

A combat surgeon remembered:

MAJ John P. Pryor, MD, FACS



by Stephen J. Regnier, Editor

Tell them of us and say: “For your tomorrow we gave our today”

—*WWII Memorial*

Editor’s note: *The following article is respectfully dedicated to all those men and women in our armed services who put themselves in harm’s way for the cause of freedom and to those individuals who have paid the ultimate price in the service of their country.*

John P. Pryor, MD, FACS, 42, of Moorestown, PA—leader of the University of Pennsylvania’s trauma team and a decorated major in the U.S. Army Reserve Medical Corps—was killed by mortar shrapnel on Christmas Day 2008 in Iraq while serving as a combat surgeon. It was his second tour of duty in Iraq.

Dr. Pryor was the third American surgeon to die in combat in Iraq since the war began in March 2003. MAJ Mark D. Taylor, MD, 41, was killed when a rocket hit his living area in Fallujah on March 20, 2004. COL Brian D. Allgood, MD, 46, was senior medical officer in Iraq at the time of his death on January 20, 2007, resulting from the crash of a UH-60 Black Hawk helicopter.*

Dr. Pryor became a Fellow of the American College of Surgeons in 2003. By all accounts, he was a gifted surgeon with a keen sense of adventure. He traveled to Ground Zero on September 11, 2001, to volunteer his services and wound up deciphering and filling medical requests transmitted over rescue team radios. Dr. Pryor was a talented writer and a frequent contributor of opinion pieces to the *Philadelphia Inquirer* and the *Washington Post*. He was often interviewed by National Public Radio and ABC News.†

Opposite, top left: Dr. Pryor conducting a suture class (photo courtesy of Dr. Wenstrup). Middle left: During basic training in 2005. Bottom left: In the operating room in Philadelphia (photo courtesy of David Warren, *The Philadelphia Daily News*). Right: Dr. Pryor during his first deployment to Iraq, February–May 2006.

Following are the thoughts and remembrances of a number of friends and colleagues—including two prominent trauma Fellows (see sidebars on pages 10 and 11)—who knew Dr. Pryor as an insightful writer and speaker, a superb trauma surgeon with a gentle bedside manner and love for humanity, and a devoted family man.

SUNY Buffalo

James Hassett, MD, FACS—professor of surgery and vice-chair of education at the State University of New York (SUNY)—Buffalo—first met Dr. Pryor, then a third-year medical student at SUNY, in 1993. Dr. Hassett was the surgical clerkship coordinator.

“John was an exceptionally bright student,” Dr. Hassett said. “He demonstrated his skills in every venue and at every opportunity.” Dr. Pryor was in the 91st percentile in the U.S. Medical Licensing Examination 1 and received honors in virtually every clerkship. He was committed and engaged at the highest levels in multiple activities, according to Dr. Hassett.

Dr. Hassett became the associate program director of the surgical training program during Dr. Pryor’s first postgraduate year and continued in that capacity during his entire residency. “Frankly, John Pryor was the best resident in his year group and our best resident over a 10-year time frame. His professional demeanor and clinical acumen were outstanding,” Dr. Hassett said. The surgical training department’s executive committee recognized Dr. Pryor’s skills, maturity, common sense, and professionalism by selecting him as its administrative chief resident. Dr.

*Barie PS. Death in the desert hits home. *Surg Infect (Larchmt)*. 2008;9(6):545-546.

† Visit www.drjohnpryor.com/links.cfm for samples of Dr. Pryor’s articles and interviews.

Hassett added that he encouraged Dr. Pryor to pursue an academic career and was happy to support his application for fellowship at the University of Pennsylvania, Philadelphia.

As a student and resident, Dr. Hassett knew Dr. Pryor to be bright and clinically gifted. He believes Dr. Pryor possessed four traits that made him both unique and successful: he engaged the world and his professional activities with a great deal of enthusiasm, he had the ability to express himself in a clear and precise way, he was a genuinely nice person who gave the best that he had and got others to do likewise, and he was unafraid and fearless when he thought he was right.

Dr. Hassett followed Dr. Pryor's career as a fellow and member of the faculty at the University of Pennsylvania. "We invited him back to Buffalo to share his experiences with the surgical and academic community," he said. "He was a hit."

University of Pennsylvania

Dr. Pryor arrived at the University of Pennsylvania in 1999. After his fellowship in trauma surgery and critical care, he joined the faculty of the department of surgery and was serving as the trauma program director for the Hospital of the University of Pennsylvania (HUP) when he was deployed.

"JP was a magical man, with boundless energy and goodness," said C. William Schwab, MD, FACS, chief of the division of trauma and critical care and one of Dr. Pryor's mentors. "He was a devoted son, husband, father, colleague, and friend.

Into the heart of danger



DAVID WARREN, THE PHILADELPHIA DAILY NEWS

John died doing what he was genetically programmed to do—care for his fellow men and women, give them a chance at survival and recovery, and return them as a functional member of society. John trained in his chosen profession to be the medical adventurer—that is an understandable underlying and unquenchable force that is present in each of us. Going to the heart of danger, both in the large inner-city hospital as well as in a war in way-off lands, we see the toughest of the tough; in the task that others might retreat or shirk from, John found his peace while attempting to piece together the most complex of cases.

