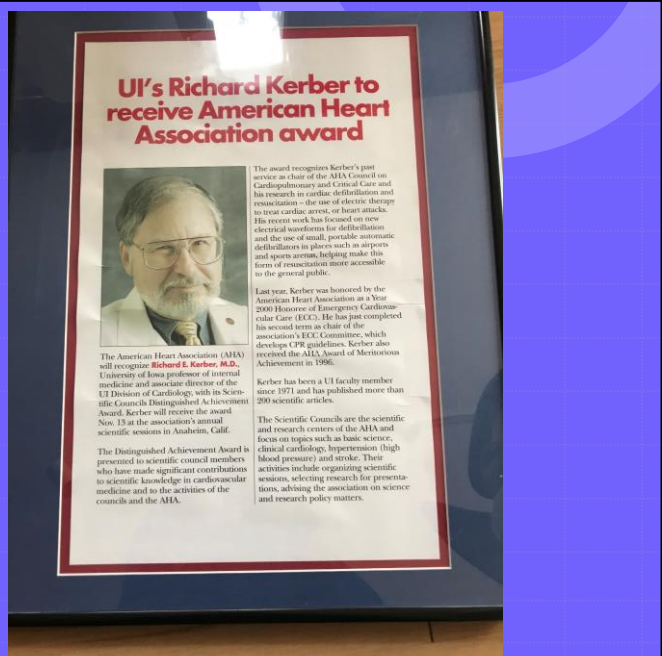


Slide 7 = After finishing his residency at Stanford, Dick welcomed an appointment in the Cardiology Division of the University of Iowa hospital in Iowa City – but only after successfully insisting that there be a tenure -track job for me. [Rare among men of his generation.] He was already embracing the new technology of ECHO. Here he is instructing some medical students. [given his hairline, probably sometime in the 1980s]



Slide 8 = In Iowa he worked hard to welcome women into cardiology. Linda Gillam, Sharon Mulvagh and Vera Rigolin tell me he encouraged them into leadership positions in ASE. When by chance his whole rounding team -- medical student, resident, Fellow and Nurse – turned out to be women, he called the hospital photographer to take a portrait. This is sometime in the early **1990s**. (Surgical and Interventional specialties were late to welcome women colleagues – But REK was a loyal ally.)

AHA Scientific
Councils
Distinguished
Achievement
for research in
resuscitation
and
defibrillation



Slide 9 = Meanwhile, Dick kept up important research in the diagnostic uses of Echo and in cardiac resuscitation. In 2001, he received the American Heart Association Scientific Councils' Distinguished Achievement Award. They cited in particular his research on new electrical waveforms for defibrillation, **and** his tireless work to expand the use of public access AEDs.

Reviewing my assignment to focus on *Ethics*, I think you see it in Dick's work in Vietnam; his efforts to open the field of cardiology to women, and now, to **Slide 10...**

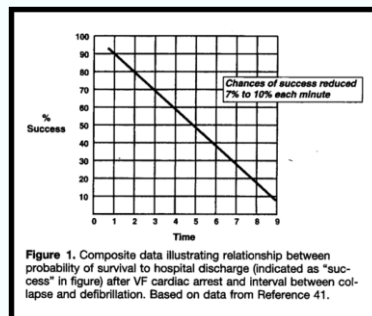
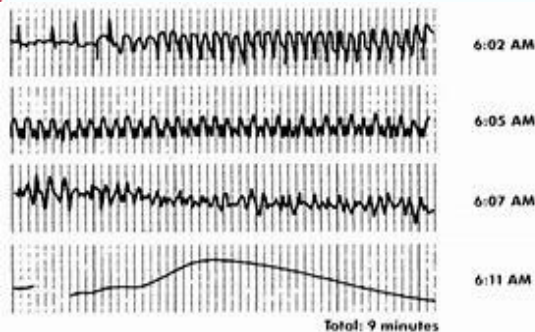
Rotary-Kerber HeartSafe Community Campaign



Slide 10 = *Rotary-Kerber HeartSafe Community Campaign.* I warn you, I'm going to end by asking you for action AND for money!

Power of a Minute

The Clock is Ticking



www.iowaheartsafe.org



Slide 11 = The information on this slide is surely familiar to most of you. On the left, you see tracings beginning at **6:02**, when a cardiac arrest has taken place.

The next two tracings – taken at 6:05 and 6:07 – show the flattened curve with each passing minute. By 6:11 there is no heartbeat. The patient is dead.

The graph on the right shows the well known fact that the chances of survival **decrease** by roughly 10% with each passing minute, unless CPR and the use of an AED interrupt the inexorable drift toward death.

