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On the front lines

By Nancy Shute

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In Iraq, the United States has created a system of battlefield medicine that has moved doctors and nurses closer to the front lines than ever before. That has resulted in the lowest fatality rate in modern warfare; 98 percent of those wounded have survived. But that heartening number comes only because the medical staff takes extraordinary risks, day after day. On February 21, three U.S. soldiers were killed and eight were wounded when an improvised explosive device, or IED, detonated during a medical evacuation.

"You get shot at all the time," says Sgt. James Greene, a flight medic with the 50th Medical Company based in Taji, who, along with two pilots and a crew chief, mans a medevac helicopter. "Just because you have a red and white cross on your aircraft doesn't mean these guys follow the Geneva Convention." His job, besides getting the wounded into the helicopter and keeping them alive until they can reach an aid station, is to stay cool. "When they call us, things have gone to hell in a handbasket. To help your patients, you've got to exude confidence."

"It's being on call 24-7," says Capt. Sudip Bose, a trauma surgeon who spent the past year working in a battalion aid station with the 1st Cavalry Division, which included stints in Fallujah and Najaf. "You're on five-minute notice the whole time." Bose sometimes accompanied soldiers on patrol, waiting around the corner while they raided a house, then pulling tourniquets out of his backpack to treat the wounded. He carried a rifle at all times.

The last time U.S. military doctors, nurses, and medics gained significant battlefield experience was in Vietnam, more than 30 years ago. For many who had been treating healthy young soldiers and their families back home, the transition hasn't been easy. "The techniques and procedures are primitive and basic," says Capt. Abe Lopez, who through February was senior medical officer for the Level II aid station at Camp Falcon south of Baghdad. There are no CT scanners at Camp Falcon, no ultrasounds, no "stat" laboratory tests as there are in emergency rooms back home. Instead, the team at Camp Falcon has to call on all its clinical skills to perform lifesaving trauma procedures--treating acute blood loss, restoring breathing, performing emergency tracheotomies. None of the doctors and physician assistants on Lopez's team had trained in trauma care; the learning curve was steep.

The system treats anyone injured in an incident involving the U.S. military, be it Iraqi civilians caught in the crossfire or insurgents who may have launched the attack. As Lopez became more and more affected by the deaths of American soldiers, he found himself relieved when the next patient arriving was not American. "I was surprised and disappointed in myself," he says. "These patients were still someone's husband, brother, or other family member." About to return home, he says, "I have learned what a real hero is, and I have met them, both American and Iraqi."

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