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EMERGENCY: INSIDE GRADY'S E.R.

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Mark O. Barton's July 29 shooting spree killed nine and injured 13. Seven were treated at Grady Memorial Hospital. This is the story of that horrific day.

When the call came, trauma surgeon Jeffrey Salomone was eating lunch on the couch in his office at Grady Memorial Hospital, where he'd slept the night before between emergency calls.

Paramedic Spring Foster was delivering a severely injured patient to another hospital.

Emergency physician Eric Ossmann was doing paperwork in an office by the ambulance parking lot.

Administrator Gaynell Miller was in a meeting. Dr. Leon Haley Jr., medical director, was catching up with his physicians on the patients brought in that morning.

And Dr. David Feliciano, chief of surgery, had just declared an 11-year-old accident victim dead.

It was a typically busy weekday in Grady's emergency department, the inner-city E.R. where every injured cop and firefighter wants to be treated. The reception desk had checked in the kind of cases that doctors expect on a broiling July morning: heat stroke, chest pain, asthma attacks, contusions. There had been four victims of a serious car crash and five from a bus accident. Those were expected, too: The rule in most emergency departments is, shootings happen at night, but car accidents are all day long.

In Buckhead, Mark O. Barton was about to break that rule.

For the next eight hours, Grady E.R. would be the steady center of the havoc created by Atlanta's worst mass shooting. The Level 1 trauma center took the most critically wounded victims and the largest number. It deployed an army to care for them: 37 staff doctors and residents, 40 nurses and 20 clerks and technicians.

Grady's E.R. was watched by a shocked and curious mass audience, across the city and the country as well. That audience waited outside, looking through the camera lenses that caught family members running desperately into the hospital.

This is what it was like inside.

Counting the minutes

Fulton County 911 got the first three calls within minutes.

At 2:59 p.m.: Two people shot in a Buckhead office building on Piedmont Road.

At 3 p.m.: Four people shot.

At 3:02 p.m.: At least 12 people shot, probably more.

Twenty-one minutes later, there was one more call. American Medical Response, the ambulance company responsible for Buckhead, asked for backup from Grady Emergency Medical Services.

The summons for help over the open radio channel sent Foster, emergency medical technicians Reginald McCoy and Samuel Hairston and paramedic Suzette Contreras sprinting up Piedmont in ambulances 531 and 541. It was almost 3:30 p.m. Afternoon traffic was already starting to clot. Driving on the wrong side of the road and weaving through back streets, the two crews reached the shooting sites. Both drivers punched buttons that relayed their arrival to Fulton County: Foster and McCoy at 3500 Piedmont Road at 3:28 p.m., Contreras and Hairston across the street, at 3525 Piedmont Road, at 3:49 p.m.

"We run a lot of gunshot wounds and stabbings, so with this kind of call you prepare yourself mentally," said Contreras, 30, a paramedic for three years. "You're setting up a checklist: securing the patient's airway, determining where the injuries are, stopping any excessive bleeding, getting an IV started. You have a certain idea of what you're going to --- but I never could have anticipated what I walked into."

Neither could Foster. In the makeshift staging area created by Atlanta police outside 3500 Piedmont, she and McCoy found her husband, Lt. Robert Foster, a paramedic in the Atlanta Fire Department's medical command. On the third floor, McCoy and both Fosters walked off the elevator --- and into the drawn guns of nine police officers.

"They were yelling, 'Identify yourself, ' " said Spring Foster. "We'd been told the shooter was in custody, and suddenly we realized he wasn't. It was very stressful. Were our two kids not going to have parents? The scene was chaotic, there were people coming in and out of offices, and we had no idea what he looked like."

At the end of the corridor, police led the Grady crew in two directions: McCoy to a room where lesser casualties had been taken and Foster to the office where the shootings happened.

"There was a lot of blood, trails of blood, and two people we found lying on the floor were in puddles of blood," she said. They were dead; nearby was a man, alert and conscious, with a gunshot wound to the chest.

Contreras and Hairston faced similar scenes across the street at 3525 Piedmont: three people on the floor --- two dead and one alive but shot through the face and in the chest and abdomen --- and a fourth propped in a chair. AMR's ambulance crews were sorting patients by the severity of injuries, a process known as triage, moving the most seriously injured to ambulances first.

"It's controlled chaos," Contreras said. "You start focusing automatically on whose injuries are most critical, who needs to be transported first, who is being worked on already."

The surroundings were shocking, but the paramedics were required to study them. Any details that help describe a patient's injuries must be relayed to the emergency room. Working quickly, the crews bandaged and loaded patients, then ran them through a gantlet of SWAT officers to the ambulances outside. Contreras and Hairston left at 3:56 p.m., less than 10 minutes after they arrived. Foster and McCoy were trapped briefly, first by an elevator shut down by police crews, then by reports of a sniper on the roof.

By 4:10 p.m., they were racing for Grady too.

A tragic car crash

The emergency department's day had started to speed up even before the shootings.

"About noon, I heard our internal radios calling out a 6-year-old boy in traumatic arrest as part of a car accident," said Haley, 35, the emergency specialist who has headed the ER since 1997.

