

THE REST OF YOUR LIFE

Contributing to the Burners

What started in 1986 as a bonfire and the spontaneous burning of a wooden man has evolved into a week-long camping event that attracts up to 50,000 people from around the globe each year. Dr. Marc S. Nelson has attended the Burning Man event for the past 10 years as one of three medical chiefs who serve the community of sculpture-building and sculpture-burning campers.

Burning Man takes place in Nevada's Black Rock Desert, about 120 miles north of Reno. The event's official Web site (www.burningman.com) describes the gathering as "an annual experiment in temporary community dedicated to radical self-expression and radical self-reliance."

In the raging heat of late August and early September, attendees bring water, food, and shelter with them to create

land in California. "That's why the city works so well, because people contribute and do things. It can be as simple as setting up an espresso bar where you can get free coffee in the morning. The way I contribute is by being a doctor."

Dr. Nelson helps to oversee a staff of 300-400 volunteers who provide medical services to attendees (known as Burners) throughout the week at one of three dedicated tents.

Dr. Nelson's tent is located near center camp, where he is equipped to give intravenous fluids, suture simple lacerations, and do EKGs. "There are two peripheral tents at 3 o'clock and 9 o'clock, which serve as first-aid stations," he said.

He and the other medical volunteers treat everything from dehydration to snakebites to sunburns. They also help to coordinate transportation for the 120-mile journey to Reno, if more advanced care is needed.

"Much of what we do is triage work," Dr. Nelson said. "Different levels of experience come into play when you start making decisions about what to do with somebody who comes in with abdominal pain, and trying to decide [if this could be a case of appendicitis], in which case you need to get them to Reno,

or is this just a bellyache from having eaten too much the night before? Or we may see a laceration and we need to decide, does this need sutures, or is this something we can put a band-aid on?"

The medical team holds daily briefings to talk about sites where they may need to increase surveillance, as well as supply issues, drugs floating around that may be causing bad reactions, or any other medical concerns that may arise, he said.



PHOTOS COURTESY DR. MARC S. NELSON

Dr. Marc S. Nelson volunteers as a medical chief at the Burning Man event in Nevada's Black Rock Desert.

Deaths have occurred at Burning Man although not in 2009. "But we have to deal with victims of trauma" from plane crashes to people falling off high scaffolding with bad fractures, Dr. Nelson said. "There aren't that many drug overdoses. But we do see some that are serious enough" to require intubation and helicopter transportation.

The uninhibited environment of Burning Man also presents a unique set of questions from the patients Dr. Nelson sees. It's "the kind of place where somebody could come up to you and say, 'I'm on Lasix. Is it okay for me to take ecstasy with that?' That's not the kind of question you'd get asked anywhere else. It's an interesting question. The obvious answer is, 'You shouldn't be taking ecstasy,' but it is rarely that simple and it is forces us to think outside the box, [such as] how would the two drugs interact? What advice should we give them about hydration?"

One year a Burner on dialysis wanted to know if he could skip going back to dialysis that evening so he could watch the burning of the wooden man, the climax of the week-long event. "I don't have the kind of things I would normally have in an emergency department to help me make that kind of decision," Dr. Nelson said.

"So you have to start relying more on your clinical judgment to make decisions."

When he's not on medical duty (the chiefs work 24-hour shifts, but most other medical personnel work 8- or 12-hour shifts), Dr. Nelson enjoys wandering the grounds and meeting fellow Burners. "One of the best experiences I ever had one year was when I went into a camp and opened the door of a big tent," he recalled. "Inside, there was a group of about 30 people who had

come over from Ireland. They had saved up all their money for a year and they actually re-created an Irish pub there, with beer, guitar playing, and dancing. I spent almost the whole night there, talking with them, dancing, and singing."

The kinship he builds with other clinicians who volunteer at Burning Man "is a real bonding experience," he said. "It's a big time commitment, and it's hard work. It's unlike anyplace most people have been to in their entire lives."

Among the spectacles he looks forward to seeing every year are the art installations by the Flaming Lotus Girls, a group of artisans who create fire-breathing sculptures as big as a house in scale (www.flaminglotus.com).

"A couple of years ago, they created a dragon with moveable metal parts that spewed out fire," Dr. Nelson said. "All the scales coming back from the dragon lit up with fire, and they all wrapped around an egg, so it was like a mother guarding an egg that was also on fire," he added.

The communal feel of Burning Man draws Dr. Nelson back year after year. "That was the thing that struck me the first year after I came back, was this amazing sense of community, where you could walk into someone's camp, and they'd invite you to sit down and have dinner or take a shower if they had an RV."

—Doug Brunk



Burning Man is "an annual experiment in temporary community dedicated to radical self-expression."

Black Rock City, an area that houses large-scale art projects, themed campsites, and villages. Clothing is optional. Illicit drugs are commonplace. Most anything goes here, Dr. Nelson said. But attendees are expected to embrace a sense of community.

"One of the things that make Burning Man work is that you need to do something to contribute to the community," said Dr. Nelson, an emergency medicine physician who practices at Kaiser Oak-

VA, Kaiser Permanente Aim to Expand Data Exchange Pilot

Diagnosing and treating patients with incomplete information is often a reality in medicine, but officials at the Department of Veterans Affairs are working to fill those gaps by exchanging information electronically with clinicians outside the VA system.

As part of a pilot program launched in 2009, physicians at the VA and Kaiser Permanente in San Diego have been exchanging data on problem lists, medications, and allergies. It can take weeks for patients to sub-

mit requests to get paper records and then bring those to another physician, but the project allows electronic information to be transmitted in seconds.

"The net effect is clearly an improvement in quality, an increase in patient safety, and a tremendous improvement in the efficiency of how we share information and how we deliver the best possible care," said Dr. John Mattison, chief medical information officer for Kaiser Permanente Southern California.

The pilot involves about 450 veterans who receive their health care at both the VA and Kaiser Permanente in San Diego, and who have agreed to allow their records to be shared. In the future, VA officials want to expand the pilot to include veterans around the country by partnering with other private health care institutions.

In the first quarter of 2010, the Department of Defense will join the pilot in San Diego and begin exchanging patient data with Kaiser Permanente.

This information exchange is especially important for veterans, said Dr. Stephen Ondra, a senior policy adviser for health affairs at the VA. Three-fourths of veterans receive a portion of their care in the private sector, he said, so VA physicians can't provide the best care unless they are able to see the types of treatments and medications patients are getting outside the system. Even though the VA and DOD have been leaders in exchanging information for years, the missing link has been information

on care provided in the private sector, Dr. Ondra said.

The pilot relies on standards developed as part of the Nationwide Health Information Network. Using these national standards, clinicians can send electronic patient data securely and privately. The Web-based exchange required patients to opt in at both sites of care. "While this is a major milestone along the way, there is much work ahead of us," Dr. Mattison said.

—Mary Ellen Schneider