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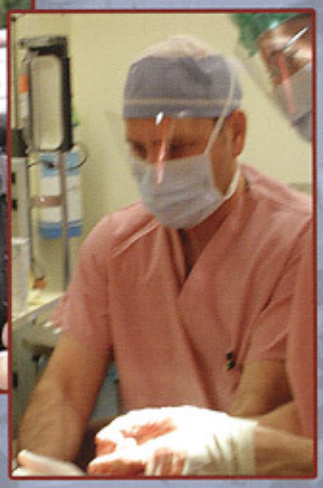


TO SERVE AND PROTECT:

A look at a surgeon-SWAT team member

TO SERVE AND PROTECT:

An interview with a surgeon-SWAT cop

by Tony Peregrin, Associate Editor

Andrew Dennis, DO, FACOS, DME, remembers the "call-out" as if it were yesterday: An agitated woman, recently released from Cook County Hospital in Chicago, IL, is now armed and barricaded inside a residence. The local SWAT team, which includes Dr. Dennis—a trauma surgeon and sworn police officer—responded to the call to assist.

"Well, Doc, what do you think about using a Taser in this situation?" SWAT team leaders asked this surgeon.

"This was a rare case," recalls Dr. Dennis during a recent interview with the *Bulletin*. "This patient had recently been released from the hospital after undergoing a coronary catheterization; we actually knew all the medications she was on, and we knew that she had a tendency to drink. This was a rare occurrence because you usually don't have this kind of information readily available to make this type of on-the-spot decision. I said, 'Um, guys, this is probably *not* a great situation to use a Taser.'"

SWAT medics in training with the Northern Illinois Police Alarm System in 2005. Left to right: Dan Romag (Northfield Police), Mark Wold (Glencoe Police), Matt Buckley (Lyons Police), and Dr. Dennis (Des Plaines Police).

For nearly eight years, Dr. Dennis has worn two career hats: A combat helmet and a surgical cap.

As an attending surgeon at the Cook County Trauma and Burn Units, Dr. Dennis works in one of the busiest trauma units in the U.S. He is the chairman of the department of surgery at Midwestern University, Chicago College of Osteopathic Medicine, and holds a faculty position at Rush University in Chicago. Dr. Dennis actively engages in both clinical and laboratory research, most recently as part of the Cook County Electrical Trauma Study Group, and has publishing several studies on electronic control devices, including the Taser.

A 39-year-old trauma and burn surgeon with a special skill for reconstructing abdominal walls, Dr. Dennis brings a unique and valuable skill set to not one, but two, Chicago-area SWAT teams: Cook County and its northern suburban counterpart.

Opposite: Dr. Dennis, in training at the federal law enforcement center, in surgery, and in front of the Cook County Hospital Trauma Unit.

Parallel worlds

"Police officers know how to face-read and are typically more hyper-aware of the situations unfolding around them—especially SWAT cops," says Dr. Dennis, when asked about the similarities between his roles as a trauma surgeon and as a SWAT team member. "Trauma surgeons are not that much different. You learn, early on, how to read patients. When a person who is ill comes into the trauma unit, you learn to determine how serious their needs are right off the bat. You learn to read the 'subtle tells' that everyone broadcasts, whether they are a patient or an offender."

Dr. Dennis began honing his people-reading abilities at the young age of 17 as a member of an emergency medical services squad along the northern Jersey shore. "Most 17-year-olds do not

Executing a search warrant on the south side of Chicago. Dr. Dennis (left), with Keith Murray, MD, an emergency room resident from the University of Chicago, on rotation on the CC trauma law enforcement medical support program.

have the opportunity to appreciate life and death first-hand, but by working in EMS I think I grew up pretty quickly, and it taught me skills that I still use today. My father is an orthopaedic surgeon, and I have many great memories of going to the hospital with him, for as long as I can remember. So, from an early age, I was exposed to this type of environment."

The physical sensation—the rush—of working as both a trauma surgeon and a SWAT cop are very similar, admits Dr. Dennis. "Being a police officer and being a surgeon involve a certain degree of an adrenaline dump, but you have to remember that it is short-lived. The warrant that you are serving may have involved three or four days of planning, but the execution of the warrant may only take a minute. It's no different for a surgeon. You train every day, you read, you study, but the reality is that the majority of trauma patients you see aren't that sick. Maybe one or two patients who are seen each day qualify as true life or death trauma cases—and that's when the adrenaline kicks in. The key is, you have to learn to control it. There's an old saying in law enforcement: In extreme stress you will not rise to the occasion, but rather, you will sink to the level of training," explains Dr. Dennis.

