the Urban League of Omaha and served on the board of directors of Boys Town. He also was director of the National Catholic Conference for Human Justice (1972-1974) and a trustee of both Howard University and Meharry Medical College.

FAMILY MAN

Dr Organ is survived by his wife of 52 years, Elizabeth (Betty) Lucille Mays Organ, and 7 successful adult children—specifically, Brian C. Organ, MD, FACS, a general surgeon; Gregory M. Organ, MD, FACS, a pediatric surgeon; Paul Organ, MD, a psychiatrist; Claude H. Organ III, a bank executive; David Organ, a university professor in geography; Sandra Organ, a former principal dancer with a ballet company who now owns the Sandra Organ Dance Company; and Rita Organ, a museum curator. He also is survived by 10 grandchildren; his sister, Claudesta Gould; and his brother, Henry Organ, Sr.

I know his children and those who trained under Dr Organ would attribute much of their success to his uncompromising standards of excellence. His inspiration will be sorely missed.

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Correspondence: Thomas R. Russell, MD, American College of Surgeons, 633 N St Clair St, Chicago, IL 60611 (trussell@facs.org).

Behind the Scenes With a Giant in American Surgery

Margaret M. Kosiba

I first met Dr Organ in 1973 while attending nursing school at the University of Nebraska College of Nursing (Omaha). He was the chair of surgery at Creighton University School of Medicine; I was transcribing reports in the medical records department at St Joseph’s Hospital (Creighton’s main teaching hospital) by night and studying by day. He asked me to meet with him because he had heard and observed that I was typing his surgery residents’ research papers on a department typewriter in my spare time and not charging the residents for this service. In the interview, he recognized qualities in me that were the foundation for his career in American surgery: passion for work and the need to help others. Needless to say, the next day we were players on the same team.

I recognized immediately that Dr Organ was like no other person I had ever known. He not only was passionate about his work but also functioned at the highest standard and level of expectation. He worked hard during extremely long days, and every evening and weekend he carried home an expandable, 5-in

leather briefcase filled with reading material and homework. I often saw the smile on his face when he, with care, put my work for the day in his overflowing out box. The challenge for both of us was to complete the work needed in a timely fashion with care, diligence, and accuracy, but always within an overloaded system providing little support for excellence. He appreciated my proofreading everything, protecting him, and “making him look good,” as he used to say. His handwriting was exceedingly small, but his scribbled thank yous were as big as life all over those documents. Although he struggled in his quest for excellence, he never gave up. Dr Organ had a vision and too many ideas for 1 surgeon in 1 lifetime. Even though he did not want nor expect me to work long hours as he did, he appreciated those efforts and learned to grant me the freedom to complete his projects to my satisfaction as well. The projects were finished within designated deadlines, but he recognized my need to feel a part of each project, to be able to take ownership, and to complete each project at our mutual high standard. He knew when to give and take. He often said with good humor, “Margaret, I can’t do anything with you, and

I can’t do anything without you.” He sometimes struggled with my need to do things right; I was taught as a child that things done by halves were never done right and invariably were returned to be redone anyway. One of his favorite sayings was that he, too, didn’t like “taking real estate twice.” Dr Organ learned his lessons well in American surgery; when he developed the surgical residency program at the University of California San Francisco–East Bay in Oakland, he created in less than 15 years a program that some institutions have taken 50 to 75 years to develop. I might add that some of

Author Affiliations: Division of Transplant, University of California, San Francisco.
those institutions still haven’t accomplished the minority diversity piece to Dr Organ’s expectation.

Dr Organ and I spoke often and freely about race. He told me many times how much he appreciated the help he received throughout his career from “the white surgeons.” He was immensely aware and grateful for their assistance, and he remembered with fondness Dr Jack Jesseph, who provided his first opportunity to serve as a visiting professor; Dr Alexander Walt; and many, many other surgeons. He learned early how important visiting other programs was to his own development and essentially to his residents and faculty. There was a palpable excitement in the office about 2 to 3 days before every trip. All of a sudden, it was easier for him to prepare his lectures and slide presentations (he performed remarkably well under pressure), and he found all of the answers needed for difficult questions and problems in our program (so that we could carry on in his absence!). Going out of town and sharing with others provided an important stimulus for Dr Organ. For a week after these trips, he infected everyone with his enthusiasm, sharing what he had learned, exploring new ideas, and discussing interesting solutions to problems. He carefully cataloged pearls of wisdom and added them to his vision for our program, continuing his search for excellence. He did everything for others, always thinking about how to improve each resident’s training, how to enhance each faculty person’s career, and how to deliver better patient care.

Dr Organ also mentioned how much he learned from the corporate world while serving as a member of various boards of directors for Boys Town, Inc; Northwestern Bell Telephone Company; St Paul Companies; and others. He brought everything he learned in this business arena back to his world of surgery. I used to chuckle when he allowed me to observe him struggling over a balance sheet or an annual report prior to the board of directors’ meetings; the study of assets and liabilities, profit margins, and financial principles was so different from the study of endocrine and general surgery, but, again, he learned his lessons well. He brought everything back to his program. He was concerned about cost containment years before the arrival of managed care. It was a joy to observe him in faculty meetings and editorial board meetings. I wondered whether the participants realized how much homework he completed prior to each meeting. Even though he instinctively knew the proper courses of action, he tried to give his faculty and editorial board members as well as colleagues a chance to be heard in meetings, and once in a while, relevant ideas emerged that charted a new course. He was willing to learn from others; he discounted no one.

