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### Casualties of Iraq war can 'get to' U.S. medics

By Willis Witter and Maya Alleruzzo  
THE WASHINGTON TIMES

BAGHDAD — The U.S. Army trauma physician reaches past the plastic tubes and blood-soaked bandages to gently squeeze the hand of a wounded American soldier being wheeled into the operating room.

"We're going to put you to sleep, but it's going to be OK," Maj. Kim Wenner tells the soldier in a soft, reassuring voice as the anaesthetic takes hold and surgeons prepare to repair damage in his torso inflicted by an enemy bullet. (none)

"It's these cases that really get to me, where we're putting them [asleep], and I'm not sure they are going to wake up," Maj. Wenner said, recounting the incident during a recent visit to the 31st Combat Support Hospital in Baghdad.

One hears variations of the phrase "get to me" a lot these days among the doctors, nurses and medics at the hospital.

April was the deadliest month for the U.S.-led coalition in Iraq, with 136 U.S. soldiers, sailors and Marines killed. The Baghdad hospital treated more than 500 wounded Americans last month.

The phrase "get to me" is used at times when emotion surges to the surface, usually in quiet moments, supplanting the cool professional detachment that allows trauma teams to stabilize the breathing and blood pressure of wounded soldiers within minutes of their arrival by helicopter.

It affects newcomers to war-trauma



Medics from the 31st Combat Support Hospital pray with Army Chaplain CPT Dawid Agbere (second from right) during last rites for a soldier who came under fire near Baghdad. Maya Alleruzzo (THE WASHINGTON TIMES) Click [here](#) for larger image

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medicine, such as Maj. Wenner, a family doctor by training. Until three months ago, her practice at Fort Sill, Okla., consisted of treating minor ailments such as the ear infections of soldiers' children and the aches of military retirees.

It also affects war-tested veterans such as Sgt. 1st Class Karen Fish, a medic for 18 years who served with the 101st Airborne Division during the 1991 Persian Gulf war and later in the Balkans and Rwanda.

"When you can, you give [soldiers] the love they deserve. Hopefully, we can save them. It's just that every once in a while they are not savable," Sgt. Fish said.

She had just finished praying with a chaplain, a physician and another medic over the body of a dead soldier, who had suffered massive head and face wounds from a roadside bomb less than an hour earlier.

"If I didn't love soldiers, I wouldn't do this. What I notice is usually the wedding ring. Sometimes I have to go home and let it out. I don't do it here," she said.

On the polished hospital floor nearby, Spc. Bridgette Smith sits quietly, cataloging the soldier's personal effects, from a single combat boot to a wedding ring, to be sent to the wife, who does not know yet that she is a widow.

"I don't care how long I'm here. This is always going to break my heart," she says.

On more than one occasion last month, the hospital was nearly overwhelmed with casualties, with battles raging in nearby Fallujah and attacks occurring throughout the Baghdad area.

"When you have three people coming through here and they're all dying, that's a panic. I try not to communicate that, but on the inside, my heart is spinning around. I'm afraid that we don't have enough people to handle that many. Then we get help from the other floors," said Lt. Col. Greg Kidwell, 48, head nurse at the hospital.

Col. Kidwell recalls times last month when the emergency room overflowed with wounded soldiers on stretchers.

"There have been times when I've been running up and down the halls with morphine. I say, 'This person needs morphine,' and if a doctor says yes, I give morphine and move on to the next patient," he said.

Within 20 minutes of medics wheeling in a critically wounded soldier 100 yards from the medevac helicopter to the emergency room, a trauma team of six or more will have established an oversized intravenous line into a vein, big enough to pump in fluids

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and medicine.

During that time, the team will place another line into the artery to continuously monitor blood pressure, a catheter to drain the bladder and perhaps a tube down the throat to clear a blocked airway and allow air to be forced into a patient's lungs. Surgeons might be called in to examine injuries to the limbs, brain and internal organs, and prepare for surgery.

Col. Kidwell recently wrote an article titled, "We're Still Human," which was published in a local paper in Plano, Texas, near Fort Hood, where he was based before Iraq.

A self-described cranky perfectionist, he talks about compressing the chest of a soldier in a failed, 12-minute attempt to restart a stopped heart. When the physician declared the patient dead, everything stopped.

"In the presence of all of these people, I am alone reading the [soldier's] casualty cards. I read that he was married. There was her name. He had two children, and there were their names. He was from a town near my own hometown of Clarksville, Tenn.," Col. Kidwell wrote.

"I went back to the storage room and hid in a spot between the supply shelves. I just wanted a few minutes to regain my composure. ...

"We have to perform well, and our competencies, techniques and skills save lives. But sometimes, someone gets to us and we tumble like a house of cards," he wrote. "This means we are still human."

The battle to save a wounded soldier's life begins even before the helicopter takes off from the battlefield or the site of a convoy attacked far from the front lines.

Capt. Sudip Bose, 30, of Chicago often works at a primary aid station and sometimes accompanies soldiers as they raid houses looking for militants.

"Last week, we had to cut open a leg to get access [to a vein] because the patient was in extreme shock, had lost 30 [percent] to 40 percent of the total blood, was minutes from dying and all the veins were collapsed," said Capt. Bose, who specializes in trauma medicine. "We started pumping fluids into him. He lived."

Maj. Ginny Parker, 39, a vascular surgeon from San Antonio, recalled operating on one soldier who had been shot in the shoulder blade with the bullet coming out through the armpit, where it severed a major artery and vein.

"It took a long time in the operating room, and we had significant blood loss. We did a bypass on him, using veins from his leg to get blood flowing into the arm, and at the end of the day, his arm was viable."

In cases like this, Maj. Parker tags the severed nerves and takes other steps to stabilize the soldier for a flight to Germany and eventual evacuation to the United States, where surgeons will try to reattach nerves and replace missing bone and tissue in an attempt to save the limb.

"It's a comfort, I think, to the troops who are out there doing the fighting and are in harm's way and to the families, knowing that we're going to get them taken care of, no matter what it takes," she said.

Maj. Wenner, the family doctor from Fort Sill, Okla., recently wrote down her personal reflections after three months at the hospital:

"It's not the names I remember as I go to sleep. It is the faces and the injuries. ... I go to sleep and dream about them all night long, awaking in a sweat because something is wrong.

"They are crashing, and I must help them. My alarm goes off, and it is time to start all over again. Groundhog Day, we call it," she wrote.

There are also uplifting moments, such as with the soldier Maj. Wenner treated with the bullet in the torso.

"He came in and he was conscious, but he wasn't looking right. I made a decision to intubate him and take him to the operating room as soon as possible," she said.

"He'd actually been shot through the kidney and one of the main arteries, which was very big, was bleeding. Everything we were putting into him was going out and [the surgeon] had to go in and clamp the artery. He made it through surgery, which was the big thing."

Seriously injured soldiers, sailors or Marines typically arrive at the 31st Combat Support Hospital within an hour after being injured.

"If they're alive here, most of the time we can save them, and that's the golden hour," Maj. Wenner said.

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