Reflections on the Aurora Mass Shooting

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It is with sadness that I reflect on the mass shooting that took place on Thursday, July 20, 2012, in Aurora, Colorado. It so happened that I was on call at the University of Colorado and was responsible for the treatment of the victims (with a strong sense of déjà vu to the Pretoria bomb in South Africa in 1984, when I was also on call).

One of the things I remember most about that night is how varied the responses of the victims were. Some were calm and self-composed—they went through multiple surgeries with an inner strength and calmness. However, other victims suffered from conversion paralysis unrelated to their direct injury due to psychological shock. I had the opportunity to hear their personal reflections of their interactions with the shooter and what they felt after being shot.

A question I asked some of my patients was: why didn’t anyone or more than one person try to take him down? They replied that he kept his distance and would have had response time. No one could get near him without the risk of being shot.

It was encouraging to see the massive public support and worldwide outreach to the victims. It was also fascinating to watch how public information media, such as Facebook and Twitter, played a role in this situation by relaying messages of support to the victims.

The University of Colorado Hospital functioned well after the incident. Twenty-two patients arrived starting at 1 AM. They were brought in by police squad cars and later ambulances. The first police response occurred 2 minutes after the shooting. Responders quickly realized they had a mass casualty on their hands and did not want to wait for ambulances, so they brought victims to the hospital in their police cars.

That night, with 2 patients in the waiting room who were sick and in need of attention, the emergency department was already on divert when the shooting happened. However, within half an hour after the shooting, emergency department personnel activated our Mass Casualty Protocol.

The shooter used 3 different weapons and sometimes fired all 3 on one victim. I could tell the difference among the wounds immediately. The military assault rifle caused damage and fractures distant to its direct path. It is a devastating weapon. Also, the shooter used stainless steel pellets in the shotgun instead of lead, for whatever reason (and thank goodness—no lead poisoning).

Technology has changed immensely since my experiences with the Pretoria bombing, and I had 2 more modalities to use when treating the victims—the Versajet Plus (Smith & Nephew, London, United Kingdom) and the Wound V.A.C. system (Kinetic Concepts, Inc, San Antonio, Texas). The Versajet Plus could perform a controlled and even debridement, and the Wound V.A.C. system evacuated the tissue fluid and blood in a sealed fashion, preventing hospital-resistant bacteria from entering the wounds.

What was remarkable was the response of all personnel in the hospital. They came down and helped. Medical residents, even a neurologist in the emergency department, jumped in and helped. Six operating rooms were operational in a short time. The management of the patients went well due to the staff’s preparedness.

Triage by a competent emergency department physician is vitally important in outcomes. Overtriage may lead to death in critically injured patients. Each emergency department...
should have a triage algorithm with the following critically important criteria: Can the patient walk? Can the patient breathe spontaneously? Can the patient respond normally to basic questions? What is the patient’s pulse speed and regularity?

If you are practicing in a Level 1 or 2 trauma center, make sure you have a disaster plan in place, a Disaster Command Center, and an up-to-date contact number list for all personnel possibly involved. Activate the Disaster Command Center as soon as possible so they can communicate with all disciplines involved. The take-home message here is preparedness, effective triage, and excellent communication. Also, practice this plan ahead of time.

It is in times like these that I cannot emphasize enough: Every day is a gift. Live it to its fullest!

A Note from Dr D’Ambrosia

It is with great sadness that I announce the passing of Dr Ronald Rooney on September 14, 2012. Dr Rooney has been a member of ORTHOPEDICS’ Board of Editors since the beginning of 2012. Dr Rooney was a faculty member at Louisiana State University for the past 16 years, where his time was spent mentoring medical students and orthopedic residents. His dedication to the profession and his students has earned him much admiration over his career, and his passion will be sorely missed.

Our thoughts are with his wife, Susan Elizabeth, and his 4 children and 2 grandchildren during this time.