or cardiothoracic surgeon Bruce Leavitt, M.D. ’81, most days are busy rounds of caring for patients and teaching residents and medical students at the UVM College of Medicine and Fletcher Allen Health Care. But for one month last summer, Leavitt traveled to the island nation of Sri Lanka, in the Indian Ocean, to help staff a clinic run by Médecins Sans Frontières (MSF), known to many people in English-speaking countries as Doctors Without Borders. The camp was located next to a huge Internally Displaced Person (IDP) camp run by the Sri Lankan government. In May of 2009, a quarter-century-long civil war in Sri Lanka finally ended. Hundreds of thousands of Tamil people who had been displaced by the war continued to be held in vast camps. Many of these people had serious war-related medical problems, including gunshot wounds, that had received cursory treatment, or none at all.

With the enthusiastic support of his family and academic medical center colleagues, Leavitt set out from New York in late June to Sri Lanka via Dubai. Following are excerpts from his diary from this time, illustrated by his own photographs.

MONDAY, JUNE 22, 2009

Awake at 5:30 AM to roosters, dogs and all sorts of noises. 79 degrees at wake up. Slept outside with a mosquito net. Very comfortable. Quick breakfast — eggs, pineapple jam on bread. Traveled one hour to IDP camp and hospital. Saw the camp with barbed wire that holds upwards of 300,000 people. It is a concentration camp of our generation. Every 100–500 yards there was a soldier with a big gun. Even on the rural roads.

Arrived at hospital at 08:00. Made rounds. 8 tents holding 15 or so people in each tent. Most have injuries from the war: burns, fractures, fragments, etc. All patients were patiently for the doctor to come by and see them.

I was the first to operate. 3 cases. First case a 9 month old female with a inner thigh abscess. Drained it with an incision and a purse-string drain.

Second case was a 25 year old male with a left infected 5th toe. Did an amputation and debrided the foot.

Third case was a woman in her mid 20s with a shrapnel wound in her left palm.

At 5 PM a bus with 32 injured people showed up from zone 5. All had injuries. It was truly unbelievable: they all unloaded from the bus. It was very busy for 2 hours. I admitted a 24 year old female with a previous left BKA [below-knee amputation] from a land mine and with new wounds of her right arm and leg. I saw a boy of 15 with an infected wound that was apparent through a hole in his cast. Probable pseudomomas. Placed on an oral cipro, sent back with a recheck in one week. Saw another man with shrapnel in his left BKA stump and pain. Admitted for surgery on 6/28 to remove the F.B. Debrided many other wounds. Nurses and doctors were great.

Took the 7 PM bus back to the new house. No room for me in the house or roof. Slept on a cot on the lawn.

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JUNE 25

Problem with obtaining x-rays. We have no x-ray machine. We can send a few patients a day to the India Hospital, which is close to our hospital and in the IDP camp. X-rays often denied or sent back without taking the x-ray.

I was surgeon of the day. Lots of cases. Two skin grafts, one bullet removal. One 4-year-old girl with a foreign body (nut) in her left nose. Put her to sleep. I could not pull the bullet out. While trying to push or pull the nut out. While trying to push the nut the with Kocher clamp, I accidentally pushed it in!!! Thought I may have really hurt the kid — she did well.

Performed 2 skin grafts. I used an old fashioned hand operative knife. Pie crust the graft and sutured it with 3-0 prolene.

Also did an ORIF [open reduction] of a humerus — no electric drill or x-ray — very difficult. Tried to relocate a dislocated shoulder after external fixation. Could not reduce it, but I wondered if the humerus was not repaired correctly. Removed a bullet from a woman’s thigh. Did a plastic surgical revision of wound to a calf. Also debrided a bullet hole.

JUNE 27

Planning to work the night shift. Had the day off. I went to Vanuviya. Took the bus with the local staff from Vavuniya. The bus did not start, we had to push the large bus to start it. Drove one hour to Vanuviya — spare tire fell off the bus and the tire became a passenger. Took many back roads. Dropped off the local staff. Made it to Vanuviya MSF house. Took a tuk-tuk to Vanuviya, 200 rupees. The military had closed the main road. Took back road to town. Bought a phone, SIM card and necklaces and clothes. The clothes were bought at a store ran by a family. I showed pictures of my daughters to get an idea of the size. Took tuk-tuk back to MSF-Vanuviya. Got a ride back to camp.

JUNE 27 – JULY 7

The worthy scribe was not diligent in his duties. Worked very hard this week. I operated every other day, sharing the surgery.

