

## BrainLine Talks With Michael Paul Mason

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Video Link: <http://www.brainline.org/content/multimedia.php?id=811>

### Military Brain Injury Care in Iraq

**Michael Paul Mason:** I received an invitation from the Department of Defense to visit the Balad, the Air Force Theater Hospital at Balad which is a base, an Air Force base about thirty miles north of Baghdad, and I went there because it is the brain injury capital of the world. More brain injuries pass through that little hospital than anywhere else in the world, and I knew that I had to go there because I was going to be witnessing kind of modern neuron trauma. I knew that the kinds of things that they would be doing there in Iraq were the kinds of things that physicians will be doing here in the U.S. twenty or thirty years from now, and I'm hoping it doesn't take that long but kind of seems to be the trend with medical advances in wartime.

I saw people surviving injuries that I didn't think were humanly possible to survive. That hospital has a survival rate of 98%. So most of the people that go through the doors there will survive. Americans and Iraqis are both treated there and they both have the same survival rate. The military extends them both the same level of care. But after leaving that trauma center in Iraq U.S. service members are then flown to Germany where they're stabilized and further stabilized for a trip back to the U.S. So they actually receive an ongoing level of intensive care treatment that gets them back to the States within three days. This is something that took about thirteen days in Vietnam.

**Michael Paul Mason:** The Air Force theater hospital in Balad has a secret that they call "through put", and what that means is that they're able to treat a very large number of people by constantly having people come in and out of that center. So they get them in fast, they treat them fast, and they get them out fast creating new beds for the people that are coming in. So for example the way that this looks from the viewpoint of an injured person is they come into the emergency room. There's no waiting area, there's no sign-in area. They're immediately greeted by up to twenty surgical specialists. So when is the last time that you walked into an ER and twenty doctors rushed up to you and asked how can we help you. It doesn't happen in the U.S., but it happens at that hospital.

And that little restructuring of care and restructuring of approach has contributed to this very high survival rate. They're also doing things medically that aren't being done in the U.S. that probably will be done. For example in cases where people are bleeding severely they will inject them with a drug called Factor Seven A that's approved for hemophiliac patients here in the U.S. but over there it's stopping these very severe cases of bleeding. So this will allow surgeons to operate more—earlier than they had anticipated, and it's also contributing to these advances that they're making and sustaining lives that in previous conflicts would have probably been lost.

**Michael Paul Mason:** The Air Force theater hospital at Balad is sort of like "Mash" on steroids. It's a series of tents, and I believe actually that it no longer exists as tents. I think it's a bricks and mortar place right now. But at the time that I was there it was a series of tents and very small enclosed areas. You'd be walking down a canvas hallway for example and you would look to your right you'd see a 1.6 million dollar CAT scanner out there in the middle of the desert in a shipping container, and it was just strange to see the greatest technology in the world turning around a 3-D full image scan of the body in something like six minutes. And these surgeons could make these incredible diagnoses and surgical decisions based on what they saw in a matter of time.

I believe that the record at the time that I was in Balad from admission to operating room table was

thirteen minutes. That's a journey that usually takes a couple hours at least here in the U.S. From being admitted to being operated on thirteen minutes. It's incredible.

**Michael Paul Mason:** For Iraqis it's a very difficult situation because they know that they will be—the Iraqis know that they will receive the best healthcare in the world at that hospital. But they also know that leaving the hospital is tantamount to a death sentence for many of them because they simply do not have the same resources in Iraq that are available to American service members outside of Iraq. For example an American surgeon will put a larger feeding tube inside of an Iraqi as opposed to a small feeding tube for an American because the American will be receiving nutritional supplements that are well blended such as Ensure shakes.

However the Iraqi will not be receiving those kinds of things because they simply don't exist in Iraq at this time, and so they'll grind up the food at home and pack it into the person's stomach. So you can imagine that with those kinds of things being conducted at home infection rates are just through the roof and they're contributing to a lot of deaths there. The Iraqi healthcare system is in total shambles. Prior to the conflict we had thirty thousand physicians working in Iraq. The last known estimate was two thousand doctors. So every doctor that could have fled pretty much has fled. It's a very, very tough situation for them.