

DISPATCH FROM THE MEDICAL FRONT

Khandahar arrival

I remember awakening when the passenger beside me elbowed me in the ribs. The C-130 Hercules was filled to capacity. The engine noise and our earplugs made it impossible to hear each other unless we shouted. He gestured to “Put on your helmet and fragmentation vest.”

We went through the necessary contortions to don our protective equipment before we began the descent into potentially hostile airspace.

The Taliban were known to take the occasional shot at aircraft as they approached the runway. The movement of beams of sunlight inside the plane hinted at the evasive manoeuvres the aircraft was taking as we started the final portion of my long journey from Kingston, Ontario to Khandahar Airfield. Following a surprisingly gentle bump, the plane decelerated.

We had landed.

We disembarked from the plane’s darkness thankful to be on solid ground, slightly disoriented, and temporarily blinded by the intense mid-day light.

I quickly recognized 2 smiling members of the operating room team sent to meet me. “Hi Rick, welcome to Khandahar Airfield,” one of them said.



Dr. Jorge Enrique Zamora

The dust at the Canadian-led multinational medical unit in Khandahar, Afghanistan, is relentless.



Dr. Jorge Enrique Zamora

Concrete bunker, sandbag emplacement and razor wire outside of the living quarters of staff at the multinational medical unit.

The base was immense and had a Wild West feel about it. Almost everyone carried pistols or rifles. Military and civilian vehicles were in constant movement and propelled an incredible amount of fine dust into the air that soon turned anything exposed to it light brown. The Canadian-led Multinational Medical Unit was an orderly and functional collection of buildings and tents. Each was surrounded by concrete blast barriers.

The hospital was made of plywood, metal and canvas. It housed trauma bays, operating rooms, an intensive care unit, inpatient wards, a radiology department and all the other departments critical to the provision of health care services to this and several neighbouring provinces. Although most staff wore Canadian desert camouflage clothing there were also military, and some civilian health professionals from the Netherlands, the United Kingdom, the United States, Australia, New Zealand and Denmark.

This was probably the busiest hospital in the country. In addition to

treating Canadian and coalition soldiers, we provided services to foreign civilian workers, local civilians with life and limb threatening injuries, and the occasional detainee. The majority of our patients were from the Afghan Security Forces. Most arrived with injuries from firearms and improvised explosive devices.

During 1 month working as the Canadian surgical team’s anesthesiologist, I saw more penetrating trauma and blast injuries than I have seen in 12 years of civilian practice. — Jorge Enrique Zamora MD, Khandahar, Afghanistan

DOI:10.1503/cmaj.090238

CMAJ invites contributions to “Dispatches from the medical front,” in which physicians and other health care providers offer eyewitness glimpses of medical frontiers, whether defined by location or intervention. Submissions, which must run a maximum 400 words, should be forwarded to: wayne.kondro@cmaj.ca.