

Greetings from B Dad,

I have become the official 10th Combat Support Hospital Ibn Sina ping pong champion. I have defended my title against both US Army Physicians and the Iraqi maintenance staff here at the hospital. It has been a lot of fun and a good way to pass the time at night. The weather here is getting very pleasant as well, usually in the 60s and 70s during the day and the 50s at night.

The incoming Trauma has been slow. We did have another Angel Flight however about 10 days ago. Three soldiers were involved in a roadside bomb and the one of the three sustained a non-survivable head injury. The other two will be OK.

I have been in the OR a lot over the last two weeks doing burns. At one point we had 6 Iraqi children in the ICU all with terrible burns, and none of them war related. Kerosene is the oil of choice for multiple purposes and usually it is kept in the house. Several of the children had candles and dropped them into the kerosene. Another came in with a terrible scald injury. The little girl I mentioned last week has had a really difficult course. We had to amputate both of her legs below the knee. Her lower extremity, girl parts, and buttocks are severely burned. Last week I had to give her a colostomy to keep the wounds on her backside clean. We have taken her back four or five times now for operations. Today we grafted the amputation sites with skin from her scalp. It is really tragic. We take so much for granted in the States. Prosthetics and physical therapy really do not exist in this country. I think that we will get her through this, but I can only imagine what her life will be like in 10 years. I am not even sure if the family will be able to take care of her colostomy. We will have to give them all of their supplies. Frequently these families are so poor with very limited resources or access to resources, and they have large families so the child really in need is not taken care of. Our plan is to take the colostomy down in a few months, but we may end up keeping her here. It is really sad, and the family is very grateful. It is obvious though that they don't know how hard the coming years will be for her.

We also have two four year olds on the service both in the ICU. One with burns involving her face, scalp, chest, abdomen, and arms. The family tells us that this was a scald injury. She came in two days after her burn. Her father told us that her older sister died in 2003 from burns after a bomb caught their house on fire. Both she and the previous patient were almost dead when they showed up at the hospital. They were both treated at home and then at an Iraqi facility before getting to us. When this little girl showed up her burns were totally infected. She had pus coming out from beneath the burned skin. Dr. Renz and I did her third operation yesterday. We grafted her face, including her nose and eyelids. She will have terrible scarring and contractures on her face. She will need a lot of operations over the next several years. We will likely have to send her to the States if we can for scar revisions over the next few years. We recently sent a nine year old boy with similar burns to the States. He was in the hospital for about seven weeks at the beginning of my time here. I have done several scar revisions on him for contractures, but you get to a point where we just don't have the resources to do the best thing for these kids.

Once we get these kids out of the ICU and on the floor, the hard part is getting them to get up and move around. The more mobile they are the less scarring and contracting problems they have. So the nursing staff on the floor pull the soccer balls out and get the kids up and moving around. You will be walking down the halls of the hospital and a six year old that you operated on who has burn wounds with skin grafts to their groin and legs will be in the hallway playing soccer with a nurse. There are no physical therapists here, and the nurses do a phenomenal job of recovering these patients.

The other part that is really unbelievable is the work our ICU staff does. The Cardiologist Matt Jezior, and our Pulmonary Doc are basically doing Pediatric intensive care. Neither have taken care of kiddies since Medical School, and they are doing some phenomenal things to keep these kids alive. It is truly a collaborative effort, and everyone is trying to do the right thing for these kids. One of the four year olds in the ICU, by far our

sickest child, has terrible burns to his entire torso and arms. He has major pulmonary problems right now and our ICU is working around the clock to keep him alive. We have taken care of almost all of his burn wounds, but he is maxed out on his ventilator support. Not sure if he will make it, but it will not be from the lack of effort.

The Doc I have come to respect the most is Dr. Evan Renz. He is a Trauma/Critical care/Burn guy that I have been working with the most. He is not on the primary call schedule, but he takes care of all of the burn kids and he takes call in the ICU. He is one of the most dedicated and altruistic people I have ever encountered. This is his third deployment, and at home he runs the burn center at Brooke Army Medical Center. He really is the glue that holds the ICU together. He interacts with all of the Iraqi families, and does not sleep much at night. He is always there at the bedside, and always putting forth the most effort. During this deployment his wife was hospitalized back home, and I know that it was not easy for him. He remained focused and dedicated without any drop in his intensity for taking care of his patients. Unfortunately for me he is leaving soon. He is here on a three month stint and his replacement will be here later this week.

Taking care of all of these pediatric burns brings up a lot of ethical questions. I don't pretend to have the answers for them. Before the war and especially now this country never had a burn hospital or the resources to provide this sort of care. These kids would surely have died from their burns in 2000 or 2002, but since the war we have provided this care for their children and many of their adults. They have physicians that can provide the expertise and technical aspects of their care, but they do not have and have never had the ancillary infrastructure. They lack the nursing component, the supplies, the physical therapists needed to provide the support for successful outcomes. It is hard to know what happens when we are gone. All I can really say is that the clinical providers, whether they agree or disagree as to whether or not our mission should include caring for Iraqis both kids and adults injured in a non battle scenario, have given it their best often under very difficult and uncomfortable circumstances. The last two weeks with the influx of the pediatric burns has really driven that point home.

Anyway, Sara tells me that Grace is starting to smile a lot. Her brothers are pretty entertaining I guess. I hope you are all doing well, and I will see you in a few months.

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