Dr. Dennis has never had to fire his gun in the line of duty, but he is required to have a firearm "at the ready" and to be fully capable of using it, should the situation arise.

"I don't want to be the front door kicker. It's fun, I would love to do it, but I am there to make sure these guys come home safely at the end of the day." He admits that he sometimes plays the "what-if game," whether he is performing the cop role or the surgeon role. "You are about to enter the building, and it's a very critical moment. You look around, evaluate your surroundings, note possible paths for escape, but your fundamental goal is to do whatever you have to do to accomplish the mission, whether it's rescuing a hostage or whatever the case may be. As a surgeon, if you are staring at an open belly full of blood, you can't panic, you must stay focused and gather your senses in order to get the job done."

SWAT team scenarios

The worst-case scenario for Dr. Dennis as a SWAT cop occurs when a fellow officer is critically injured. "When a police officer gets shot, and it's one of your own, the psychological effects can be potentially far more reaching than the physical injuries. If you know his family, wife, and kids, and you saw him get shot or injured, you are immediately forced to channel your thoughts and actions and to fall back on your fundamental training for these types of situations. We train hard for the worst-case scenario, which, in reality, occurs about 2 percent of the time."

The surgical tools that Dr. Dennis brings to a call vary according to the situation at hand. "We

have different load-outs and different kits for different missions, just as the ammunitions changes depending on the weapon. As for medical supplies, we minimize what we carry and what is on our person. It largely consists of basic life support tools, focusing on early hemorrhage control, basic airway adjuncts, preventing hypothermia, and devices to assist in forced extractions."

There are three major scenarios that these specific SWAT teams are typically called in for, including:

- *Hostage barricades/barricaded subjects.* These situations include those who are armed and who lock themselves in a house/residence, with or without a hostage.
- *High-risk warrant services for search or arrest.* These are situations in which individuals may have guns and/or drugs and may be fortified and waiting for police to enter.
- *Weapons of mass destruction events,* which are law-enforcement responses for chemical, biological, or radiological scenarios; examples could include a terrorist attack or a methamphetamine lab.

The majority of medical issues Dr. Dennis encounters as a SWAT team surgeon include minor orthopaedic injuries and environmental injuries, such as frostbite or heat exhaustion. "We see minor and major trauma, burns, dehydration, chest pain, and a varied array of other medical issues."

In training: Dr. Dennis posing as a victim. The medics are drilling on emergent airway skills behind cover.

Medics as medical conscience

Sometimes the injuries are experienced by fellow SWAT officers. "Not all SWAT team operators are young," offers Dr. Dennis, with a good-natured laugh. "Many are in their mid-40s, and we have to prepare for that. It's 98 percent of what we do."

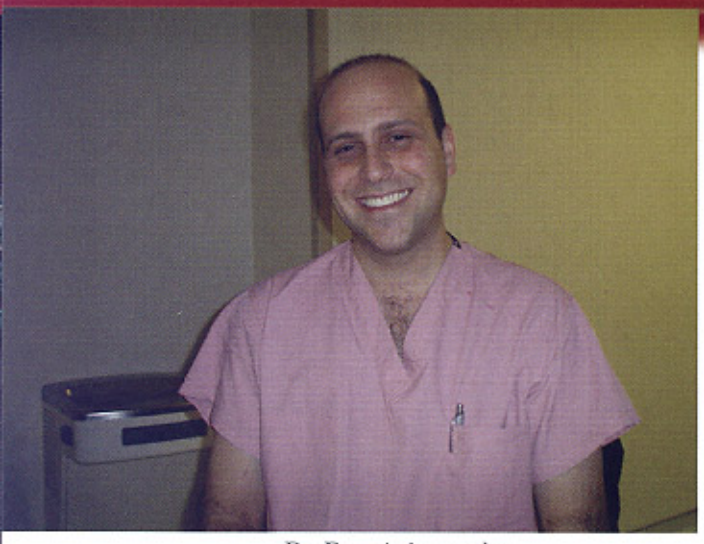
Dr. Dennis—whose official title is medical director for the two SWAT teams he services—is quick to emphasize the fact that he is part of a larger team that includes up to eight other EMTs and paramedics, in addition to snipers, negotiators, and entry and perimeter teams.

