# ER surgeon at Seth Rich's hospital says his gun wounds were not fatal

Posted on May 18, 2017 by Dr. Eowyn | 32 Comments

Yesterday, on the Internet chat forum *4chan*, an individual who goes by the alias of **Anonymous (ID: rhotYJAg)** claimed to be a surgery resident at Washington Hospital Center who had attended to Seth Rich — the 27-year-0ld Democratic National Committee (DNC) staffer who leaked thousands of damaging DNC emails to *WikiLeaks*.

Rich was shot in the early morning hours (around 4 a.m.) on Sunday, July 10, in a residential area of Washington, D.C. Although police say Rich was the victim of a "random burglary," his killer(s) left behind Rich's wallet, watch and cell phone.

Unless Anonymous comes forth to reveal his/her identity, there is no way for us to know if Anonymous is who he/she claims to be. However, as you will read for yourself, **I find Anonymous to be credible because of the display of medical knowledge and use of medical shorthand terminology.**

This is what Anonymous said:

- Seth Rich was shot twice in the back.
- He sustained a "small injury" to his liver and "several small bowel injuries" — none of which was fatal.
- He was taken to the operating room, where his injuries were treated.
- He was then moved to ICU (Intensive Care Unit) where he received blood transfusion. He was stable, his blood pressure normal.
- 8 hours after Rich arrived at the hospital, the place "swarmed" with law enforcement officers. Everyone, except the attending physician and a few nurses, was kicked out of the ICU. There were no visiting hours, which is abnormal for ICU.
- That morning, Anonymous and the other doctors were instructed not to make rounds (visits) on "the VIP that came in last night" (Seth Rich).
- When Rich died, no one other than the attending physician was allowed to see him. There was no code alert or call for a cardiopulmonaryresuscitation team. Although Anonymous was with a patient in the next room, he/she was blocked from attending to Rich.
- At the time, Anonymous couldn't understand why the patient Rich was treated that way and thought the whole thing to be "fishy". Later, when he found out that the patient was Seth Rich, Anonymous "was terrified".

Here's a screenshot of Anonymous' post (click to enlarge):

File: sethrich.jpg (26 KB, 707x471)

Anonymous (ID: rhotYJAg) 05/17/17(Wed)21:12:50 No.125912863 [Reply] ▶

4th year surgery resident here who rotated at WHC (Washington Hospital Center) last year, it won't be hard to identify me but I feel that I shouldn't stay silent.

Seth Rich was shot twice, with 3 total gunshot wounds (entry and exit, and entry). He was taken to the OR emergently where we performed an exlap and found a small injury to segment 3 of the liver which was packed and several small bowel injuries (pretty common for gunshots to the back exiting the abdomen) which we resected ~12cm of bowel and left him in discontinuity (didn't hook everything back up) with the intent of performing a washout in the morning. He did not have any major vascular injuries otherwise. I've seen dozens of worse cases than this which survived and nothing about his injuries suggested to me that he'd sustained a fatal wound.

In the meantime he was transferred to the ICU and transfused 2 units of blood when his post-surgery crit came back ~20. He was stable and not on any pressors, and it seemed pretty routine. About 8 hours after he arrived we were swarmed by LEOs and pretty much everyone except the attending and a few nurses was kicked out of the ICU (disallowing visiting hours -normally every odd hour, eg 1am, 3am, etc- is not something we do routinely). It was weird as hell. At turnover that morning we were instructed not to round on the VIP that came in last night (that's exactly what the attending said, and no one except for me and another resident had any idea who he was talking about).

No one here was allowed to see Seth except for my attending when he died. No code was called. I rounded on patients literally next door but was physically blocked from checking in on him. I've never seen anything like it before, and while I can't say 100% that he was allowed to die, I don't understand why he was treated like that. Take it how you may, /pol/, I'm just one low level doc. Something's fishy though, that's for sure.

4chan deletes its contents at the end of each day, but the thread on which Anonymous had posted was briefly archived, which enabled me to copy what Anonymous wrote (see below) before the archived thread was removed.

Below are Anonymous' post and his responses to *4chan* readers' queries:

Anonymous (ID: rhotYJAg) 05/17/17(Wed)13:12:50No.125912863:

> *4th year surgery resident here who rotated at WHC (Washington Hospital Center) last year, it won't be hard to identify me but I feel that I shouldn't stay silent.*

> ***Seth Rich was shot twice****, with 3 total gunshot wounds (entry and exit, and entry). He was* ***taken to the OR emergently [sic] where we performed an exlap and found a small injury to segment 3 of the liver*** *which was packed* ***and several small bowel injuries*** *(pretty common for gunshots to the back exiting the abdomen)* ***which we resected*** *~12cm of bowel and left him in discontinuity (didn't hook everything back up) with the intent of performing a washout in the morning.* ***He did not have any major vascular injuries otherwise.*** *I've seen dozens of worse cases than this which survived and* ***nothing about his injuries suggested to me that he'd sustained a fatal wound.***

**Note:** "OR" means operating room; "exlap" refers to exploratory laparotomy — is a surgical operation where the abdomen is opened and the abdominal organs examined for injury or disease. It is the standard of care in various blunt and penetrating trauma situations in which there may be multiple life-threatening injuries; "resected" means cut off or remove.

