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This one doesn't count

Guessing wrong on brain injury

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Corpsmen rushed the severely injured young soldier into casualty receiving of our tent combat support hospital in Kuwait. The army combat medic from the Black Hawk that had delivered this wounded soldier was drenched in sweat, having just performed cardiopulmonary resuscitation (CPR) for 45 minutes in 120°-plus heat. A senior chief corpsman pulled this medic away, telling him, "We have it now."

The soldier's left arm had been nearly severed at the shoulder joint, attached by only a thin sliver of skin and adipose tissue. His face was a bloody pulp. His eyes did not appear to be in their sockets. I thought to myself: if this is what the outside of his skull looks like, how bad are his intracranial injuries? Moreover, by this time, the soldier had been undergoing CPR for at least 2 hours. I thought he also likely had severe anoxic encephalopathy.

One of the corpsman shouted out, "No pulse, no pressure." My response to the director of clinical services, who was also my friend, was immediate and devastating.

"This one doesn't count!" I loudly blurted out.

Although I was the commanding officer, my friend gave me a disgusted look and responded, "He's not dead till we say he's dead ... Sir."

As soon as those heartless words had left my mouth, I regretted them. I knew what I had meant, and so did my friend. We were nearing the end of our rotation. We had not lost a single service member who had reached us with a pulse and pressure. Unbelievably, I did not see the human tragedy lying on that gurney before my eyes. All I saw was some self-imposed performance indicator that I did not want blemished. The disgusted look that I received delivered a hard and deserved reality kick to my gut.

Dozens of units of blood were forcibly pumped in over the next 20 minutes as CPR efforts continued. The soldier was bleeding out almost as fast as we could pump blood in. Remarkably, his ECG showed sinus rhythm and ultrasound showed that his heart was actually beating in conjunction with that rhythm. He was literally running on empty.

After what seemed an eternity, one of the surgeons yelled out, "We have a pulse and a pressure!" CPR ceased, and the soldier was rushed to surgery where he would remain for the next 8 hours.

Upon hearing the words that a pulse and pressure had returned, the combat medic who had delivered this soldier dropped to his knees and began crying. No one moved to comfort him. Those were tears of relief, not grief. He had successfully accomplished his mission. He had delivered a live comrade. The effort and emotion that military medical personnel expend trying to save and salvage one of their own was vividly demonstrated by that medic's tears.

We did not know exactly how this soldier was injured. We rarely knew how anyone was injured. He had apparently been the turret gunner on an up-armored Humvee, providing convoy security in Iraq. The extra armor raised the vehicle's center of gravity, making it more likely to roll over. Somehow in the rollover, the edge of the turret and/or its 50-caliber machine gun had severed his left arm and shaved off his face. He had first been medevaced to a combat support hospital in Iraq. The large artery supplying the left arm had retracted back into his chest and the bleeding could not be controlled. He had consumed several dozen units of blood during their effort. That combat support hospital asked if they could send this casualty to us since one of our surgeons was a vascular surgeon. Absolutely! Of course they could. The soldier had received several more units of blood during the hectic helicopter flight to our hospital.

As the soldier was rushed to surgery, my director of ancillary services approached me, "Skipper, we have a problem."

"What is it, Commander?"

"Sir, at this rate, we are soon going to exhaust our supply of compatible blood for this soldier. I have requested an emergency resupply from Qatar, but it will be at least 5 hours before it arrives," the commander explained.

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I did not care at that moment to know how this shortage could have occurred. Blame was not going to solve the current situation.

"Can we take enough blood from ourselves to hold us over?" I asked hopefully. We knew the blood type of every sailor in our unit, and I knew I could count on or just take 2 units from every compatible donor.

"No, Sir. I can't process the quantity required fast enough."

"Thanks, Commander. I will figure it out and get you blood." The soldier might die, but he was not going to die for lack of blood.

I knew immediately the only possible solution. I would have to violate standard operating procedures.

We had the luxury of being located in the desert south of Kuwait City. Unlike many places in the world where the Navy had sent me, Kuwait City had a sophisticated and well-equipped medical community. We regularly depended on and utilized those local assets. The Army had arranged contracts with several hospitals to provide services that we were unable to provide. During regular meetings with Kuwait City hospital leaders, I would openly and deliberately bring up with the army civilian contracting agent that emergency situations will arise for which no contract existed. The contracting agent assured each hospital leader that any material or service obtained on an emergency basis would be paid for. That was all I needed the local hospital leaders to hear. I would utilize that commitment on a handful of occasions, and the Army always honored those verbal promises.

The first class petty officer who ran my transportation office seemed to personally know everyone in all of the departments in the Kuwait City hospitals. That "where the rubber meets the road" familiarity was invaluable.

"HM1, I have an important mission for you." HM is a navy rate (hospital corpsman). HM1 is a navy rank (first class petty officer). I explained that a soldier's life depended on him rapidly acquiring large quantities of blood in Kuwait City. I instructed him to find out the type and quantity of blood needed from the surgical department, and to double that amount. I could not be confident that we would actually be resupplied in 5 hours.

As he was leaving, I added smiling, "HM1, don't bother coming back without that blood."

HM1 snapped to attention, saluted, and added smiling, "Aye aye, Sir." He understood that I was expressing my faith and confidence in his ability. And I knew he could perform the task quickly. HM1 had managed to get at least 2 speeding citations at every military camp in Kuwait. Many times, I had been urged to revoke his driving privileges. I had

successfully fended off those requests, arguing how indispensable speed was in medical matters.

HM1 did not let me down. At the first hospital, he was told that he could have all the blood he needed, but he did not have the proper blood containers. Undeterred, HM1 went to a second hospital, procured the proper containers, returned to the first hospital, obtained the blood, and sped back to US Military Hospital Kuwait.

Our surgeons were able to stop the bleeding and save the soldier's life. They needed and used most of the blood obtained from Kuwait City. They even reattached his arm, although we later heard that the arm had to be amputated in Germany.

The following day, a head CT was obtained. Despite extensive facial trauma and fractures, no intracranial injury was seen. When I examined the soldier in the intensive care unit, he was able to follow commands using his right fingers. Despite the stretching of his optic nerves, the soldier indicated that he could see a bright light with one of his eyes.

Two weeks later, a major from my superior echelon stopped by my office. I knew my day of reckoning would be coming when the Army received the bill for the blood. I was ready and prepared.

"Captain Riggs, you obtained blood from an unsanctioned source and authorized, even ordered, its use in a US service member," the major bluntly asserted accusingly.

"Yes I did, Major. What are you going to do? Charge me with saving a life." I replied with equal bluntness. I was impervious to his comments regarding this soldier. I had already been humbled and embarrassed by my own words and insensitivity. Moreover, like my callous words, my initial suspicions regarding this soldier's likely traumatic and anoxic brain injury had also been wrong. The indifference that I initially displayed toward this soldier's chances for survival I also displayed toward the regulations that governed our actions. And paradoxically, this indifference contributed to this soldier's survival.

I had been in theater too long. We all had been there too long. I now recognize that I had been slowly dehumanized and desensitized by this experience. I had had enough of this war. The caring emotion had deserted me. I was functioning strictly on sense of duty. However, I suspect that this soldier would not have survived if this scenario had occurred early in our rotation. We had been there long enough to become an efficient and effective medical team, learning the nuances of the environment in which we provided health care. For that, I was thankful then, and can be proud of now.

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