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November 07, 2010

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RAMSTEIN AIR FORCE BASE, GERMANY—Standing in the bitterly cold wind blowing across the airstrip, Master Cpl. Karen Dickie waits for the giant C-17 aircraft to open its jaws.

After a few abortive tries, the mouth of the massive U.S. air ambulance opens and a whoosh of cool German air hits the faces of soldiers, acclimatized to the desert heat, as they lie on their stretchers.

Dickie, a Canadian Forces medic, walks up the metal ramp and scans the stretchers laid out in front of her in search of Toronto Chief Petty Officer 2nd Class Andrew Tiffin. The naval diver was flown out of Kandahar eight hours earlier, after a bomb blew up in his hands.

Dickie is stationed at the Landstuhl Regional Medical Center, the casualty hub for NATO troops airlifted from combat. She is one of eight specially trained Canadian soldiers whose sole purpose is to move our wounded from the battleground to this German safe haven before being flown home for further care.

She finds Tiffin, conscious and alert but with blackened, injured hands, and introduces herself. She explains he's been brought here to Landstuhl, a giant trauma hospital in the Black Forest area.

Landstuhl is often referred to as the German front in the Afghanistan and Iraq wars.

Plane after plane of critically injured, baby-faced soldiers breathing on portable ventilators arrive daily suffering from blast injuries, severe burns and missing limbs.

All day, seven days a week, the loud hum of massive C-17 cargo carriers each able to move nearly 80 injured soldiers in seats and stacked on stretchers three deep land at Ramstein and are bused 15 minutes down the road to Landstuhl.

Since 2004, the hospital has cared for 65,000 patients — soldiers, diplomats, journalists — from 45 coalition nations.

Tiffin's flight is uncharacteristically small, carrying only five other patients, because the plane did not stop at the Bagram Airfield to pick up more wounded.

Flat on his back, Tiffin waits to be lifted by Dickie and five American soldiers and loaded onto the waiting ambulance bus. This poignant scene speaks to how reliant Canada is on the might of the U.S. Air Force to medically evacuate our wounded soldiers.

At Landstuhl, Canada's casualty support team is housed in a tiny white trailer beside the large, H-shaped hospital which, if stretched out, would measure 4.8 kilometres in length.

Support, and a piece of home, is what the Canadians offer.

The team greets frantic next of kin arriving from Canada and escorts them to the hospital. They buy phone cards, cigarettes and clothes for soldiers who arrive here with nothing. Most important, they comfort the wounded and hold the hands of Canada's dying heroes when no one else is around.

On Oct. 21, Tiffin arrived in Landstuhl and was taken into the team's care.

Of the roughly 2,500 Canadian soldiers currently fighting the Taliban in Afghanistan, few are as specially trained as Tiffin.

The 42-year-old father of two is a naval clearance diver and explosive ordnance disposal technician. To put it colloquially, he is a bomb defuser, a skill made popular by the Hollywood movie *The Hurt Locker*.



Wounded in Afghanistan after a device he was inspecting blew up in his hand, Canadian Chief Petty Officer 2nd Class Andrew Tiffin recounts the events at the US Base in Germany, the casualty hub for NATO troops airlifted from combat.

Clearance divers are a special breed. They undergo years of training in explosives weapons disposal and can be dispatched all over the world conducting surface and underwater demolitions.

While Tiffin appreciates that *The Hurt Locker* educated the public on what he does, he bristles at how the job was portrayed. "There are a lot of aspects of it that was very Hollywood," he says. "I don't know too many days I'll grab my hoody and my 9 millimetre and jog downtown Kandahar City."

Tiffin's final mission to Afghanistan seemed ill-fated from the start.

He was not on the scheduled rotation to go, but he pushed his superiors to let him return.

Tiffin was tired of sitting behind a desk in Shearwater at the Fleet Diving Unit, pushing paper and performing administrative duties.

His experience level was second to none — he had already completed two Afghan tours, serving as a top improvised explosive devices advisor and dismantling IEDs out in the field.

Canadian Forces brass agreed. He could leave on May 5 for nearly 7 months.

But tragedy struck two days before he was about to depart.

On May 3 in Panjwai district, Petty Officer 2nd Class (Douglas) Craig Blake was returning to his vehicle after detonating an improvised explosive device when he stepped on a bomb.

Blake, a 37-year-old father of two boys and veteran seaman, became the first Canadian naval officer to die in Afghanistan.

He was Tiffin's close friend.

"Any soldier we lose in Afghanistan hits a soft spot," Tiffin says. "Craig was someone I worked with for 10 years. I know his family."

Tiffin delayed his mission for another 10 days so he could escort Blake's flag-draped casket home.

In Afghanistan, Tiffin was assigned to Task Force Kandahar, which comprises nearly 6,000 Canadian and American soldiers.

Tiffin specializes in biometrics and electronic analysis of enemy explosive devices. From his laboratory on the base — nicknamed Kandahar CSI — he forensically took apart and studied all recovered bombs to determine capability, design and construction.

