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THE MORNING READ

# Surgery amid the shooting

Doctor from  
Orange recounts  
service in Iraq.

By **GREG HARDESTY**

THE ORANGE COUNTY REGISTER

**ORANGE** • The doctor lay down on his cot.

Through the camouflage netting he gazed at the brilliant stars.

In the Iraqi desert, nights were beautiful.

A colonel in the Army Reserves, Dr. Brian A. Palafox was deployed in the early stages of Operation Iraqi Freedom as part of a 20-member surgical team attached to the 4th Infantry Division.

Their mission: to treat the wounded on the front lines.

Palafox, a heart and lung

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# SURGEON

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surgeon, was less than three weeks away from completing his 90-day assignment and returning to St. Joseph Hospital in Orange when he stretched out on his cot at 10:30 p.m. on July 3, 2003.

Some of his colleagues – most unseasoned in combat – were watching a movie in the center of their camp in Balad, northeast of Baghdad, when the blast went off.

The mortar round had landed directly in the center of the tight green camouflage netting, just feet above the makeshift movie screen.

*Boom!*

Dust everywhere.

Palafox dived under his cot, his head ringing.

## AN EYE-OPENER

Like many Orange County surgeons, Palafox has completed several volunteer missions to impoverished areas around the world.

It's a service many doctors take as seriously as the Hippocratic Oath.

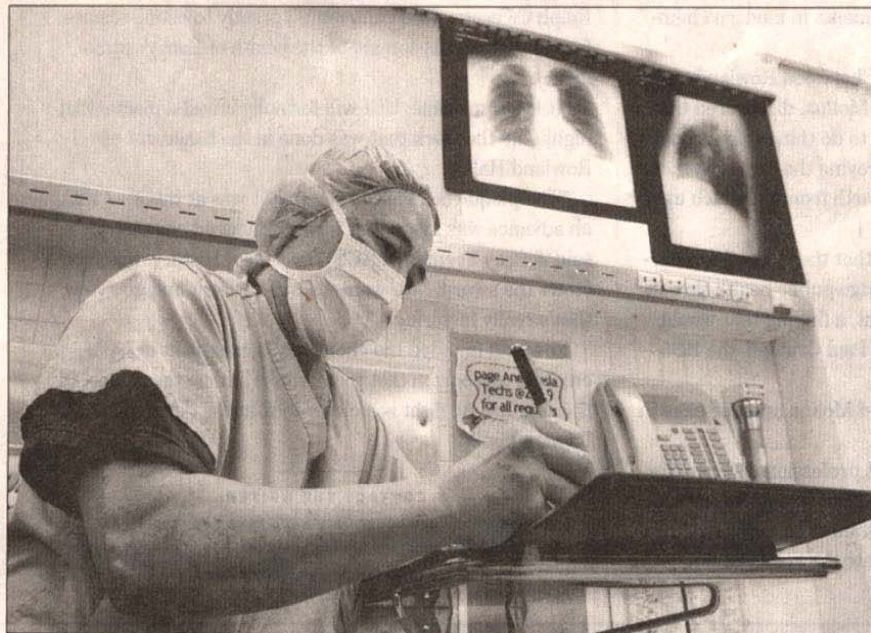
In his 25 years as a surgeon, Palafox has helped locals in the jungles of Panama, remote Alaskan villages and the Marshall Islands.

His mission in Iraq, he says, was an eye-opener.

"It was a very good learning experience," says Palafox, 56, who was born and raised in Hawaii and switched to biology at the University of Hawaii after becoming bored with engineering, his first major.

The Middle East, he says, "was a part of the world that wasn't exactly on my places-to-go list."

Palafox lost about 25 pounds during training at Fort Lewis, Wash., lugging around 65



LEONARD ORTIZ, THE REGISTER

**HOME:** "What bugs me the most is how people here take health care for granted," Brian Palafox says. "You can save someone's life or give them a new lease on life, and they still complain."

pounds of equipment on his 5-foot-5 frame.

As an officer, he carried a 9mm pistol.

His job description in Iraq was straightforward.

"Stop the bleeding, close the holes and move them up the line," Palafox says.

The surgical team operated like a roving hospital, using inflatable surgical rooms mounted on the backs of Humvees.

Each room had an air lock through which the injured were inserted. Doctors could do X-rays, blood work and EKGs in the Chemical-Biological Protective Shelters, which are made from a Kevlar composite but are not bulletproof.

To keep blood off their Army fatigues, the surgeons and anesthesiologists sometimes wrapped their legs in garbage bags – the same bags they stuffed into cardboard boxes to serve as toilets.

The medical team came loaded with computers, digital

cameras, GPS devices and other high-tech gear.

One of Palafox's first patients was an adult Iraqi male with a gunshot wound in his arm.

"Here we are, cleaning out the wound," Palafox says, viewing a slide show in his office in Orange.

"People came to us, and we took care of them," he explains. "Sometimes it was hard telling the bad guys from the good."

He recalls when a single shot rang out in the barracks in Balad.

A female soldier had shot herself in the abdomen with her M16 rifle. She later died.

Suicide. Palafox treated another despondent soldier who shot himself in the stomach with his rifle, destroying a kidney and a portion of his colon.

He survived.

## LUCKY SHOT

The mortar round that hit

Palafox's camp likely came from a moving vehicle on a nearby highway.

The round couldn't have landed in a potentially more lethal spot: smack in the middle of the camp.

The fragments of metal injured nine of the 20 surgeons and anesthesiologists. Two were seriously hurt. One had shrapnel in his neck and another in his leg. Both had to be medically discharged.

The tight camouflage netting saved the team from further injury, according to Palafox.

When the round detonated, most of the shrapnel shot off horizontally, Palafox says. Because he and many others were lying down, they escaped harm.

If the round had torn through the net and blown up on the ground, deaths would have been a certainty, he says.

Right after the blast, Palafox and the others went to work on

the injured at a combat support hospital.

"That single explosion took our entire unit out of commission," Palafox says.

The blast blew holes in the team's inflatable operating rooms.

Fragments punctured the monitor of the laptop computer that was playing the movie, as well as the makeshift movie screen.

Palafox can't remember what movie his friends were watching.

## GRATITUDE

On a recent busy day at St. Joseph, Palafox took a short break after removing a tumor from the lung of a 54-year-old woman.

At his fingertips were the latest in high-definition monitors, microscopic tools and other high-tech gadgetry.

"What bugs me the most," Palafox says, "is how people here take health care for granted."

"You can save someone's life or give them a new lease on life, and they still complain."

He recalls a female villager who came to see him in Panama in 1996 to get her three young children vaccinated.

"How far away do you live?" Palafox asked her.

"Three valleys," she replied. "She walked miles through the jungle," Palafox recalls.

The doctor, who uses a 7-inch combat knife to open mail, hopes to go to India next year.

"I enjoy seeing how people live," Palafox says. "I want to do more work overseas."

"The small things people will give you for the bare minimum you provide is more rewarding than what I see here."

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