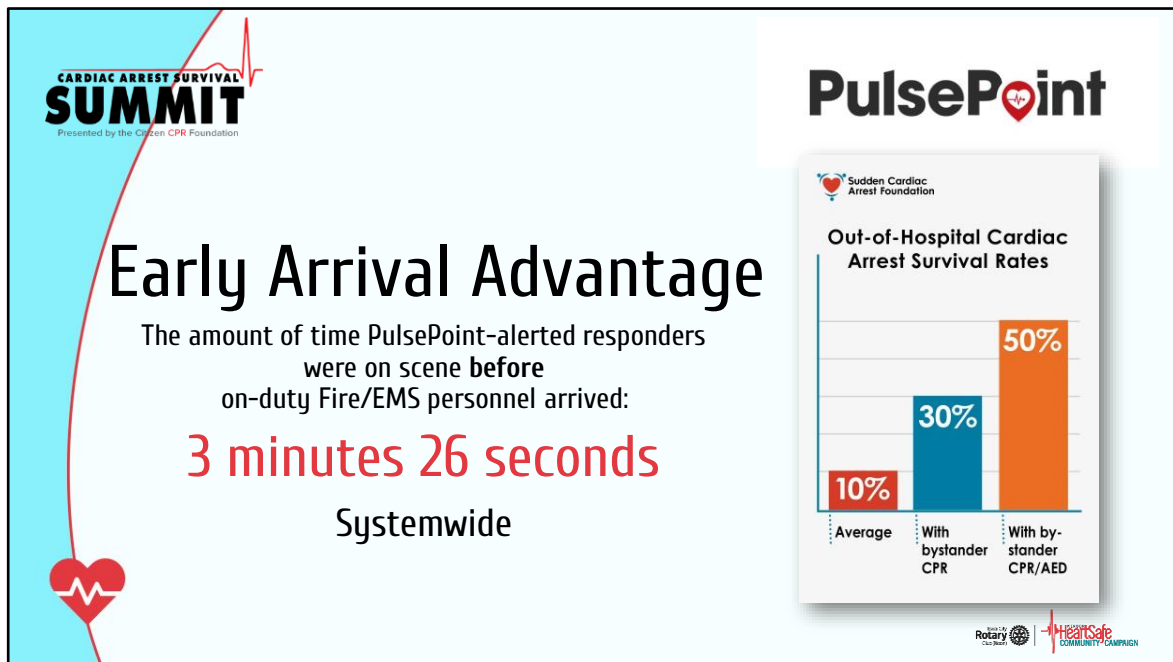
In 1985, Mike Weisfeldt established an AHA Task Force on resuscitation and appointed Dick as its first chair. He remained on that Task Force or some version of it almost to the year of his death, serving on subsequent national and international Emergency Cardiovascular Care committees.

They reviewed and updated standards for CPR.

They lobbied to expand bystander education in CPR and the use of AEDs and the Heimlich maneuver.

They lobbied fiercely to get AEDs in public places like airports and sports arenas. Those AEDs you see in airports did not get there without serious struggle. Only after Cathy Pacific put AEDs on its trans-Pacific planes did it establish a state-of-the-art. Only after the family of a passenger who died on a United plane sued successfully, did airlines add them to planes and to airports.

Former ASE president and 2020 Kerber Lecturer Jules Gardin recently told me that he “helped care for a patient in our CCU who was saved by a bystander at Newark Airport who used an AED before first responders arrived. Jules told me he found it a very moving experience.



Slide 12 – Although Dick was not one of the authors of the major study published after his death in *Circulation*: 2018, [“Impact of Bystander Automated External Defibrillator Use on Survival and Functional Outcomes...] he was part of the early stages of the project. It confirmed that bystanders who start CPR/AED BEFORE the first responders make a MAJOR difference.

This fact has been strengthened by PULSE POINT, a telephone app, [pioneered by Toronto and Pittsburgh] and recently installed here in King County. When 911 dispatches first responders to a cardiac arrest in a public place, it simultaneously signals people who know CPR, have registered with Pulse Point, and are within 2000 feet of the victim. Experience in the last decade has made clear that bystanders who begin CPR early make a real difference.

Note on slide the heightened survival rate of victims who receive early CPR and early AED treatment



Slide 13 = Now for the Ethical and action end to this lecture

In Dick's memory, the Noon Rotary Club of Iowa City established the Rotary-Kerber HeartSafe campaign, intended to vastly increase the prevalence of bystander CPR/AED/Heimlich maneuver use in our County. Since there is an organization for everything, we seek certification as a HeartSafe community, in which a high proportion of the population knows CPR. [Simultaneously there is a parallel initiative for the non-medical campus of the University of Iowa.]

Beginning two years ago with a Rotary grant of \$6,000, we have raised over \$100,000 and spent every penny of it.

