hen the Italian airliner’s wheels touched ground in Palermo, Sicily, one of its passengers—a fourth-year medical student from the University of Pittsburgh—felt a bit overwhelmed. Heather Hollowell had never before ventured outside the United States. She spoke no Italian and knew no one who wasn’t an ocean away. Yet, for two months this island city would be her home while she completed a rotation at a UPMC affiliated transplant center whose name she couldn’t pronounce: Istituto Mediterraneo per i Trapianti e Terapie ad Alta Specializzazione (ISMETT).

Fourth-year students roll up their sleeves at a new and badly needed transplant center in the Mediterranean. Above: Cristina Bertocchi, MD ’01, (middle) at ISMETT with colleagues. Above: Heather Hollowell, MD ’01, was the first Pitt student to be transplanted to Palermo.
Months earlier, in the fall of 2000, Hollowell received a scholarship funded by the Italian company, Nuovo Istituto Sieroterapico Milanese, that would make her the first medical student to do a rotation at ISMETT and let her glimpse a different way of life: “I had really hoped to expose myself to some cultures outside America during my undergrad days. But then it was either research or go abroad, and I figured research was more important for getting into medical school.” As a result, she spent a summer in the University of Delaware’s chemical engineering department learning about the crystallization of cholesterol in model bile and how it affects conditions such as gallstones. She didn’t learn, however, to say, How are you feeling? in Italian.

So, in preparation for Palermo, Hollowell purchased several Italian language tapes and books, but her fourth-year medical rotations kept getting in the way of her language study time. About a week before her trip, she felt more than a twinge of panic. ISMETT staff spoke English, she had been told. But she wondered, how would she communicate with the rest of Sicily? During a call back to her home in New Jersey, she said to her mom, “I can’t believe that in a few days I’m going to Italy for two months, and I haven’t had time to learn the language. I don’t know what I’m going to pack, and I don’t know where I’m staying.”

Hollowell relaxed a little after her mother—a college English professor and frequent traveler—reminded her that English was a second language in most countries. Hollowell was able to get along fine, as her mother had predicted, when her flight from the States landed in Rome. Courtesy of the terminal’s bilingual Partenze/Departures monitors, she was able to check on the status of her upcoming flight to Palermo. However, when she began that final leg of her trip, her panic returned. There was no English translation on the flight. Oh my God, she thought, what am I doing?

Cristiana Bertocchi, MD ’01, wasn’t doing anything special to prepare for her two-month rotation at ISMETT, which would begin in March after Hollowell, a classmate, returned to Pittsburgh. Bertocchi didn’t need to make special preparations. She was going home. Not home to where she was born and raised. That was Kittanning, Pennsylvania.

Italy, though, was the home she always heard about. Her mother had come from a small Tuscan city called Avenza. Wanda Micheli never had any intention of leaving Avenza, not until—just like in the movies—she met a handsome American soldier who was stationed in Italy. It was the mid-1950s and during a weekend leave when Herman Bertocchi decided to travel around Tuscany; his parents had emigrated from the region. One day, as he visited with cousins, aunts, and uncles, he was introduced to a family friend, Wanda Micheli. It didn’t take long for a courtship to blossom between the soldier and the young woman. The couple was soon taking in operas performed in ancient coliseums and spending afternoons at nearby freshwater lakes. They fell in love, but were separated when Bertocchi’s two years of duty ended.

It took nearly 10 years of convincing, but Herman Bertocchi finally enticed Wanda Micheli to join him in Kittanning, where he had become a successful certified public accountant. She became his wife and the mother of their four children.

“My mom said she was happy,” says Bertocchi, “but in many ways it was a huge culture shock for her—the fashion, the food. And she spoke little English at first; she told me that neighbors thought she came from some third-world country in the dark ages.”

Speaking in Italian to her only daughter, Bertocchi’s mother would reminisce about walking out her door and taking in views of the Mediterranean or the Apuan Alps and its famous quarries that provided the white marble for Michelangelo’s sculptures. She would recount the neighborhood open-air markets where she could buy the freshest vegetables, cheeses, meats, and fish. She would describe the readily available yards of leather, wool, cotton, and linen that she turned into the most elegant clothing. Mrs. Wanda Bertocchi missed all of it; and although her daughter had never known that way of life, part of her began to long for those days, too.

Once on the ground in Palermo, Hollowell was greeted by Claudia Cirillo—ISMETT’s administrative coordinator for international relationships. When they hailed a taxicab to take Hollowell to her studio apartment, she realized the cab driver didn’t speak English.

Hollowell quickly learned that Palermo’s cabbies make New Jersey’s seem like chauffeurs. Generally, Sicilian drivers tend to ignore stop signs and pedestrians. Their bumper-car size Micras typically race through the city’s cobblestone streets—streets that were built hundreds of years ago for horse-drawn carriages and now make up an inner-city beltway with a distinctly NASCAR flavor.