The OT days are the best. Surgery starts when you want it. You start around 9 AM and finish in the early afternoon. Often times you switch between OT 1 and 2. The OT tents are air conditioned, a bit small. The floor is rubberized canvas. The lighting is pretty good. There is electric cautery. No mechanical ventilation, if the patient requires ventilation, the anesthesiologist hand bags the patient. I helped out ventilating the patients while the anesthesiologist charted, drew up meds, etc.

The days I was the ward surgeon were very busy. Forty to fifty dressings a day. Nurse, translator, and Sri Lankan nurses were great. Patients were very patient and understanding. Now all patients are out of tents and into wards.

A couple of patients: one is a 30-year-old male who lost his left arm and eye in an explosion. First MSF surgeon cleaned up the wounds and skin grafted his medial canthal area. I did the dressing daily and took him to the OT for a non-healing.

Most have injuries from the war: burns, fractures, fragments, etc.

— Bruce Leavitt, M.D.’81
JULY 14

Best day yet. Today I felt like a real MSF surgeon. Worked from 7–4:50 PM. I was the OPD surgeon. That means the ER surgeon. I changed 1/4 dozen of my patients’ dressings. All skin grafts had made it, some better than others. Said goodbye to my 15 year old male who lost his mother in a shell blast. Lost ½ his foot. Treated with sugardine. Went back to the camp without shoes. I gave him my card and told him to write me a letter in a year telling me what he was doing.

The best was the OPD tent. Saw 20+ patients. Admitted eight. Four for surgery the next day. Saw a 16 year old female with a huge bullet in her knee. No treatment or x-ray for 2 ½ months. Saw a 14 year old male with a severe colles' fracture of the wrist. Untreated, now has malunion with osteomyelitis. Saw an 8 month old girl with scalp abscesses. An 8 year old girl with a shell piece in her neck (posterior). Her arm had a clavicular fracture with a chronic anterior shoulder dislocation. She cannot lift her arm to her shoulder. I was kneeling on the ground examining patients from the camp who got off an ambulance. I was the first doctor they saw in 3 months with war wounds. Took the 4:50 bus back. Got off in Cheddikulam. Had a haircut at a little Asian hair salon. 250 rupees (50) for a haircut and head and neck massage. Not one word was understood by either party. They thought I was from Japan. That was a first! Took some photos. Had a shirt made; should be ready tomorrow. Walked home to find out the barbed wire was put back up on our shortcut to our home.

I should comment about the New York Times article [“Tamils Now Languish in Sri Lankan Camps,” published July 12, 2009 in the Times]. The town listed was Cheddikulam, the town we live in. Very accurate article. The world pays the money for the IDP camps thinking they are a “transit” village. In reality they are supporting our generation’s concentration camps. No change in the security so far.

JULY 12

At 1 PM 8 of us went to the lake, 20–30 minutes outside of Vanuviya. This is a man-made lake. The stumps of the flooded trees are still present. Locals came down to the lake to wash their bodies, clothes and motorcycle. While swimming a peacock strolled the shore. That was a first.

A second is a man in his late 20s that I revised a calf scar and debrided two wound tracts from bullets. He has a huge bullet in her knee. No treatment or x-ray for 2 ½ months. Saw a 14 year old male with a severe colles' fracture of the wrist. Untreated, now has malunion with osteomyelitis. Saw an 8 month old girl with scalp abscesses. An 8 year old girl with a shell piece in her neck (posterior). Her arm had a clavicular fracture with a chronic anterior shoulder dislocation. She cannot lift her arm to her shoulder. I was kneeling on the ground examining patients from the camp who got off an ambulance. I was the first doctor they saw in 3 months with war wounds. Took the 4:50 bus back. Got off in Cheddikulam. Had a haircut at a little Asian hair salon. 250 rupees (50) for a haircut and head and neck massage. Not one word was understood by either party. They thought I was from Japan. That was a first! Took some photos. Had a shirt made; should be ready tomorrow. Walked home to find out the barbed wire was put back up on our shortcut to our home.

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One day shy of one month. Woke up to a beautiful morning. Took my last bucket shower. Quick breakfast. Took my suitcase to work, started rounds at 7:30. Then 3 ½ hours said of dressing changes. I did all of my patients’ dressings. My last dressing was the largest burn that I did. I was also the OPD surgeon doctor today. Saw quite a few patients. Wrote several letters. Attended the 2 PM meeting. After the meeting I said goodbye to 2 of my favorite patients. Young man with bilateral amputee (both legs, I revised the L AKA) and a mid 20s man with a loss of left eye and arm. I was quite emotionally upset. I gave each of them a picture of me from my album. I signed the back of each photo.

Took my last ride to Cheddikulam house, then the one hour ride to Vanuviya.