We have purchased dozens of AEDs at sharp discounts. [\$1,000 instead of \$2,000-\$2,500]

We have installed over 30 AEDs in non-profits [houses of worship, community theaters, homeless shelters] for \$500 donations and the pledge to train their staffs and, in the case of houses of worship, large portions of their congregation. There is a sliding scale for small and large businesses. The outer door of each building has a sticker specifying WHERE the AED is [not merely the generic “AED inside] and the Rotary/Kerber logo.

We have purchased training materials so that we can begin training people without having to beg and borrow from first responders and local hospitals.

We have also purchased over a dozen much more expensive 24/7 cases for outdoor AEDs, available when buildings with AEDs are locked.

AND we have paid the initiation fees so that the Johnson County Ambulance service can subscribe to Pulse Point. [The ambulance service is thrilled]

I end with my ASK:

Explore our website: www.iowaheartsafe.org

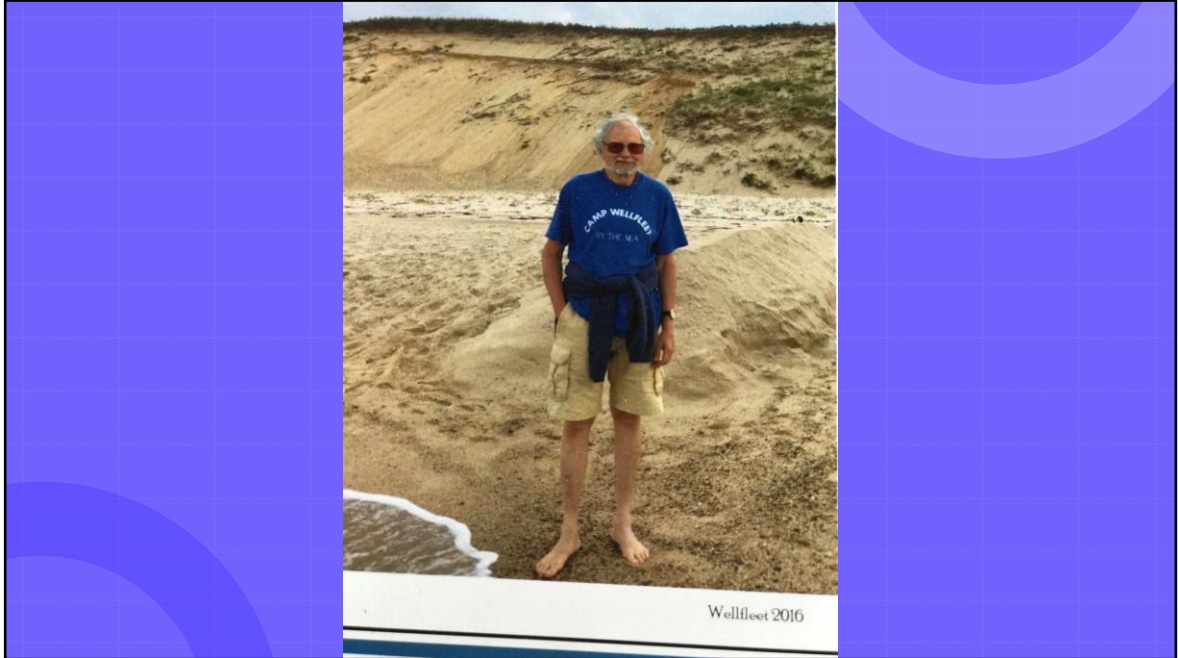
--you will see what we are doing. Under “news,” watch the short video by a woman whose life was saved by her then-15 year old son who had learned CPR in his high school.

-- if your own state is not one of the 38 states that require training in CPR in order to graduate from highschool, lobby your legislators to join them [CPR is required in the state of Washington].

--if your community – like King County – has Pulse Point, register yourself and get your friends to register. Some CPR is better than no CPR

--if your own community is not seeking to make itself a HeartSafe Community, begin a project of your own. We have found our local Rotary a pillar of strength but a project need not be based in Rotary. I have with me several copies of our second annual report. And we will be DELIGHTED to schmooze about how to make your community HeartSafe.

--FINALLY -- if you have been moved by Dick's life and example, hit the DONATE button on our website. We promise to put your resources to good use.



Slide 14 – one of the last pictures of Dick, on the beach at Wellfleet, where he was happiest.

Many of you know Joe Gascho, a cardiologist at Penn State who was a regular presence at ASE meetings. He is not here today because, he told me, he has just retired. [And one of the perks of retirement is not going to meetings]

But Joe is an accomplished poet, and he has just published a wonderful book of poems: *Heart and Soul: A Cardiologist's Life in Verse*. In it you will find a moving poem dedicated to Dick. I will end now with the final poem :

“To Myself”

You gaze upon the image on the monitor

Made up of bits of sound that bounce from probe
Through skin to heart then back again
And think it shows what broke your heart.

I only wish there was a tool
I could use on me, not you
to look inside not heart but soul
so I could know for what it yearns
so I could learn to make it whole.