



any stories have been told of the heroism demonstrated by our soldiers over the last 10 years of war. Riveting stories of brave combat soldiers defying all odds to protect and/or rescue their fellow brothers in arms. However, you may never have had the opportunity to hear the valiant stories of another group of soldiers whose sole job is to save the lives of their injured comrades.

One such group of soldiers belonged to the 555th Forward Surgical Team (FST). The 555th FST is a 20-member medical team consisting of four surgeons, two certified nurse anesthetists, one operating room registered nurse (RN), three surgical technologists, one emergency room RN, one Intensive Care RN, four licensed practical nurses and four combat medics. FSTs are designed to be mobile and project life saving surgical care to the point of injury. Many times this means the team is deployed to the front line of the battlefield and stand side by side with their fellow combat soldiers. I would like to share a story of just one day in the life of the 555th FST.

It was a typical spring day; one you may have experienced in any city or town in the United States. The air was crisp, with clear skies, birds singing and the occasional barking dog in the background. The difference was that we were at war. This particular morning the 2nd Brigade Combat Team, to which the 555th FST was assigned, had been given the critical mission to secure the airport and key sections of Baghdad, Iraq. Team members of the 555th FST prepared for the unknown number and type of casualties they may soon receive.

The wait was not long. By mid-morning, the first combat injuries began to arrive and kept coming. It was not long before the FST was overwhelmed by the number of injured arriving. However, the team was determined to ensure that all of the wounded soldiers received the care they most surely deserved. A soldier from the 101st Airborne had sustained a brachial artery laceration from an AK47 while a Special Forces (SF) soldier had a femoral artery laceration from the same caliber weapon. Without immediate intervention, both of these soldiers would most likely lose their limbs, or worse, they could lose their lives. Even under controlled situations within a modern hospital environment, vascular surgery—such as the repair and grafting of arterial injuries —is extremely difficult, let alone performed within a tent in the middle of a battlefield in Iraq using basic instrumentation and supplies.

Unfortunately, a viable evacuation route was not an option. It would take nearly six hours by ground evacuation to get these soldiers back to a combat surgical hospital for a higher level of definitive surgical care. Air evacuation was not an option either due to incoming mortar rounds and enemy air defense capabilities in the area. The decision was made to immediately take them into the FST operating room (OR) and begin the repair of their wounds. All seemed to be going as planned; grafts were harvested, and the re-implantation had begun when a loud roar was heard, sounding much like a jet flying very low toward us. Suddenly, there was a loud explosion followed by a concussion blast that picked up and moved the entire surgical tent without knocking over any equipment or injuring the surgical staff.

We soon were informed that a 500 pound surface-tosurface missile had struck the 555th FST. The missile landed about 50 to 75 yards from the OR, killing two soldiers, two embedded reporters and injuring close to a dozen additional soldiers. Without regard to their own safety, all team



Photos Courtesy of the US Army.

members not required for the ongoing vascular surgery immediately went into the blast area to rescue their fellow soldiers. While triaging and administering lifesaving care to the wounded, a sniper began firing from a nearby water tower. Luckily for us, an armored personnel carrier close to the water tower opened fire with its 20mm canon eliminating the sniper threat. could do to help. We informed them we had several critical patients including their friend that need to be evacuated as soon as possible. Even though we had just been struck with a missile, we were still under the threat of incoming mortar attacks and had active enemy air defense in the area, the SF team bravely had their UH60 helicopter fly in amidst the fire and safely evacuate all of our critical patients.

As the title of this article suggests

this was A Day of Heroes. In one day, the 20 members of the 555th performed

life-saving vascular surgery and with-

out regard for their own safety, rushed

into fiery wreckage after a missile

Even though we had just been struck with a missile, we were still under the threat of incoming mortar attacks and had active enemy air defense in the area, the SF team bravely had their UH60 helicopter fly in amidst the fire and safely evacuate all of our critical patients.

attack to pull out fellow soldiers, and continued on to triage and provide life-saving care to more than 24 patients, all the while receiving fire from the enemy. Even a severely wounded medic while bleeding and in severe pain, crawled out of bed, gathered the necessary supplies and performed a cut down to secure a life-saving IV on a critically burned soldier. All told the 555th EST in their 22 days to Baghdad treat-

All told, the 555th FST in their 22 days to Baghdad, treated close to 200 patients and performed more than 40 surgical procedures with 19 of those surgeries being amputations. I have always heard, if you put the right people in the right place at the right time, you will be successful. I would like to rephrase that just a little to read, the right people in the right place at the right time to "make a difference." The soldiers of the 555th Forward Surgical Team truly made a difference in the lives of those soldiers and their families.

One of the first patients retrieved from the blast site was a young soldier with 90% body surface area second- and third-degree burns. Burn protocol was initiated and fasciotomies were performed to both extremities. The soldier was moved to holding for evacuation to higher level of care. Shortly after returning to the surgical tent to assist finishing the bypass grafts, I was asked to back to the holding tent to restart the IV in the burn patient. As I entered the holding tent I witnessed a medic, who had been wounded in the thigh, hobbling back to his litter. I checked the burn patient's IV and noted that the medic had restarted the IV by performing a "cut down," and then sewing the IV in place with the skill of a surgeon.

An SF team arrived to check on their "buddy," our patient who had just received the repair to his femoral artery. The SF team leader asked if there was anything they