



Surgeons have laid out the horrific detail of the injuries of the victims of the March 15 shootings in Christchurch. Photo: Anthony Wallace/AFP/Getty Images.

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Laura Walters

Laura Walters is a senior political reporter based in Wellington who covers justice, education and immigration.

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Shooting victims' shocking list of injuries

A surgeon overseeing the response to the Christchurch mosque attack has shared the horrific details of victims' injuries. Laura Walters was at the Select Committee hearing when Dr James McKay explained the lifelong

damage the fragmenting bullets did to the bodies and minds of the injured.

When Canterbury surgeon James McKay listed the injuries of those brought to Christchurch Hospital following the Christchurch mosque attacks last month, the room went silent.

MPs closed their eyes and shook their heads, as the most sobering submission of the day was laid out before those tasked with changing the country's gun laws in an effort to keep New Zealanders safer.

The Royal Australasian College of Surgeons spoke of the damage done by guns and referred to these laws as a public health issue.

They described the lifelong disabilities and impacts on shooting victims.

McKay also told the committee the gunman used fragmenting bullets, which did significant damage when they entered the body.

The Christchurch Hospital trauma specialist was the on-call general surgeon on March 15. He was in charge of triaging the cases flying through the doors and later performed multiple operations on the wounded.

In less than an hour, the hospital received 48 critically injured patients with penetrating injuries from high-velocity projectile weapons. McKay said the team was used to dealing with penetration wounds from knives or sharp objects, not from military-style semi-automatic weapons.

The primary goal of using a gun to shoot someone was to kill, "or at very least injure tissue as much as possible", McKay told the Finance and Expenditure Select Committee on Thursday.

"There were significant chest, lung and major blood vessel injuries, which required emergency, lifesaving surgeries, often multiple times in multiple patients."

He spoke of the nature of the injuries and the “grossly contaminated wounds”. He then went on to list the wounds seen on March 15, and the medical response, in what was a striking reminder of the damage done by a single gunman with a modified weapon.

“There were significant chest, lung and major blood vessel injuries, which required emergency, lifesaving surgeries, often multiple times in multiple patients,” McKay said.

“Multiple abdominal injuries with injuries to bowel and stomach, resulting in significant contamination of all body cavities and wounds. This results in sepsis or infection and necessitated more multiple operations to drain and wash these out.

The fractures associated with the gunshot wounds were often open and in pieces, which required significant orthopedic fixation and years of therapy.

Some patients had significant damage to major nerve bundles and their spinal cords were affected. Some of these wounds would take long and complex reconstruction, and some would result in permanent disability, he said.

Other skin and tissue wounds would require further reconstructive surgery or skin grafts.

These types of injuries could consign victims to a lifetime of disability physically, mentally and emotionally.

“Physical disabilities can be devastating for the patient, their livelihood and their family.”

Mentally, the victims would have the constant struggles of dealing with - and in many instances reliving - the personal psychoactive trauma they had experienced, McKay said.

“This has been patently evident in the large number of victims we still have in hospital from the March 15 attacks.”

McKay explained how the fragmenting bullets used by the terrorist on March 15 did significant damage to tissue. While

some bullets would fragment when they hit bone, there were some injuries where no bone was involved but the bullets had fragmented.

The college's executive director of surgical affairs, Richard Lander, said the college advocated for a full firearms register, which included all acquisitions, transfers and thefts to individuals and organisations.

Lander also called for measures that would tighten the vetting process in order to stop people from doing harm to themselves or others.

“Physical disabilities can be devastating for the patient, their livelihood and their family.”

Part of these measures should include more stringent checks of an applicant's online activity, and the police ability to access a person's medical records.

McKay and Lander said as well as the current legislation before the Select Committee, anything that could be done, must be done to reduce the risks of people gaining access to weapons and doing harm to others and themselves.

As well as the victims, the shootings had an impact on staff responding to the attack, McKay said.

There were hundreds of staff involved in the response and 15-20 general surgeons.

With multiple people still in hospital there had been effects on staff, including emotional impacts and fatigue.

Health Minister David Clark said the health system had responded very well in the circumstances.

The system stood ready to help victims with healthcare, as well as physical and psycho-social support in the future.

The committee heard oral submissions throughout the day on Thursday, as the law which will ban military-style semi-

automatic weapons and assault rifles is rushed through the legislative process.

The Arms (Prohibited Firearms, Magazines, and Parts) Amendment Bill was introduced to the House on Tuesday, when it passed its first reading, before being passed to select committee.

The bill is expected to pass its third reading on, or before, April 11, with almost unanimous support. Labour, National and New Zealand First have committed to supporting the law change, with ACT opposing it so far, based on what leader David Seymour has said is a lack of a proper democratic process.

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