**EP 41: Double-Take: The Case of Colton Read**

***Description***

This week we discuss the unfortunate case of Colton Read, the former airman who went to get his gallbladder removed but had both of his legs removed instead. After this tragic incident, Colton is left medically discharged with no compensation. This leaves him and his wife to try to sue the U.S. government for millions over this botched case, only to come face-to-face with the sad realities of the Feres Doctrine.

***Pictures***





***Travis Air Force base in California, the air force base where Colton's malpractice incident took place. Picture credit from MiltaryBases.com.***

***Colton Read after the 2009 amputee incident with his service dog, Emma. Picture credit from Rally Point Profiles.***

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***Episode Transcript***

**Episode 40 Transcript**

**Lillee Izadi  0:18**

Hello everyone and welcome back to another episode of ethical side effects. I'm your host, Lillee Izadi, joined by my right hand man, Mr. TJ McKay.

**TJ Mckay  0:30**

Welcome back guys, and thank you Lillee for that generous introduction.

**Lillee Izadi  0:34**

Of course, of course. But before we get started today, like always, I wanted to say that if you haven't already done so, please make sure to subscribe to our podcast wherever you're listening, and subscribe to our newsletter. Leave us a five star rating and review, as well as follow us on all of our social media platforms if you really enjoy our content. Also, don't forget about our opportunity to win some free merch from your favorite medical crimes podcast. All you have to do is take a screenshot of the little check mark that shows us you subscribe to our podcast, as well as a screenshot of your five star rating and review on either the apple podcast app, castbox, overcast, or on the podchaser app and send it to the ethicalsideeffectspodcast@gmail.com email. But remember, you have to get your screenshots in by Sunday, March 27, to be entered into this drawing. And we'll be picking two of our amazing listeners who send us our screenshots to win some free merch. Also, again, you'll get some bonus points if your review is extra awesome or if you decide to just go crazy and subscribe to us on multiple different platforms. And if you want to get a better look at what our awesome merch looks like, you guys can check out our linktree below to get access to all of that. Lastly, if you have any questions about our giveaway, just click on our link tree link again and you can DM us on all of our social media platforms, or through our email ethical side effects podcast@gmail.com to ask us anything that's on your mind.

**TJ Mckay  2:10**

Yes, I can reassure you that we won't bite.

**Lillee Izadi  2:14**

Ha! Yes, we promise we don't bite. Now, enough of our PSAs TJ, are you ready to get into our crazy case for today?

**TJ Mckay  2:25**

Yes, I'm really excited for this case. So let's just get straight into it, Lillee.

**Lillee Izadi  2:34**

So, this week, our case takes place in 2009 with air man Colton Read. Colton was 20 years old and lived in Fort Worth, Texas. At this point, he had served a couple of years in the United States Air Force. But while on active duty, Colton had started experiencing a painful sensation on his right side. And after getting checked out by physicians at the Air Force Base he was at it was decided that Colton needed to get his gallbladder removed. So per his physician's recommendations. Colton goes forward with a laparoscopic gallbladder surgery on July 9 2009, before his deployment to Afghanistan, which was arranged at that time, and this surgery took place at the David grant Medical Center at Travis Air Force Base in California, I believe a little bit outside of Sacramento. Now, I was not able to find the names of the physicians that Colton had gone to in order to determine that he needed this gallbladder surgery. Nor do I know why or how they came to the conclusion that Colton needed to get his gallbladder removed overall. But if I had to put my two cents in there, I would say that he might have had gall stones, along with a supplemental family history of gallbladder problems. Personally, I know it's very uncommon for people this young, for example, Colton in his 20s to need to have their gallbladder removed, unless there's significant family history that points towards gallbladder removal, along with possible gallbladder stones. So I'm thinking it was a little bit of that type of situation, if that makes sense. What do you say TJ?

**TJ Mckay  4:24**

If I'm not mistaken, a cholecystectomy or, also known as a gallbladder removal surgery, is typically performed on patients that are older than 65 years of age. However, I recall coming across an interesting article explaining how doctors are more commonly observing symptoms of gallbladder disease in patients as early as in their teens.