John understood the illogic of his chosen field of trauma surgery. He understood that the streets of Philadelphia were just as dangerous as the venues of hostility in a country at war. He understood that he was predestined to be in the heat of the battle, whether it be Philadelphia or Mosul. It was his fate to patch up the secondary effects of man's inhumanity to man. Yes, in an ideal world, preventive strategies would completely eliminate the area of surgical skill where John was most skilled and comfortable, but the need for John Pryors in the future will never be eliminated. Now and for the long foreseeable future, the acute care trauma critical care surgeon will be at the pinnacle of physicians in demand and needed in communities around the world, especially the U.S.

John represents the kind of surgical spirit that all surgeons possess. Yes, John Pryor has the trauma surgeon's genome. There is no need for question or discussion. We each in our own way know exactly why John was in Iraq. On another day, the loss could have been any one of us.

To John:

As a soldier, we respect and salute you.

As a teacher, we seek to emulate you.

As a visionary, we support you.

As a surgeon, we recognize your master skills

As a human, we applaud and memorialize your unique and lasting contributions.

We each will rededicate our genetically predetermined professionalism to be built on the foundations of your work.

—Kenneth L. Mattox, MD, FACS, Houston, TX

He was an outstanding physician, gifted surgeon, teacher, and mentor. At his core were many great values, but his passion for service to others stood out to each and every one of us, every day.”

In Dr. Schwab’s office hangs a favorite quote, by Albert Schweitzer, that he believes captures the essence of John Pryor:

....Seek always to do some good, somewhere. Every man has to seek in his own way to realize his true worth. You must give some time to your fellow man. Even if it’s a little thing, do something for those who need help, something for which you get no pay but the privilege of doing it. For remember, you don’t lie in a world all your own. Your brothers are here, too.

Dr. Schwab noted that Dr. Pryor’s sudden death while serving as a physician on the battlefield “is a very personal loss for the many of us who have worked side by side with him in our emergency department, operating rooms, and intensive care units. All of us have lost one of our brothers.”

To hold the torch

Michael F. Rotondo, MD, FACS, first met Dr. Pryor in 1998 when he was an associate professor, vice-chief, and trauma medical director in the division of traumatology and surgical critical care in the department of surgery at HUP. Dr. Pryor was applying for a fellowship in trauma and surgical critical care and was interviewed by Dr. Rotondo.

“It did not take but a few moments to realize that he was incredibly hard-working and dedicated. But more than that, he had a special quality that immediately won me over. He was down-to-earth, passionate, caring, and, in his own way, he was everyman,” Dr. Rotondo said.

The year Dr. Pryor began his fellowship, Dr. Rotondo left to take a job as vice-chair and trauma chief at East Carolina University School of Medicine, Greenville, NC. However, he was able to follow Dr. Pryor’s professional progress through happenstance meetings and Dr. Rotondo’s continued ties with the university. Soon after Dr. Pryor took his first academic job at University of Pennsylvania, he would frequently call Dr. Rotondo for advice on either clinical or administrative matters. “I was always impressed

Values

I have very fond memories of John Pryor. He lived life to the fullest and I respected his value system. His death is tragic to his family, but it does represent his values. John believed firmly that if U.S. soldiers were put in harm’s way, they deserved the very best care possible if they were wounded. All of John’s values were in the interests of others. We will miss him.

—Donald D. Trunkey, MD, FACS, Portland, OR

with his willingness to learn and his zeal to improve himself. In his own way, he always made me feel valued by his interest in learning from me,” Dr. Rotondo said.

Invariably, Dr. Rotondo noted, Dr. Pryor would say “I won’t let you down...” or imply in some way that he had taken up the cause for excellence in care of the injured.

In his informal discussions with Dr. Schwab, they often spoke about Dr. Pryor as being in line of succession of important leaders in trauma care. “He would repeatedly pledge over and over his commitment to excellence and attention to detail on behalf of the patients. He cared about the work in a unique and special way,” Dr. Rotondo said.

By way of demonstrating Dr. Pryor’s awareness of the importance of the work that trauma surgeons do, Dr. Rotondo shared an e-mail that Dr. Pryor had sent out to his partners soon after his wife, Carmela, was hospitalized for a serious, life-threatening pelvic fracture after a car crash. Dr. Rotondo saved the e-mail because it meant so much to him. “It speaks volumes about John,” Dr. Rotondo said.

Subject: Thank You

Consider this my feeble attempt to thank you for everything you did for my wife Carmela, our children, and me during this unfortunate event.

When you work in a hospital, or a business, or a restaurant, you often tout your shop as the best—you call your partners the best and you lavish praise on the product, regardless of how

seriously you believe it to be true. When faced with a medical emergency with a family member as I was, the immediate reaction is to mobilize the best medical team possible. All thoughts of being polite, or having people involved because it is courtesy, or appropriate because you work with them, go straight out the window. Your mind immediately makes an assessment and you decide who the very best medical professionals you want to care for the most important person in your life, no matter if they are in your division, hospital or even specialty.