Although I used to think that he performed remarkably well under pressure, he told me that he sometimes spent months completing research for a slide presentation or a special lecture. He was able to think through the entire presentation in his mind prior to putting a word down on paper. He was also known to be a superior bridge player while working.

Dr Organ had a single-mindedness about adversity. I was in awe at the way he dealt with problems. He was incisive in reaching a decision about every problem, sometimes in very little time. He explained to me that the adversity he dealt with in academic surgery was nothing compared with the adversity he faced related to personal racial issues. Once in a while, I felt he had perhaps made a wrong decision; we dissected relevant problems and solutions and the effects of his decisions almost daily. Sometimes it was 1 or 2 years later when I realized why he had arrived at a specific decision, and I was amazed that he had been absolutely correct. Fairness was always the baseline for his decision-making. This is probably the one characteristic that I treasured the most in Dr Organ. I could always count on him to be fair, even when it involved asking a surgery resident to discontinue training. Politics was not a part of his agenda: he didn’t need politics when he had fairness on his side. His patients trusted and liked him. Dr Organ’s patients in Omaha were special, and they thought the sun rose and set with him.

Even though I was not a surgeon, he placed me on that level when it came to visionary discussions. He sought my opinion about everything, mostly during our daily lunches together. He used to teasingly advise me that there was no such thing as a free lunch; he expected me to think and work during those precious half hours, even though I brought or paid for my own lunch! When I disagreed with him or others about problems, he always weighed all sides of the story and played out the pro and con scenarios. Many grand rounds, mortality and morbidity conference topics, and agenda items for faculty and editorial meetings arose from those penetrating discussions over lunch. He listed important ideas and action items on a 5 × 8-inch bound notepad sitting neatly next to his calendar desk pad; he reordered this list daily. He always had an index card in his shirt pocket to capture unexpected ideas. He functioned better in this mode than any computer aficionado using the most sophisticated computerized task lists and electronic calendars. He was extremely organized and always wanted others to be “Organ-ized.” Dr Organ was able to keep a support staff of 9 busy. In an unbelievably organized fashion, he would assign tasks to people, even though they didn’t work directly for him, and he knew exactly who had what tasks and when they were due; however, those support staff members had no idea that the others had all been recruited to assist on various portions of the project. It was as if he were putting the pieces of a puzzle together but usually within very little time. He made each person feel important, and each one wanted to help him with any of his assignments.

There were very few people whom Dr Organ did not like; however, no one would ever have known this based on the way he treated them. He told me it was easier to focus on the good and positive features of each person; then he could continue to help them, even when they mistreated him. It did not work for Dr Organ if he focused on the unpleasant aspects; he behaved in this manner even with a faculty member who attempted to charge him for, of all things, reverse discrimina-
tion. Dr Organ was an awesome person, a true mentor, and a leader of unparalleled qualities.

When it was time for Dr Organ to have a “You are not doing so well” session with his residents or faculty, he was able to dress them down and deliver his message very succinctly, and people left his office without even realizing they were “dressed down” until they got outside the department! Dr Organ tried to deliver good news with a positive spin on commendable accomplishments and then tuck in the “bad news.”

Dr Organ was insistent that his residents receive the best clinical and research training and prepare for the best fellowships. He would say with seriousness, “If the best is not for you, then who is it for?” He constantly reiterated that education was one thing no one could ever take away. He had a passion for counseling students, residents, and faculty. He made time for them when he had no time. In his merit dossier for professor, step 7 to step 8, I counted more than 200 hours of counseling sessions within 2 years, and these sessions did not include those he held with residents and students from his own program! He never lost hope for his trainees. Once he invited a former resident who had failed the American Board of Surgery oral examination twice to come to a mock oral board session in the East Bay. I attended the session and took exhaustive notes during the post mock oral board session with the examiners regarding all trainees, but I concentrated my efforts in particular on this special trainee. On the way home, Dr Organ spent a grueling hour and a half answering detailed questions from me about why the examiners said what they did about our trainee’s responses and behavior. Dr X listened intently and then asked even more questions about his examinations that day. Armed with confidence, Dr X passed the oral examination on the third attempt. Most of his issues were culture based and not knowledge based. Dr Organ took every opportunity to help others to succeed. If his residents were successful, then he was successful. When they called to tell him that they had passed their boards, he would say proudly, “Why should I be happy about something that you are expected to do?”

Dr Organ was a prolific reader and enjoyed sharing books, both surgical and nonsurgical, with his colleagues. As editor over a 16-year period, he reviewed every manuscript submitted to the ARCHIVES. He had an uncanny ability to concentrate for long periods of time, and I knew when not to interrupt him. He enjoyed working on quiet Saturdays in the ARCHIVES office, except on the Saturdays when the Nebraska Cornhuskers were playing football. The twinkle in his eye appeared on the Monday before a Saturday game, and there was no stopping the Cornhusker discussions all week. He called at the end of every quarter on those special Saturdays to advise his fellow Nebraskan in the ARCHIVES office of the score!