**Lillee Izadi  4:49**

Yeah, I think gallbladder problems are becoming more and more common just with the common American diet as well as increased family history and increased knowledge of gallbladder diagnosises, I guess, but that is really interesting. I didn't think that gallbladder diseases were that common in teens, but I have been hearing an increase, especially in young women in their 20s. So I wouldn't put it past gallbladder disease to affect a lot of teens nowadays. And while I have the mic, I mentioned that Colton underwent a laparoscopic surgery. And I think we might have mentioned this in a previous episode, but just in case you guys haven't listened to some of our previous episodes, or if you've forgotten, a laparoscopic surgery overall involves making a tiny incision with some high tech medical equipment to remove the gallbladder non-invasively, which is pretty cool, honestly.

**TJ Mckay  5:48**

Not going lie. That is pretty neat. But do you happen to know if surgeons are able to use this less invasive technique to diagnose like a wider range of conditions within the abdomen?

**Lillee Izadi  6:02**

That's a really good question, TJ. I've heard of certain laparoscopic surgeries being done and gynecological issues, as well as other exploratory surgeries in the abdomen, I think it's becoming a lot more common because it's so less invasive in comparison to like exploratory, laparotomies, and other things that we used to do before. So I do think that this is becoming a real medical trend, especially because we do minimally invasive spine surgery and some other things now, so definitely becoming more common, I just don't know how successful or just how common it's become. But getting back to the little story we have here, Colton reports to this Medical Center in California. And by the way, they didn't really get into why he had to travel all the way out there to that air force base instead of like the Air Force Base in Fort Worth, or another one in Texas by that fact. But Colton does undergo this desired procedure in California. But amidst this operation, something crazy starts to happen.

**TJ Mckay  7:11**

What do you mean by crazy.

**Lillee Izadi  7:13**

So the surgeons operating on him, actually completely lacerate his abdominal aorta. And this is really serious, because the aorta is a main artery responsible for taking the blood from the heart to the rest of the body. And the abdominal aorta specifically brings it all the way down to the lower lamps. So when you gash it open, the blood is of course, unable to reach the rest of your body because it's kind of spilling out into your body cavity, so to speak. And from there, it seemed like from what news outlets were describing, it was just complete chaos. In the case of Colton, as physicians were trying to repair his aorta, at least enough so that he could live and be somewhat conscious while they figured out Holton next steps in trying to fully repair his aorta. And even his wife, Jessica knew that something was wrong, because she could hear nurses calling out for more blood and such while waiting for him outside the operating room.

**TJ Mckay  8:20**

That sounds terrifying. I'm not even going to lie. I couldn't imagine putting myself in that situation.

**Lillee Izadi  8:28**

You said it, I-, all I'm gonna say is Jessica is stronger than I because I don't know if I could just sit back and hear all this going on. And not know that my loved one is in a dire situation, you know. And before I continue with this part of the story, it's important to point out that surgeons are specialized in different things, okay. In this case, they might not have had a vascular surgeon on the case. And I find it very, very hard to believe that they did considering that the aorta wasn't repaired right at first. So some blood loss was still occurring. Like I said, they were just trying to get it under control to the point that he was still conscious. So at this point, in Colton, his journey, they were left with kind of two big options to help Colton either rush Colton to another hospital or call in a vascular surgeon. And they ended up transporting Colton to the UC Davis Medical Center by helicopter. But what I find out in news outlets is that this whole process of getting him space at the new Omar at UC Davis Medical Center and arranging for transportation such I guess took a really long time. Such a long time that he didn't even undergo his neck surgery to properly repair his aorta for eight and a half hours. You heard me, eight and a half hours TJ

**TJ Mckay  9:59**

In a case, they should have just paid a vascular surgeon for emergency surgery to repair the tear in Coltrane's aorta. But clearly, we're speculating about this case after the fact that it occurred, there must have been a reason why the surgeons felt that it was in Colton best interest to happen transported to UC Davis Medical Center, instead.

