

Testimony of Alejandro Rios Tovar, MD
Associate Trauma Medical Director at University Medical Center of El Paso
Before the United States House Judiciary Committee
September 25, 2019

Chairman Nadler, Vice Chair Scanlon, Ranking Member Collins, and distinguished members of the House Judiciary Committee, thank you for the opportunity to come before you today to participate in this hearing.

I have been a trauma surgeon at University Medical Center of El Paso for the past two years. On the Saturday morning of August 3rd, I had just finished a typical 30 hour shift at the hospital with the usual gallbladder surgery. I had picked up some McDonald's on the way home and was looking forward to eating and going to sleep until Sunday morning when I would be back at it again. Just after I got home at 10:55am, I received a text message from my Chair of Surgery who was out of town: "Active Shooter – Walmart / unknown number of victims." Honestly, I didn't think much of it; I had an active shooter alert the month earlier and the SWAT team brought in only one victim at the time. Susan McLean, my mentor and the trauma surgeon in the hospital, could surely handle this. A text two minutes later was sent to all surgeons in our group: "If anyone is in El Paso, go to the hospital. There is an active shooter and we will get at least four or five victims." By the time this was sent, I would learn later, the shooting was over – in just about 20 minutes, more than 20 people were killed, more than 20 injured, and countless lives would be changed.

I ran red lights and sped to the hospital. I knew that most of these patients would require immediate surgery, and I was trying to coordinate who would be there to help operate. By the time I arrived, each of our six trauma bays had patients, each needing surgery. Dr. McLean was already in the operating room with one. The one that drew my attention was a patient with CPR in progress. She had been talking just minutes before, and now from a shoulder wound, she was lifeless. My resident and I quickly and methodically cut open her chest to begin manual cardiac compressions. Three liters of blood immediately spilled to the floor. After working for several minutes, I knew our efforts were futile and I had to pronounce the time of death; just ten minutes after I had arrived to the hospital. The look of disappointment in my resident's eyes ate at me; but I couldn't process that now. We had more to do.

I am not a military surgeon, but what I saw looked like a war zone. Small gunshot wounds in legs amounted to huge areas of cavitation with exit wounds larger than grapefruit. I had never seen anything like this before. How could a firearm create this type of destruction? The next woman I treated was calmer than the rest. She had a third of her pelvis shattered into dozens of pieces. Multiple holes in her large and small intestine were too extensive to be repaired. In damage control surgery, decisions have to be made to remove parts of intestine instead of sewing the holes closed when there are more pressing injuries to be addressed. In this case, it was clear that none of that intestine could be salvaged. We packed with a temporary dressing once she stabilized and planned to return to surgery in a day to reassess for any missed injuries.

I have treated countless patients with gunshot wounds from small firearms; in those cases, sometimes it is difficult to even find the holes because of the clean-cut appearance that looks like a pencil made the hole. Here, not so. We had 14 patients come in the span of 34 minutes. The other main hospital received 11 patients. Seven of our patients went to the OR for surgery in that hour. Most had to return to the operating room several more times. And their journey is not done. In the next few months, temporary colostomies and the like will have to be reversed and closed.

In the aftermath, 22 people lost their lives that day. We did save 13 of the 14 patients that arrived to us. But that first patient haunts me every night. I wish I could have done more and I blame myself for her death. I saw her autopsy recently to try to get some closure. She was protecting her child, so she was actually shot in the back and out her shoulder. She had a hole the size of a baseball at the top of her lung. Her subclavian vessels were essentially non-existent. If this injury had been caused by a smaller firearm, she may have had a chance at survival. But there was absolutely nothing I could do to fix that kind of devastating injury. I hope that she died knowing that she protected her child from the same fate.