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Medical drama hits home for ER chief shaped by Columbine and Aurora tragedies

By FRANCISCO MARTINEZ
fmartinez@thearknewspaper.com

For Christopher Colwell, watching an episode of "The Pitt" isn't just entertainment — it's a reflection of his reality. The medical drama streaming on Max takes place inside an overcrowded, underfunded emergency room, and it features real cases, he says, even if there's some added theatrics.

"What 'The Pitt' does is the closest thing to what I do that I've ever seen," says the 59-year-old Tiburon resident, who serves as chief of emergency medicine at Zuckerberg San Francisco General Hospital and Trauma Center.

Colwell speaks from extensive experience. Before moving to the Bay Area in 2016, he served as emergency-medicine director at Denver Health hospital from 2010 to 2016, where he earlier worked as medical director for both the Denver Fire Department and Denver Health's paramedic division.

FRANCISCO MARTINEZ / THE ARK

Tiburon resident Christopher Colwell is the chief of the emergency-medicine department at the Zuckerberg San Francisco General Hospital and Trauma Center, a position he's held since 2016. Prior to that, he spent nearly 20 years at Denver Health, including six years as emergency-medicine chief from 2010 to 2016. At Denver Health, he was on the scene during the 1999 Columbine High School shooting and led the response to the 2012 Aurora movie theater killings. He's become a leader in discussing how to handle mass-casualty events from a medical standpoint, talking at conferences and to news outlets.

It was during his Denver tenure that Colwell responded to the 1999 Columbine High School massacre that left 14 dead and the 2012 Aurora, Colorado, movie-theater shooting that killed 13. He was in San Francisco for the 2017 UPS-facility shooting where three died.

His expertise from these tragedies informs his work overseeing an emergency department that treats 76,000 patients a year and has shaped him into an authoritative voice on disaster management, mass-casualty events, COVID-19 responses and wildfire health impacts. He's sought out to speak at medical conferences, as an expert voice in the press and even to review TV shows for medical accuracy, as he did for "The Pitt" in online magazine Slate in March.

Lessons from Columbine

During the Columbine shooting, Colwell worked on-site assessing victims and determining which of eight area hospitals should receive them to prevent overwhelming any single facility. He formally declared 13 on-site victims dead, along with the two shooters.

Colwell faced life-or-death decisions that day. When he found a teacher who had been shot two hours earlier with agonal breathing, "a reflex breathing that you do right before you die," he and a para-

medic made the difficult call to continue searching for other victims. They found a student who had been shot several times.

"I'm convinced to this day that it was the right thing to do because the chances of that teacher surviving — even in the best-case scenario, once we had gotten to him — were almost zero," Colwell says. "And the 17-year-old survived, went into cardiac arrest within minutes of arriving at the hospital and so would not have survived if we had waited much longer."

The gravity of the situation struck Colwell when he spotted an opened math textbook in the school library — a newer version of one he used in high school.

Columbine's libraries looked like that at Redwood, Marin Catholic and Tamalpais high schools, he says. "And it wasn't until you looked at the ground and you saw the dead bodies that you saw that this was not just any typical high school library that we were walking to," he says.

Emergency management evolution

These experiences prompted Colwell to advocate for improved mass-casualty management protocols for more than 25 years. One significant advancement has been the standardization of incident-command systems, which "didn't exist in 1999, and it was still relatively new in 2012," he says.

By the time of the Aurora shooting, these systems were implemented. Colwell directed the emergency room to be cleared out, redirecting patients with less urgent concerns to specialists who opened their clinics.

"It's thinking that way of different, but keeping people within their skill sets, that you really have to do in these situations," Colwell says.

Resource distribution proves crucial in mass-casualty events. Colwell recalled how 160 ambulances were dispatched to the Aurora theater when only 10 to 15 were needed, leaving none available for a downtown Denver gang shooting the same night.

"You got to know that as well and know how to distribute the resources and recognize that the rest of the city is going to still need care," Colwell says. "And if you're going to best serve everybody, you might not be throwing every resource you have at this one emergency."

Community health connections

Colwell said he believes emergency departments gain unique insights into community health issues. At SF General, he's noticed patterns that reflect broader urban concerns — a recent uptick in car-related injuries coincided with a malfunctioning traffic signal, while electric scooters have become "the No. 1 source of trauma" at the hospital.

For every car- or bike-related visitor, there are two or three who are in because of an electric-scooter accident, many of whom weren't wearing helmets, Colwell says.

"Emergency departments, in my biased world, may know better than anyone else," Colwell says.

While emergency rooms offer vital insights, Colwell emphasizes that "prevention is far and away the best approach." He stresses that medical care isn't universal — services should align with community needs.

"Are we matching those issues right?" Colwell says. "There's a huge expense, a huge need — how are we working together to make this happen?"

In communities like the Tiburon Peninsula, residents can afford care but may lack access, leading some to visit emergency rooms for services like X-rays or MRIs due to primary-care delays.

"I think that is a critical intervention, and, from my perspective, the emergency department is the conduit for all of that," Colwell says.

Medical family legacy

Colwell's dedication to medicine runs in the family. His mother worked as a pediatric nurse and nursing instructor, while his father and uncle were orthopedic surgeons. His grandfather and another uncle practiced as general surgeons.

Growing up in San Diego, Colwell recalls being fascinated by his relatives' work and their satisfaction from careers "focused on helping other people."

"This seemed like an exciting way to be able to have an impact on people's lives," Colwell says.

The medical tradition continues with his own family. His wife, Jane, a Redwood High School graduate, previously worked as a paramedic at Denver Health. One of their three children will graduate from Brown University this month with a master's in medical sciences and plans to apply to medical school this summer.

After graduating from the University of Michigan at Ann Arbor in 1988 with bachelor's degrees in biology and psychology, Colwell earned his medical degree from Dartmouth College in 1992.

Though he initially planned to follow his father into orthopedics, Colwell discovered during his fourth year of medical school that emergency medicine offered the "more emergent, urgent aspects" he enjoyed.

Emergency medicine provides constant variety, Colwell says. In a typical day, he might function as a cardiologist one moment and an infectious-disease specialist the next, shifting between orthopedic surgeon and OB-GYN as needed. He recently delivered a baby in the hospital's ambulance bay.

"You'll get a little bit of all of that in a fast-paced, high opportunities environment," Colwell says.

His belief that hospitals and communities must understand each other to function effectively drives his outreach efforts.

"That's really, I think, important for us to do that," Colwell says. "So, these kinds of things are really … critical to have that best relationship, that best interaction and that best ability to serve."

Reach Tiburon reporter Francisco Martinez at 415-944-4634.