**Lillee Izadi  10:24**

You bring up a really great point, TJ, to be honest with you, I didn't read in any news outlets that they even had some sort of vascular surgeon on staff at the medical center. And if they did, I don't know if they just weren't available at the time to be paged. But I know for a fact that there was no vascular surgeon in the operating room at this point in time. So I guess, like you said, that's why the surgeons felt in this situation, it would be in the best interest for Colton to be transported to UC Davis Medical Center in order to get the help he deserves. But the reason I'm making a big deal about the time that it took for him to get into his neck surgery is because this guy is an absolutely critical condition. Because again, they didn't exactly repair his aorta, right. As we know, at this point, all they did was at least try to close it off so that he wasn't losing so much blood. But again, he was still losing blood, and not getting proper circulation to the rest of his body. More specifically, his legs were not getting proper blood or oxygen amidst the entirety of this whole situation, because he was still again losing some blood. And this was the abdominal aorta that we're talking about. If you think about it this way, the circulatory system is very much based on very delicate pressure differentials, that the body is closed off and creates using its complex vascular structures, and all these different arrangements of the vasculature. So when an opening such as a bullet wound, or a puncture to a major artery occurs, like the aorta, in this case, it will completely throw off the entire system, almost like a pipe bursting, you can attach two pipes together to prevent major water spilling out. But if the two pipes aren't attached properly, you can still have a lot of water gushing out onto the floor, just not spurting out of work, if that makes sense. So this was exactly the case with Colton. And without this artery being fixed for a whole eight and a half hours, he in total lost about three and a half liters of blood, which is a lot. And medical restrooms at UC Davis, looking at the situation once Colton arrived, even told his wife Jessica, that they don't think Colton is going to be able to make it. But once he finally did go into his next round of surgeries, his legs had been deprived of blood and oxygen for so long, that they had to amputate both of his legs guys, both of his legs. And guess what? His gallbladder was never even removed after all of this. So I don't know about you guys. But if I woke up from being under for a cola cystectomy without two legs, and I still had the gallbladder, I would be freaking the flip out.

**TJ Mckay  13:16**

However, I think we have to take into consideration that without the fast thinking and the response from the surgeons in the medical staff at the UC Davis Medical Center. Colton would in fact not be alive today. He could have easily not have made it by lose approximately more than half of his blood.

**Lillee Izadi  13:34**

No, you're absolutely right in that sense. To me, I'm just wondering why it took so long for him to get this medical attention. I don't know if it was a problem with the military staff that was at the other medical center. And they had the problem transporting him for that long or if he arrived at UC Davis Medical Center early, but they just couldn't take him in and do what they needed to do with him for a really long time. My guess with how this case turns out is that it was actually the military base that kind of caused us holed up and once he got to UC Davis, they were like well, this guy's really critical condition we have to get him in to the O R type of thing. And he ended up undergoing a bunch of surgeries. And with all of this with waking up without his legs. Colton was understandably upset as well as his wife. And I mean Colton was only 20 years old. He was still super young and an all of these dreams of retiring from the Air Force and becoming a police officer which he could no longer do because of this unexpected tragedy. And once this all went down, rightfully so the Air Force Base involved as well as a National Hospital Accrediting Commission, and the US Surgeon General decided to do an investigation on who was doing the surgery as well as whether there was a vascular surgeon on the base to assist with this once they heard about the Then, which, I mean, these were all things that I was wondering as well. And I know you were TJ. And it turns out the individual performing the surgery was Captain Ryan Schutter, who was actually a second year surgical resident at the time. I know we've mentioned this on a previous episode, I can't remember which one at this moment. But basically, a resident is a person who has already graduated from medical school and is pursuing specialized training in the field they wish to go into. So someone who is interested in different types of surgery will undergo a surgical residency, where they practice perfecting their craft. So they're still doctors, but just not as experienced as, let's say a doctor who's been doing this for the past three decades or so. And it turns out that this was why the aorta was gash because the resident made a mistake amidst surgery, and neither him nor the supervising surgeon,  Major Kullada Pichakron, noticed until later on in the surgery, when Colton his blood pressure started to drop drastically. And although this absolutely sucks, they have to get practice somehow, right. And the whole Read family, knowing this was not upset with this part of the story, really, they weren't upset that Captain Schutter made the mistake. They understand that like all of us, doctors are people too, and that people make mistakes. That is my issue nor their issue. The issue is, why did it take so long to transport Colton, once this mistake had been made and had been realized? And honestly, TJ, I couldn't find any real answer to this question. Nor do I think that there actually was a vascular surgeon, like I said, there to help with this at the time. Additionally, there was kind of a rumor going around in news outlets that the resident was actually unsupervised, or at least wasn't supervised properly during the surgery. Now, obviously, we know that this major was watching over the captain. So I cannot say this definitively. But all I know is that Colton was medically discharged from the military. And the military only gave him $1,600 A month for this, which is like nothing, especially when you have all these medical bills to pay now that you've undergone a bunch of surgeries to amputate your legs and gruff skin to those areas. Additionally, he probably couldn't work due to his disability. So the reasonable next step for these two is to sue the medical center right? Because although this was mistake, it could have been prevented. So this is a great grounds for such a medical malpractice case. And it looks like they were specifically trying to target the Air Force base that he had the surgery at in California, not the one in Texas and not UC Davis Medical Center. However, according to a Supreme Court decision made on Ferres v. United States back in 1950, people are not allowed to shoe or petition active duty military personnel for things done while on active duty, such as a medical doctor through the military committing medical malpractice at an Air Force Base. Despite this, though, Colton and his wife felt that they could fight this and filed a medical malpractice lawsuit around 2012 and 2013 against the US government for $34.3 million, claiming that the surgeons botched a routine gallbladder surgery that resulted in the amputation of Colton's legs, which did happen. But it also asked for $20.5 million for Jessica Read, to compensate for the loss of household services of her husband, loss of a normal relationship with her husband and loss of enjoyment of life or loss of capacities to enjoy life. The suit also asked for the government to pay attorney fees. But I overall think unfortunately, that the lawsuit was unsuccessful. So yeah, all of this is definitely not ideal TJ.