"Then they said that they were also bringing an 11-year-old, and a mother who was nine months pregnant, and that the accident was bad."

Out on Glenwood Avenue in DeKalb County, a sport-utility vehicle had rear-ended a compact driven by 29-year-old Michelle Moss, catapulting it into oncoming traffic. Her 8-year-old son, Christopher, was killed instantly; Moss, niece Malika Ibrahim and Malika's brother, Brandon Dunn, were taken to Grady.

"We were all very upset by the car accident, " said Dr. Kristamira Milas, trauma surgery's chief resident, a soft-spoken and deliberate young woman in a demanding and prestigious position, "because the victims were children (and) because they came to the emergency room with injuries that we recognized were life-threatening and we were racing against the clock."

Haley had run from the "blue zone" on the emergency department's east side, where less-critical patients are taken, into the surgery-oriented "Red Zone." He joined Milas, trauma surgeons Salomone and Grace Rozycki, their supervisor, Feliciano, and pediatric surgeon Barbara Pettit. Rozycki rushed Moss to the sixth-floor operating suite at the other end of the building for an emergency Caesarean delivery. Salomone hooked Brandon to an IV and inserted a chest tube so the badly injured boy could breathe better. Malika, bleeding internally and with a severe pelvic fracture, went into shock; Feliciano, Haley and Salomone ran her to emergency surgery upstairs.

Before 3 p.m., Malika and Moss were pronounced dead.

Feliciano, 20 years a surgeon and chief at Grady since 1992, was nonetheless shaken. "It was emotionally bad for all of us, " he said. "And just as we were finished and about to relax, our pagers went off."

While much of the emergency department staff had focused on the car accident --- and on maintaining the patients checked into the blue zone --- one member had headed in the other direction. Ossmann, medical director of Grady EMS and the paramedics' supervisor, had loaded his personal gear into a hospital SUV and had followed his staff up Piedmont. From a triage site in 3500 Piedmont, he had called back to Grady: Two of the hospital's ambulances and two belonging to AMR were en route with patients.

No one knew the gunman's whereabouts. No one knew whether the Piedmont-area buildings hid undiscovered bodies. Up to 20 victims, the paramedics thought, could be headed Grady's way.

Into the crime scene

Ossmann, 31, has been a paramedic since college, when an EMT course he needed to take for a diving vacation captured his interest and ruined his plans for an economics degree. Tall, with clipped hair and the built-up shoulders of a weightlifter, he has SWAT and counternarcotics training as well as his medical training. He knows how to act in a dangerous situation.

He does not expect his emergency crews to have to do the same.

"When our paramedics got off the elevator, five minutes before I got there, it was unclear whether it was really safe on that floor, " he said. "We teach them, from their first day, that they make sure the scene is secure or they do not enter. A dead or injured paramedic does no one any good."

At 3500 Piedmont, Ossman found an obviously secure scene. Police had accompanied him to the third floor; officers stood at each corner of the hallway and in front of every office door. Though his paramedics had run in with their gurneys, he had to walk. "In a tactical situation, you kinda want to stay with your police escort, " he said.

He arrived in the triage room while McCoy and Spring Foster were still working. It held two patients: The man Foster had found shot in the chest and lower back and a second man wounded in the arm. While they prepared the patients to travel, a woman in her 20s ran in: She had been shot in the shoulder blade and had hidden in a locked office with some co-workers.

"It was a very emotional scene," Foster said. "She and one of the men knew each other, and they were asking each other where co-workers were and asking us if we had seen them."

With the paramedics in their ambulances, Ossmann began gathering intelligence, talking to the AMR paramedics and to police and fire crews, and relaying information by cell phone to Grady administrators.

In his head, a clock was ticking. One of the strictest rules of emergency medicine is known as the "golden hour": Patients should reach appropriate treatment within 60 minutes of injury. It was almost 4 p.m., an hour after Barton began shooting. If there were victims still to be found, their chances of survival were slipping away.

Assembling trauma teams

There are no television sets inside emergency rooms, and few staff members have time to listen to the radio. News arrives with information, often phoned in, that victims are on their way. Often it isn't trustworthy.

"Communications from the scene can be inaccurate: The number of casualties is misstated, the magnitude of injuries is misstated," Feliciano said. "In the 1995 plane crash in Carrollton, our first report from the scene was that everyone had died. Two hours later, we had gotten eight critical burn victims."

Ossman's phone calls were the confirmation that Grady needed, and they triggered an explosion of activity. Seven gunshot victims is not an extraordinary number for Grady --- there have been Saturday nights that produced as many --- but seven potential trauma surgeries at the same time could pose a challenge. The surgery department alerted trauma surgeons to call all colleagues and residents --- new doctors with a few years' experience working under senior doctors called attending physicians. They were to assemble in the emergency department.

Haley did the same with emergency physicians under his supervision. Nurses were alerted by Gaynell Miller, clinical director of emergency care services, and Diana Barber, a registered nurse and supervisor. Elsewhere in the hospital, doctors and nurses who had heard of the shootings began to offer help.