What I found interesting about Dr Organ was that he never seemed to be conscientiously vying for any positions in American surgery. On the contrary, I received confidential calls from key surgeons advising me that Dr Organ was going to be nominated for this or that position and they needed information about him. He didn’t seek positions; he worked diligently and pursued the right avenues (usually for others rather than for himself), and everything came back into his own life. He was surprised every time his colleagues nominated him for these prestigious positions. He was a true leader; his motives were unmistakably unfashionable. He also never learned how to say “no,” even when his health was failing and he knew this would diminish his longevity. He was forever challenged to help 1 more person, to write 1 more foreword or chapter, and he felt a strong need to always give back to the system that had helped him. He challenged his residents to follow in his footsteps in this regard.

Dr Organ often discussed with me what would have happened in his career had he been accepted at Mayo for his surgical residency training. He often wondered what pathway his career would have taken had he had “the right breaks.” I sensed that this provided even more drive and passion for Dr Organ to help his own residents aim for the highest and best, but he also helped them achieve at their maximum capabilities, and he paved the way for them to meet the right people and to have the right opportunities. I tried to tell him that no one could excel any more than he had, even with surgical residency training at Mayo. On the other hand, he often wondered out loud with me what would have happened to both of us had I had the opportunity and the right breaks to be a pediatric surgeon and, therefore, had not worked for him all those years. Those discussions were very short lived! He said he did not even want to think about that. We had many discussions about what we would do “in our next lives.”

When Dr Organ discussed multitudinous projects and ideas when my plate was already quite overloaded, I would teasingly ask him, “Now, in which of your next 9 lives did you say you wanted me to schedule this project?” He would sheepishly grin, look over his wire-rimmed glasses, and respond, “In this one, Margaret, this one!” Dr Organ’s wit and sense of humor, I am afraid, can never be matched.

Dr Organ’s vision of the University of California San Francisco–East Bay surgical residency program embodied his desire to give back, to create a minority-based program serving a minority-based population that needed better access to health care. He succeeded in this quest. He expressed concern, however, during the 2 years after his retirement in 2003 about whether or not his mission and legacy would survive. He was worried that it would not be carried out to his specifications and in the spirit of excellence and care for minority diversity that meant so much to him. He spent an integral part of his career helping African American faculty understand how to successfully climb the academic ladder. He was passionate about providing opportunities for his fellow surgeons, both men and women.

Dr Organ was also exceedingly passionate about his family and the families of his residents and faculty. He often remarked that he felt he could help other medical students and residents more easily than
The Right Thing

Hiram C. Polk, Jr, MD

Claude Organ was a massively influential surgeon and American. His tributes are numerous and wide-ranging, each reflecting the unique views of his eulogist and each person’s relationship to Dr Organ. One comment does deserve correction; he has been incorrectly described as having a very strong ego. From my long friendship, I believe he cloaked this ego, if it existed, in the softest velvet glove I can ever imagine.

I choose to stress what I consider to be Dr Organ’s most consistent and compelling characteristic and the personal diplomacy by which he pursued this good: “What is the right thing?” I first came to know Dr Organ well almost 3 decades ago when he and I were representing different surgical organizations with differing points of view about a matter in surgical education. “Interesting, but probably not important; here today, gone tomorrow; possibly a petty problem magnified by the attached egos,” are phrases he often used. Claude pondered whether the subject of debate and disagreement would matter at all in the surgical care of the American public in the long term. It was then and there that I heard for the first time what would become the backbone of our friendship and his own imprimatur: “What do you think is the right thing?” No matter how great or small, it seemed that Dr Organ’s focus helped everyone to see that uniquely worthy goal. On countless occasions across our friendship, that question and the imperial pause that followed helped me, dozens of other so-called surgical leaders, and hundreds of young surgeons come to a better conclusion, no matter what the subject.

Inevitably, as a product of his place and time, full citizenship for all minorities was often an underlying theme, if not the case in point. Never once did he choose political correctness, but instead he helped his friends move toward a choice that would be “the right thing.” His support for women, overseas surgeons, and others often eclipsed his espousal of concerns for African American individuals everywhere. This was perhaps best said in June 1993 in his work “Toward a More Complete Society.” A secondary theme, often emerging from his lifetime as counselor for minority professionals, was the failure to grasp opportunity and, by doing so, let the opportunity for the greater good for the longer-term slip away. Dr Organ almost never espoused directly opportunities to spread diversity, except that it would be, for the world and our country, the right thing.

Hit the search button (wouldn’t Claude think that was funny coming from me?) and scroll past ambulatory surgery centers; the generation gap in surgery; resident work hours; ethics in surgery; and the nature of civility, a priceless later piece. Dr Organ devoted the lead portion of the ARCHIVES in 1993 to the happy “cohabitation” of surgery and molecular biology and much of his microscopic free time to the development of books that uniquely set in perspective African American surgeons and the 20th century.