**TJ Mckay  19:15**

And as Lillee was saying, military personnel are protected behind a shield under the Feres doctrine that basically protects them from being sued for things while on active duty in the Uniformed Services. And under this ruling, there is simply no civil legal way for Colton and his wife to hold anyone accountable for him become a double amputee during a routine procedure.

**Lillee Izadi  19:40**

Yeah, I remember us discussing this part of being a military practitioner away while back and I didn't know the exact name for this doctrine, or this protection law. So I'm glad that we could cover it in this case today. And honestly, TJ I don't think that these two ever got compensated For this mistake due to this 1950s rolling, and since then Reed has only been treated by physicians at the Center for the intrepid at Brooke Army Medical Center in San Antonio, Texas, which typically treats amputees from combat. Unfortunately, Colton is said to suffer from persistent headaches from which he believes was due to brain injury caused by blood loss during the surgery, and that he has had difficulty dealing psychologically with the loss of his limbs and the end of his Air Force career because of all of this. And unfortunately, the Air Force also conducted investigation on this incident, like I've mentioned previously, but they overall determined that no disciplinary action was warranted. And I unfortunately haven't heard a lot from this case, since around the 2012 2013 era when this petition came out. But something absolutely amazing in case some of you listeners are interested, is that you can even find some videos of Colton learning how to walk on new prosthetics over time, because his wife actually started a YouTube channel to document his journey back in like the early 2010s. And unfortunately, there hasn't been many recent videos uploaded. But it's really inspiring to see what the human body and the human spirit is capable of despite all of this tragedy.

**TJ Mckay  21:28**

Absolutely. I'm glad to hear that Colton is still choosing to fight every single day to not allow his disability to dictate his quality of life. And for all of our listeners really enjoy today's case. I also know of a similar case, dealing with an Army Ranger by the name of Master Sergeant Richard Staskal, who was a victim of a miss cancer diagnosis and shares very similar occurrences with Colton that he experienced in his case,

**Lillee Izadi  21:58**

honestly, and unfortunately, I would imagine that these types of malpractice cases happen quite often in military medical centers. However, because of this 1950s ruling, I don't think a lot of patients are able to nor feel comfortable with coming forward with these stories and trying to get the compensation that they deserve. Which is hard because you serve your country and you shouldn't have to be repaid like this. But I guess that this is another conversation for a whole nother episode and a whole nother day. I could probably come up with at least an hour episode on just the Fairness Doctrine alone. But I will save our listeners from that today. But for those of you who are interested, like TJ said, We will definitely be linking that Army Ranger missed cancer diagnosis case in our episode case files and pictures for you to take your own deeper dive on that if we don't have time to do it as like a bonus episode or something in the future. But other than that, that was the case I had for you all today and I really hope that you enjoyed its intricacies. And if you have any case suggestions, please feel free to hit us up on our case suggestion forum on our website at ethicalsideeffects.com so you can go into just a case while you're checking out TJ school resource and remember to please get your screenshots in for our giveaway by March 27 If you want some free merch, of course. Thank you guys so much for tuning in. And we'll see you next week for another dose of medical malpractice. Bye guys.