On Thursday, without hesitation, I wanted my wife brought directly to HUP and cared for by you. To be completely honest, I made a quick list of who I wanted in that trauma bay, and it was every single one of you. There were no gaps, no adjustments needed to the system, no resource human or other that I needed to mobilize other than getting her here. Standing in the trauma bay as a husband and observer, I felt no fear. I was completely at rest and I believed that she could not die because she was in your hands.

Curiously, the overwhelming emotion I had during this first day was pride. I looked at Dustin, Munish, Pat Kim, Adam, Jose running the code and it suddenly dawned on me that I had a hand in training this entire team. Without the ability to do anything, I was forced to just watch with such emotion as you all went on the same way you do 3,000 times a year, this time under the added pressure of the unusual situation. I love every single one you guys.

In the subsequent days I realized something else. We all have family, and we are all colleagues. Over the last days I feel that you are my family, as dear to me than anyone that I share a name with. I could not have made it without you, and I will not make it through the next few months without you.

Words will never be able to convey my gratitude—*instead I promise to continue to work as hard as I can every single day to hold the torch that was ignited by Dr. Schwab and carried by Mike Rotondo...and continue to make this the best trauma center in the United States of America. I pray to God none of you ever need the services that we needed, but if anything like that is in the cards—I will make sure we (and the system) are all here for you.*

—JP



Dr. Wenstrup (left) and Dr. Pryor.

A few days after Dr. Pryor died in the line of duty, Dr. Rotondo received word that his wife, Carmela, wanted to speak with him. Dr. Rotondo recalls that “her emotions were raw with grief,” but among other things she shared with him was that John considered him to be one of his principal role models.

“Though on some level I knew this to be the case, it was gripping and heart-wrenching to hear her say it, nevertheless. What greater and more humbling honor,” Dr. Rotondo said. “More importantly, how tragic and sad to have lost a man who in so many ways personified all that is right and good and just in human existence.”

Abu Ghraib

CAPT John Pryor was set to arrive in Baghdad the day MAJ Brad R. Wenstrup, MD, chief of surgical services at the 344th Combat Support Hospital (CSH), was going on two weeks’ leave. He and Dr. Pryor met at the Baghdad airport on February 22, 2006. “John showed how he proved to always be—polite, kind, excited to share his skills with all, and to learn whatever he could,” Dr. Wenstrup said.

A sense of humor can go a long way in a place like Abu Ghraib, according to Dr. Wenstrup, and in spite of the serious nature of the work, Dr. Pryor showed that he liked to laugh, and to make others do the same. The day Dr. Wenstrup returned from leave, Dr. Pryor was already



Dr. Pryor aboard a military plane in Iraq, December 2008.

giving a grand rounds presentation. “John was gracious enough to welcome me back during the presentation and proceeded to tell everyone he had a photo of me on the beach while on leave,” Dr. Wenstrup said. Dr. Pryor then showed a Photoshopped photograph of Dr. Wenstrup, well-built and wearing a camouflage thong. “I knew it was going to be great to work with this guy,” he said.

Dr. Pryor was promoted from captain to major during his 2006 tour.

“All great teachers are great students too, and there was no ego involved with John’s work,” Dr. Wenstrup said. “He always accepted input from others, recognizing that each and every person had something to teach and share. I believe that John had great respect for the talents that God

gave him and that his skills should be put to use and shared with others. Any time one worked with John, he or she came away with some new knowledge.”

The 344th CSH had been in Iraq for nine months before Dr. Pryor arrived. Dr. Wenstrup noted that “our spirit and morale were still high and John took advantage of that.” Dr. Pryor immediately began instructing all medical personnel to develop skills they might need at some point in their careers. He arranged for every medical assistant, medic, or nurse to become proficient in suturing techniques. He set up workshops to teach them.

When an American troop died at the CSH, which was rare, it seemed that Dr. Pryor took it personally. “I think John saw his *saves* as just doing his job. When nothing more could be done, John felt pain,” Dr. Wenstrup said. “I never had the slightest doubt that those soldiers lost had gotten every last bit of John’s energy and skill in the effort.”

Dr. Wenstrup said he believes that sometimes we find ourselves imitating those individuals we respect, and sometimes we do it unknowingly. “When I returned from Iraq, I often found myself saying, ‘That’s good stuff.’ I quickly realized where I learned that expression,” he said. “Thank you, John.”

Memorial fund

Dr. Pryor is survived by his wife, Carmela V. Calvo, MD, a pediatrician at St. Christopher’s Hospital for Children; a daughter, Danielle; sons, Francis and John Jr.; a brother, Richard; and his parents, Richard C. and Victoria.

A fund has been established to help his family. Donations may be directed to UPHS–Dr. John Pryor Fund, Ste. 750, 3535 Market St., Philadelphia, PA 19104-3309. [Ω](#)