Along Hollowell’s inaugural journey, she did manage to peek out the window a few times. It was like riding into a travel brochure—uninhabited, jagged mountains rising majestically from the island, the Mediterranean looming in the distance. In the heart of Palermo, the streets were shuttered on either side with centuries old three- and four-story edifices bordered by flower beds; laundry fluttered in the breeze.
from second-floor balconies like some kind of national flag.

The next day, Hollowell officially began her rotation. She survived another cab ride, this one to the hospital. Once there, she tried to figure out where to report. Nobody was sure. The transplant center had admitted its first patient in July 1999 so protocols for the English-speaking hospital were at a minimum. Hollowell sought out Ignazio R. Marino who is on the transplant team at UPMC Presbyterian in Pittsburgh as well as director of ISMETT. Marino effectively told her to make herself at home, Hollowell recalls:

“He said, ‘Just talk to different people [on the staff] and figure out what you want to do and just let us know. Whatever you decide, it’s no problem.’” Then, he flashed a welcoming smile and dealt with the three or four hospital employees vying for his attention to discuss some pressing concern.

ISMETT’s atmosphere, with Marino at the helm, could be compared to that of a small start-up company. People juggle multiple roles and incredible responsibilities. Pathology is a good example. Marta Ida Minervini is not just the chief pathologist. She is the only pathologist. (On some tough cases she consults with pathologists in Pittsburgh via a secure Internet connection.) The center rushed to open its doors before it had its own doors, for good reason. Until 1995, southern Italians in need of liver and other organ transplants would have them performed abroad because the procedures weren’t available in the region. All expenses were paid by Italy’s national health care. In 1995 alone, Italy spent for Sicilian transplant migrations more than 252 billion lira (more than $125 million). It may not have been the most cost-efficient system, but lives were saved.

The situation changed dramatically in 1995 because of an ongoing donor organ shortage. That’s when the US Congress stipulated that 95 percent of all transplant recipients had to be US citizens. At that time, more than 50,000 Americans were on organ waiting lists. Marino, who was born in Italy, witnessed firsthand that decision’s impact as a transplant surgeon at UPMC Presbyterian (where he was recruited after his residency at the University of Cambridge). There were scarce opportunities for Sicilians in need.

“How could you tell people from Pittsburgh they would have to wait their turns while some patients from Italy were given organs from American donors?” he reasons.

Europe reacted even more dramatically to the shortage. “Belgium, England, France, and Germany decided to go suddenly to zero [foreigner transplants],” Marino recalls. “And in Rome or Milan, they had a subtle way of taking care of the people of northern and central Italy first.”

Nobody, it seemed, was looking out for southern Italians. “These people started to be desperate,” Marino says, “because even though the government would pay for their transplants, they had nowhere to go.” Italian government officials decided something had to be done. In 1997, they formed a working partnership with UPMC to create a facility with transplant capabilities, along with specialized surgical and diagnostic services. The plans call for Marino to oversee four operating rooms, 14 ICU beds, and 44 acute care beds, to be operational by 2002.

It became clear though that southern Italy couldn’t wait that long, so on July 21, 1999, ISMETT’s first patient was admitted in a temporary location on the second floor of the Palermo hospital Civico. Marino and his staff oversee two operating rooms, four ICU beds, and 16 acute care beds there.
“In our first year and a half,” notes Marino, “we did 63 transplants, 84 liver resections, more than 600 difficult cases, and more than 900 interventional radiology procedures. This was from nothing! And our survival rate is within the best five transplant centers in the world.” Marino is understandably proud.

Like any bright new employee at a start-up, Hollowell quickly immersed herself into the hospital’s culture. She decided to spend her first two weeks in the ICU, followed by two weeks in surgery, and the final four weeks in infectious disease. She saw some cases she would never come across in Pittsburgh, including a man enduring a mysterious inflammatory reaction in his liver and lungs.

“He was on a ventilator. We didn’t think he was going to make it. We were talking to experts around the world, and there was a lot of prayer going on,” says Hollowell. She watched the staff systematically rule out various causes.

At last, they figured it out. He had strongyloides from stepping on a rare worm that thrives in the Sicilian climate. The parasite had entered his body through his foot, and made its way to the lungs and liver. “We gave him dozens of different antibiotics,” Hollowell says. “One of them finally worked. He didn’t lose his liver or lungs, and he ended up being fine. In the morning, I would have him sit up so I could listen to his lungs. I would always ask him in Italian how he was feeling, whether he was in any pain, if he felt he was breathing better.” The questions, by design, called for succinct responses. When the response became more than a yes or no, Hollowell would head to the hallway for help.

“By the fourth week, I could speak functional Italian; I was finding my way around Palermo without any problems. I could go to the market, things like that, but I couldn’t speak well enough to have true conversations with the patients. I could ask them simple questions like ‘Do you have pain?’ ‘Do you feel better—on a scale of one to 10?’

“I must admit it was a little frustrating. It made me realize the importance of doctor-patient communication.”

The Italian that once flowed so easily in the Bertocchi household became stilted when Cristiana Bertocchi was 14.

“My mother was thinking words, but she just wasn’t able to say them, and it upset and frightened her,” she notes.