He was sitting in the lab shortly after 8 a.m. on Oct. 18 working on a seemingly disabled device when suddenly there was bright flash and it blew apart in his hands.

"I remember the device going off, standing up and walking across the lab, looking down on my hand and seeing the blood dripping," he recalls.

"There was clarity at that point. I said to myself, 'Andy, you are going into shock, slow down and sit down.' "

He looked down at what was left of his bloody digits and thought, "Oh, my goodness. How am I going to explain this to my 9-year-old daughter?"

His ears ringing from the detonation, Tiffin yelled for help.

His colleague in the next room was already on his way. He grabbed Tiffin and threw him in the back of his vehicle, and they sped off to the Role 3 base hospital.

"I was bleeding a fair amount and I was trying to cup up the blood so I wouldn't make such a huge mess," Tiffin recalls. "We got to the Role 3, and as we got up there the International Security Assistance Force police pulled up behind us and asked why we were speeding. He screamed that I had been injured in an explosion."

Tiffin walked up to the hospital and tried to get in the doors.

"But I didn't have any hands to open the door at this point," he says. Once he made his way in, he "just screamed I had a device go off in my hands."

Tiffin lucked out. He had stumbled into the middle of the emergency ward as more than a dozen doctors were performing morning rounds.

It was then that Tiffin finally let go and felt the pain.

He began to fall to the floor but a young woman caught him from behind and he was placed on a stretcher.

"From there they started to cut off my clothes, asked if I've ever been under anesthesia before. There were about 14 people around me or helping me out."

He was wheeled into surgery at 9 a.m.

Most of Tiffin's left thumb was lost when the device exploded. Also lost were the top of his left index finger, the tip of his left middle finger and nail beds from both hands. Shrapnel from the explosive littered his left arm and chest like pockmarks.

His injuries could have been much worse. A few months ago, Landstuhl treated a female bomb technician who had lost both her arms when the device she was working on suddenly detonated.

Tiffin spent two nights at the Role 3 hospital before a flight was available to Germany. Only those with life threatening injuries are flown out first; others must wait.

At 3 a.m. on Thurs., Oct. 21, Tiffin was medicated, put on a stretcher and then taken by ambulance bus with five other patients to the U.S. Air Force's aeromedical evacuation team, waiting on the C-17. Flight time in the air, cruising at 7,000 to 8,000 feet, is about 8 hours.

Tiffin delayed his mission for another 10 days week and a half so he could escort Blake's flag-draped casket home.

Wounded soldiers' chances of survival from devastating blast injuries have boosted increased dramatically in the past 40 years thanks to advances in battlefield medicine.

During the Vietnam War, one in four combat-injured soldiers died. Now that number is one in 10.

Without the resources of the U.S. Air Force and its aeromedical evacuation flights out of Kandahar, Canadian soldiers would not have such a high chance of survival. Nor would the Poles, Italians or other NATO forces.

Approximately 1,463 patients each month are air evacuated out of combat by 10 U.S. air force flight crews on C-17 and KC-135 aircrafts.

The Americans have the movement of patients down to a science.

Before a patient leaves Kandahar hospital, each is assigned an electronic health record listing injuries, treatment and doctor's orders. The records allow for swift triage once patients are in the emergency room at Landstuhl.

"What we do here is incredible work, yes," says Maj. Darren Still, head of Canada's casualty support team at Landstuhl. "But it can't be done without the support and generosity of the Americans."

There are now close to 98,000 U.S. military inside Afghanistan.

And while there are only 2,500 Canadian troops fighting, says Still, they are engaged in some of the most treacherous combat — and the Americans know it.

"The staff here is always willing to go the extra mile when they see Canadians because they know the Canadians in Afghanistan are in some of the most dangerous areas," he says. "If our guys are here they are beaten up pretty bad. They pull out all the stops when they see our patients."

The Canadian team is stationed at Landstuhl on a six-month rotation. Each has a specialty — Still is an engineer. Padre Marty Keane is here, along with Dickie and two nurses — Lt. (Navy) Karen Brown and Sub-Lt. (Navy) Elodie Tremblay.

When there is an influx of wounded, the team calls in reinforcements from the NATO air base in Geilenkirchen, three hours away, where the 300-strong Canadian contingent includes two doctors.

Landstuhl may be in Germany, but the village feels like small-town America. Downtown there is a Subway sandwich shop, a McDonalds and a Burger King. Fox News plays on restaurant TV screens, you get American Forces News in your hotel, and more English than German is heard on the streets.

The Canadian team doesn't live in barracks at the U.S. hospital base. Instead, they occupy a former pizzeria just outside Landstuhl.

"Occasionally people stop by and ask for food," jokes Still.

But the Forces bought the property when they bumped up their staffing at Landstuhl to eight people from just two in 2008 in order to accommodate the Canadian wounded.

There is no flag or mention of a Canadian military presence inside the pizza shop because it "can be a soft target" for terrorists, says Still.

"It really is phenomenal when you think there are only eight people here. Eight disappears rather rapidly, especially when special missions come through."