"The most difficult thing in disasters is maintaining discipline," said Dr. Philip Shayne, 36, an emergency physician who trained at overloaded Cook County Hospital in Chicago, the model for the TV series "ER." "The worst thing that can happen is too many doctors."

The Fulton County dispatchers, supplemented by Ossmann, had given Grady a gift: ample advance notice of the patients arriving. With time to spare, the emergency staff began to plan. Patients were cleared out of the more critical Red Zone, leaving it free to handle the gunshot wounds. Several doctors and nurses would stay in the blue zone, taking care of other patients. Visitors were herded politely into the main waiting room, away from the smaller family areas closer to the patient care bays.

There was a second lucky break: The shootings had happened near the 3 p.m. shift change. The evening shift of surgeons, anesthesiologists, emergency physicians and nurses had arrived. The entire day shift stayed on.

Roles were assigned to each senior physician. Haley would run triage, stationed inside the ambulance bay doors to intercept paramedics, assess patients and direct them to Blue or Red zones. Salomone would oversee surgical assignments, running between Haley and the trauma rooms in the Red Zone. Teams assembled for each patient: a surgeon, an emergency physician and several residents and nurses. Others were sent to an empty exam room until they were needed.

Preparing for patients, the teams gowned up: a blue paper cover over clothes or scrubs, hair coverings and paper booties, masks with clear face shields and at least one pair of latex gloves.

"When I looked down the hallway, " Miller said, "it was just a sea of blue."

The teams pulled "stat packs, " kits of lab slips, prescription orders and doctors' note sheets preprinted with a five-digit code so no one need waste time looking for a patient's name. They assembled in the Red Zone. And then they waited.

"We almost had to say, 'You guys can go back to doing whatever you were doing, ' " Haley said. "We were that well-prepared."

Four rushed to surgery

The first patient through the door, in an AMR ambulance at 3:50 p.m., was the most critically injured, a man with a severe gunshot wound to the head. Two physicians whisked him away to the Red Zone. Within minutes, he was placed on a breathing device, sedated and rushed to a CT scan to have his injuries assessed. Once the scan was complete, he was handed over to neurosurgeons. He was taken into surgery by 5 p.m.

"Many patients with gunshot wounds to the brain don't come to surgery, " Feliciano explained. "The damage has already been done and they're allowed to recuperate on a ventilator. But this patient had open fractures. He needed work."

Twenty-two minutes after the first patient arrived, AMR delivered a second: a man with multiple gunshot wounds to the torso, including one right below the heart. Simultaneously, Contreras and Hairston arrived with the man shot through the jaw and a man shot in the back. Fifteen minutes later, Foster and McCoy rushed in with their three patients: the woman with the shoulder-blade wound, a man with an arm wound and a second man shot in the back.

"The woman was sitting up on the stretcher, " Salomone said. "She had a look of pure terror about her. She was still shaking."

The severe chest wound and the facial wound were briefly checked by Haley and sent straight to surgery --- joined quickly by the first back wound patient when bloody urine alerted doctors that a bullet might have nicked a kidney. Surgeries started at 4:26, 4:51, 5:05 and 5:06 p.m. in four operating rooms.

The remaining three victims were pounced on by teams of doctors and nurses, looking like a swarm but following assignments. They checked airway and breathing, counting breaths and listening to the lungs through stethoscopes; drew blood for matching and hooked patients to blood-pressure and blood-oxygen monitors; asked questions, checked grips and reflexes and flicked penlights across pupils to assess consciousness and neurological damage; and undressed patients to check for unrecognized wounds, cutting clothes off if they had to.

"It can be a scary situation, " Salomone said. "You go from getting shot, to a rapidly moving ambulance and a paramedic shouting your condition, to an emergency department where a

bunch of people you don't know are removing your clothes and doing things to you that aren't pleasant and can be painful."

But it was necessary, and worthwhile. The three remaining patients did not require surgery. The frightened woman --- who had managed to use Foster's cell phone to call her mother in Pittsburgh from the speeding ambulance --- was discharged that night.

The four in surgery --- who together used just four pints of blood --- were out within hours: the jaw wound at 5:25 p.m., the chest at 7 p.m., the suspicious back injury at 7:38 p.m. and the brain injury, still the most dire, at 9:03 p.m.

Three still in hospital

Grady didn't stand down from its high-adrenalin state until Barton was found dead at 8:17 p.m. Until that moment, Haley and his teams were prepared for more victims. Once it was clear there would be no more, the residents dispersed to do paperwork, the senior doctors debriefed their staff, and Haley went out to meet the media, making almost a dozen television appearances in 24 hours.

The final tally of the Buckhead shooting spree: nine dead, 13 wounded. Seven of the injured were taken to Grady's emergency department: the rest were taken to Northside Hospital, St. Joseph's and Atlanta Medical Center. Six were admitted to Grady. Four were taken to surgery.

One week after the shooting, three patients remained at Grady, two in satisfactory condition and one critical.

"We could have handled twice the number of patients without being overtaxed," Salomone said. "It went so smoothly."