> *In the meantime* ***he was transferred to the ICU and transfused 2 units of blood*** *when his post-surgery crit came back ~20.* ***He was stable and not on any pressors****, and it seemed pretty routine.* ***About 8 hours after he arrived we were swarmed by LEOs*** *and pretty much* ***everyone except the attending and a few nurses was kicked out of the ICU*** *(****disallowing visiting hours*** *-normally every odd hour, eg 1am, 3am, etc-* ***is not something we do routinely****).* ***It was weird as hell.*** *At turnover* ***that morning we were instructed not to round*** *on the VIP that came in last night (that's exactly what the attending said, and no one except for me and another resident had any idea who he was talking about).*

**Note:** "post-surgery crit" is post-surgery critical care, referring to the patient's hematocrit level, i.e., the percentage of red blood cells circulating in the blood; "pressor" means "tending to increase blood pressure"; "LEOs" is law enforcement officers; "not to round" means not to make bedside visits.

> ***No one here was allowed to see Seth except for my attending when he died. No code was called. I rounded on patients literally next door but was physically blocked from checking in on him. I've never seen anything like it before****, and while I can't say 100% that he was allowed to die,* ***I don't understand why he was treated like that.*** *Take it how you may, /pol/, I'm just one low level doc.* ***Something's fishy*** *though, that's* ***for sure****.*

**Note:** "No code was called" means no emergency alert was sounded for a cardiopulmonary resuscitation team; "/pol/" refers to "politically incorrect" posts on *4chan*.

A commenter challenged Anonymous:

> *prove you are not a larper.*
> *what are the list of medications you administered throughout the entire process?*

**Note:** "a larper" is someone who engages in larp or live action role playing, i.e., someone online pretending to be someone else.

Anonymous (ID: rhotYJAg) 05/17/17(Wed)13:26:47No.125914751:

> *When he [Seth Rich] arrived to the trauma ward he had LR running, I don't keep up with how much he got but less than 2 liters before we rolled to the OR.*

**Note:** "LR" is Lactated Ringers (solution), a common fluid replacement for patients who have lost blood or other body fluids; "PRBC" is packed red blood cells; "FFP" is fresh frozen plasma.

> *No transfusion was done in trauma; the massive transfusion protocol was started because he was hypotensive on arrival but by the time the cooler (4u PRBC, 2u FFP) was ready we were on the way to the OR and honestly I don't remember if he got any of it beforehand;* ***he responded well to just IVF resuscitation so we went ahead with the surgery*** *any just ended up giving him 2 units afterwards (the crit we got in trauma was returned just after we left and*

*was low, ~24 IIRC but it wasn't communicated to us… teamwork fail for sure but that can happen when we're rushing to the OR)*

**Note:** "hypotensive" means abnormally low blood pressure.

*As for the rest of the meds? You'd have to ask anesthesia I guess. He didn't need anything from us in the ICU except a propofol/fentanyl drip to maintain sedation while intubated but that's pretty par for the course. The important part was that* ***he was hemodynamically stable and not requiring pressors.***

Anonymous (ID: rhotYJAg) 05/17/17(Wed)13:36:13No.125915975

*I haven't spoken to the attending who was on staff that night but the other resident I was with that night doesn't remember it in any clarity (he was called to traumas as part of his rotation but that was ancillary to his ICU -different ICU btw- duties). Basically he said, "yeah that was weird, right?" At the time we were way more concerned with the rising class / new interns (July 1st is a terrifying time to be a patient lol) to make much notice… it always stuck in my head as something super bizarre but* ***it was a long time before I even realized it was Seth Rich. When he arrived he was assigned by our system a trauma number, not a name as his patient ID.*** *I only knew him at that time as Tra### (no freaking way that I remember the actual number).* ***When it came to light who he was a while later I was floored. And terrified.***

Anonymous (ID: rhotYJAg) 05/17/17(Wed)13:39:36No.125916400

*Nope, nothing in the head so no freaking way we'd CT before going to the OR with a clear intraabdominal GSW. No need to FAST or anything, just stabilize and go to the OR*

**Note:** "CT" is CAT scan; "GSW" is gunshot wound.

*One could always just increase the propofol drip or give him a ton of roc and screw with the vent settings. No idea if that happened but it'd be easy if you have the right meds and access*

Anonymous (ID: rhotYJAg) 05/17/17(Wed)13:53:57No.125918189

*He had two holes in his right flank and one in the left upper quadrant. In trauma you always assume by protocol that 3 holes = 3 bullets but it was pretty clear that he was shot twice by the trajectory of the bullet (eg, his liver injury). I've also seen enough GSWs to know that the media doesn't get the number right every time.*

*Yeah, I'm not going to do that. Way too dangerous.*

*Alright anons it's been swell but I'll be gone for the next few hours for regular residency meeting / journal club BS. Take everything you read especially from the MSM with a grain of salt as usual but don't stop digging.*

H/t *FOTM*'s MAC