When there are no Canadian wounded at Landstuhl, some of the team is kept busy by helping out the Americans.

Master Cpl. Dickie is often found at Ramstein, working out of the busy Contingency Aeromedical Staging Facility — where the air force manages the flow of patients on and off the planes as they come in from Afghanistan or are put back on the C-17s for the flight home to the U.S.

Dickie easily stands out among her American cousins and is constantly teased over her forest green-coloured uniform — meant to camouflage into trees — in a sea of army light brown fatigues.

As a result, everyone here has christened Dickie with the name "Canada."

The 32-year-old medic and mother of two is an Afghanistan veteran.

"We have a special skills set our soldiers need," says Dickie. "It is very important we are attached to them. The first medic care they receive upon injury can save their life. It is the quality care and type of care we give down-range allows them to go home alive."

The veteran medic admits that constantly encountering the broken and battered wounded taxes the soul.

"Seeing the patients at this level was shocking," she says of the young men and women suffering from devastating blast injuries, including missing arms and legs. "It takes your breath away."

When Canadians with amputated limbs or those clinging to life arrive, next of kin are flown to Landstuhl with a military escort.

It is often Dickie's job to meet the family at the Frankfurt airport and drive them two hours down the autobahn to Landstuhl.

This, says Dickie, is her most difficult task. "You never know what to say to people . . . It is the hardest thing I've ever had to deal with."

On the drive to the airport to pick up family, Dickie is often silent. She tries to think of words to say and how she would feel if she was in their position. Her husband, Ryan Dickie, is a Princess Patricia's Canadian Light Infantry soldier.

"You have to give someone the mental picture of what their son or husband will look like in an intensive care unit," she says. "Sometimes you have to explain what ICU is or what they can expect if something goes wrong and how it is organized chaos."

"You have to prepare them for the possibility they are not safe. That just because their son is at a hospital it doesn't mean he is okay."

Meeting family for the first time, you never know how they'll react, she says.

"Do you shake their hand, do you give them a hug? Have they been able to cope? Will they collapse on the airport floor as soon as they see me?"

Besides the military escort, she is the first uniformed Canadian the family sees when they arrive.

"The last was time they said good bye to their loved one they were in uniform. You never know how a mom will react," she says.

"I talk to them about what they are going to see. I don't sugar coat it. You can't. You can never lie. One asked me if they are out of the woods yet and I said, 'I can't say yes or no ma'am.' You hold their hand and you try to be as compassionate as possible."

At the same time, she feels guilty.

"This is where the selfishness comes in. You are thinking in your head, 'Thank God this is not my husband.' "

Landstuhl's ICU teems with activity 24/7. There's a constant blur of doctors and nurses dressed in fatigues, surgical greens and white lab coats.

The wounded soldiers once came steadily from the bloody fight in Iraq but no more, says U.S. Air Force Capt. Richard Russ, the nurse in charge of running the 18-bed ICU on the day the *Star* visits. "Everything has primarily been Afghanistan this year."

In a heartbeat the ICU can accommodate 30 beds.

"Here we get everything," says Russ, standing at the nursing station. "We take care of surgical, medical, burns, trauma and neuro patients."

While North American ICU's are full of patients who've been hurt in car accidents, shootings, stabbings or other traumas, at Landstuhl blast injuries dominate.

Often, the soldiers are injured by stepping on an explosive wind up in ICU with bilateral lower leg amputations, he says.

"That is definitely the one we see the most," says Russ. "And, if you are in a vehicle, sitting in the next seat, or, if you are a gunner, those lower extremities are exposed."

As for burns, "it is legs, arms and face because the body armour takes the initial flash. Usually what is caught on fire isn't the body armour but the uniform itself."

Gunshot wounds remain a constant.

Tiffin would "absolutely" go back to Afghanistan if he could. "When you see little girls with acid thrown on them just for going to school it is difficult," he says. "I can say specifically and I know in my heart Canadian soldiers in Afghanistan enjoy being there and making it safe. That is what we are trained to do."

But the sailor knows the injury he has sustained to his left hand will alter his career.

Functional hands are everything to a defuser. Most likely his future lies in training others to follow in his footsteps but it is too early to think about that now.

After only two days at Landstuhl, Tiffin is well enough to make the journey home.

Normally, the Canadians are lifted home from Ramstein by Challenger jet (which can accommodate two patients or one critically ill soldier), or they go back on an Airbus CC-150.

The wounded are sent to hospital near their Canadian base for further care.

However, Tiffin's injuries are slight enough that he is able to take a commercial business-class flight home with a military escort — Maj. Still.

On Sat., Oct. 23, Tiffin stood eagerly with Still up at the front of the line and outside of the Air Canada gate, waiting to board.

Out of uniform, the two easily blend in with German vacationers heading to Toronto and Canadian businessmen heading home. Except for his heavily bandaged left hand, no one would guess Tiffin is an injured soldier.

"Last night felt like Christmas Eve," says Tiffin at the gate. His bright blue eyes glisten with emotion. "And today is like Christmas. Today, I get to go home and hug my daughter."