Wanda Bertocchi was diagnosed with a brain tumor. “It was developing on her left frontal lobe, and the left side is what controls speech,” Bertocchi explains. Her mother underwent treatment, to no avail. In 1986, about a year after her diagnosis, she died.

Bertocchi excelled in science and had thought about becoming a doctor in college; instead, she majored in Italian during her undergraduate studies at Pitt, with a minor in French and Spanish. After working for a few years as an interpreter for Pittsburgh companies involved in international business, she spent a year in France teaching English to high school students. While there she had an appendicitis attack. For many people, the prospect of being admitted to a hospital in a foreign place would be frightening. Bertocchi’s experience rekindled her desire to become a physician. When she returned to the States, she took the necessary premed courses and
exams, then attended Pitt’s School of Medicine. For her final rotation before graduation, she was given the same leeway at ISMETT as Hollowell. Bertocchi segmented her rotation into four two-week increments: nephrology, surgery, ICU, and infectious disease.

No matter the specialty, though, her days usually began with ICU rounds, and discussions during those rounds began in English. That was necessary, in part, because in order to fill a number of the medical positions, staff from Pittsburgh were recruited. Yet, on more than one occasion, those ICU consults would drift into Italian before returning to English. Bertocchi never missed a word, often taking notes on the *modulo disposizioni medicine* (physician order sheet). After the morning rounds, she and some of the Italian trainees would often hustle to a nearby diner (called a *bar*) to grab a quick espresso and maybe a cornetto filled with apricot jam.

The patient slipped out of bed and started shuffling down the hall in his bathrobe, towing his IV line.

During rounds, patients sometimes would become anxious, lying in bed unable to understand doctors and nurses as they discussed their cases in English. One man with a treatable liver problem found the staid stares of medical professionals caring for him disquieting. So one afternoon as the attending physician and his sober throng of trainees moved on to the next room, the patient slipped out of bed and started shuffling down the hall in his bathrobe, towing his IV line. Bertocchi spotted him and broke off from the group. *Signore, stia attento alla linea!* She convinced him to return to his bed.

“He wanted to make sure he was going to be okay,” Bertocchi says. “I told him that barring any complications he would be fine, and he said, ‘God bless you.’”

During their respective two-month rotations, Hollowell and Bertocchi found time to enjoy Palermo’s street fairs such as the local beaches and the daily street fairs. The real thrills though were the opportunities to participate in transplants.

“I didn’t get to see a liver transplant, bad timing on my part,” quipped Hollowell, “but I did get to see a couple of living-donor kidney transplants.” One sticks out in her mind. A mother was donating her kidney to her adult son. Once the transplant was completed, the son wanted to be discharged.

“He didn’t want to stay there, even though he still was recovering. I think it was just the whole euphoria of getting a transplant. We were concerned about whether he would comply with the regimen and medications necessary after a transplant.” Hollowell, in her functional Italian, and the doctors on staff regularly reminded the patient that his operation was more complicated than something like having a hernia repaired.

After his discharge, he returned days later with a serious urinary tract infection. Doctors speculated that it resulted from his forgetting to take his medication. Hollowell sat down next to him and reiterated the importance of regularly taking his medication. The way she phrased the message must have clicked.

“He finally realized how sick he was,” says Hollowell. “You never wish sickness on anyone, but this episode helped him understand what we were telling him.” He had no further recurrences while Hollowell was at ISMETT.

Bertocchi won’t quickly forget a transplant that came up during her rotation:

“We were supposed to do a big abdominal case, but then we were alerted about a liver. I had stayed on call the night before, but I wasn’t going back to my apartment.”

While a team went to harvest the organ, Bertocchi and the others waited.

“We were going to be there all night, so we kind of rested and looked forward to it.”

The operation started around 5 p.m., with a Phil Collins CD playing in the background. “There were six of us: two attendings, two fellows, a scrub nurse, and me. Dr. Marino was heading it up,” says Bertocchi. “There was a lot of commotion throughout the evening; people were coming in and out of the OR, music was playing, and there was an aura of camaraderie. It was just a lot of fun.”

At 4 a.m. the sleep-deprived student scrubbed out. Bertocchi had a cold piece of pizza that had been ordered in the middle of the night, then went back to her flat, convinced more than ever that she wanted to be a surgeon. The operation concluded around 5:30 a.m. Another ISMETT success.

Both alumnae are settled into their residencies now: Hollowell in emergency medicine at the University of Virginia and Bertocchi in surgery at Allegheny General Hospital in Pittsburgh. Each speaks fondly of days at ISMETT and the emotional good-byes from the little island in the Mediterranean.

“My hands were flying every which way on my last day,” says Hollowell. “My speech had become a lot more visual in two months. I guess I fit right in.”

When Bertocchi began to say good-bye to one of the Italian nurses, a handshake didn’t seem appropriate. They hugged and gave each other a kiss on both cheeks. That established Bertocchi’s departing modus operandi. Handshakes for the Americans. Hugs and kisses for the Italians.