Dr. Dennis' overall goal is to support the SWAT team's mission and, specifically, to support the overall health of the team, especially during prolonged "call outs." The average SWAT call out for a barricade situation lasts more than eight hours and can occur in variable extremes of temperature and weather. Dr. Dennis and his team of medics are responsible for ensuring and implementing proper rest and warming cycles for fellow officers and fulfilling food and nutrition needs. Additionally, they offer quick remedies for aches, pains, and simple orthopaedic complaints. "We spot-check offices and teach them to check on each other for things such as frostbite and heat exhaustion. We are the medical conscience to the command staff," offers Dr. Dennis, with a grin.

Getting involved

Unfortunately, it is rare for a trauma surgeon to be a member of a SWAT team, according to Dr. Dennis, largely due to demands on time and because medical liability malpractice insurance can be difficult to secure. (Dr. Dennis' insurance is covered by the city of Des Plaines, IL, and Cook County.) "I think this expense is the number one factor that precludes doctors from doing what we do here with other tactical teams."

In 2001, during his residency at St. James Hospital in Chicago Heights, IL, Dr. Dennis was approached by police officers who suggested that he join a SWAT team. "I was asked to do this, I didn't seek this out," he reveals. "As a third-year resident, I began interfacing trauma with EMS.



Dr. Dennis in scrubs.

I would go out to the firehouses and set up post-action case reviews, and these turned out to be well attended meetings by both fire and police. I think I established my reputation with the local police by doing these case reviews and then one thing led to another, and here I am."

Most recently, Dr. Dennis and colleagues have developed the Medical Tactics course series, an eight-hour practical and didactic training module designed to give officers the mindset and skills necessary to assess and manage trauma in tactical situations. According to Dr. Dennis, this is the first course of its kind developed specifically for patrol-level officers who have little or no prior medical training.

In addition, the Cook County Trauma Unit recently began incorporating emergency medicine and surgery residents into the tactical medicine experience. Dr. Dennis and his colleagues at Cook County, in cooperation with several law enforcement agencies, have developed the Law Enforcement Medical Asset Team. This group of residents, directed by Dr. Dennis, offers forward embedded medical support to supplement the SWAT medics. "Tactical medicine is a frequently requested rotation, and now we can offer this to interested residents. It has created a very close relationship between the Cook County Trauma Unit and our local law enforcement and prehospital agencies" says Dr. Dennis.

"Every night that I am on call at the Cook County Trauma Unit, I make it a point to open our doors to local, state, and federal law enforcement officers and agents," says Dr. Dennis, who wears pink scrubs and wooden clogs while on call. "On average, we see about three to four gunshot wounds every night. Now, some police officers, especially suburban police officers, won't see this type of penetrating trauma very often, and I think it's important that they understand that most people who get shot or stabbed will survive. This is especially important because if they are the ones who are injured, they will have a mindset to prevail. Eliminating the Hollywood mindset is critical to survival in the streets."

(A quick note regarding the wooden clogs: Dr. Dennis enjoys wearing them because they are comfortable and because they are very noisy. "The residents hear me coming, and tend to scatter as I come down the hall," he says.)

Finding balance

Unwinding after a long day as a trauma surgeon and SWAT cop isn't always easy for Dr. Dennis, but he finds comfort in his family: He has two small children with his wife, an obstetrician at Advocate Illinois Masonic Medical Center in Chicago.

"Yes, I work in two very high-stress environments, but at times the two can be very different and I love them each for their own merits. My partners at Cook County are the best anyone could ask for, and as for SWAT, I love the guys I work with, and some of them are my closest friends in the world. I also like not having to talk medicine all the time, to be honest with you, and to be able to hold a conversation that is not about health reform, for a change.

"I sometimes say police work is my hobby, but my wife will tell you it is my other job. She says, 'You don't *have* a hobby!' And it's true—I unwind from being a doctor by being with the police, and I unwind from my police officer role by being a doctor." Ω