News

War, round by round

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Each room is separated into four cubicles by flimsy curtains that provide only visual privacy. All cries, movements in bed, blaring iPods and conversations can be heard throughout the room. Tacked on the wall, a piece of paper lists the occupants by name, rank and division. Rosaries dangle from many of the pushpins. Some rooms are marked with green stars, indicating that a patient is infected.

The rooms all looked the same to me, whether at Brooke Army Medical Center near San Antonio, Walter Reed Army Medical Center in Washington, D.C., or Madigan Army Medical Center in Tacoma, Wash. These were the hospitals where I rotated last year as part of my Army training with the Chicago College of Osteopathic Medicine at Midwestern University in Downers Grove.

Most beds are covered in blankets from home, some handmade. Frequently, they are topped by a metal support system with a ring suspended from crossbars so soldiers and Marines with battered legs can pull themselves up. A 10-inch TV hangs from the wall, with the fare ranging from ESPN to news to reruns of "Saved by the Bell." Many of the patients sleep with headphones on, as I did in high school.

Bedside tables look like those in a dorm room -- stacked with Gatorade bottles, cookie wrappers, Doritos bags, protein drinks and Skittles. Crammed amid the detritus are Purple Heart medals, usually still in their cases.

Some soldiers and Marines have pictures of their wives and children. Some have so many cards and balloons that you would think it was a high school graduation party.

When I asked these patients what happened, many responded with short sentences.

"I got shot."

Or simply, "IED" (improvised explosive device).

Then, silence as tears welled up. Some patients just stared into the distance, and I didn't know if they were trying to find the words or just couldn't answer. I didn't know what to say.

There is a lot I would have to know before I could begin to understand what they saw.

These young men and women now know in a powerful way that their world stretches far beyond their neighborhood. No one will ever have to tell them what Baghdad or Mosul or Fallujah is like because they have a permanent copy of it in their minds.

Eventually, I stopped asking them what happened.

The soldiers are almost always skinny. You can see their ribs. Many have tattoos. You can tell the newer arrivals at the hospital because they still have a deep tan on their hands and faces while their bodies look as if they have never seen sun.

Their fingernails still have Middle Eastern dirt underneath them.

Almost all of them are quiet. They are waiting for families to make sometimes long journeys to join them.

Family members band together in waiting rooms, hang out in the halls and smoke outside. I see them stare over my shoulder after being told that their loved one will never again use his left arm or his right leg. I watch them take in news that it would be better for him to go through an amputation and use a prosthesis.

One soldier, burns all over his legs and groin, was suffering from infected wounds because the bomb that exploded under his Humvee had been planted in the sewer. We had to give him painkillers before every dressing change. He would start to squirm the moment we came into the room. The dread was palpable.

This soldier screamed and wept each time we changed his dressings. I will admit, I didn't like hearing it. I struggled with my thoughts about this soldier, struggled with wanting him to be tougher, to suck it up. It would be easier for me if he acted invincible.

And yet, this soldier was particularly defenseless. He had no cards or balloons in his space, just a case of nutritional drinks and a powdered bed pan. Where was his family?

He told me his mother would lose her job if she came to visit him.

There was another soldier, a small, scrappy kid without a line on his face. He looked like a kid who grew up down the street from me who weighed barely 100 pounds, drank, smoked and worked as a caddy.

This is not the type of guy I pictured in camouflage patrolling the streets of Baghdad. He had a crocheted Green Bay Packers pillow and a homemade quilt on his bed. He was shot in his left upper arm by an AK-47. At a hospital in Germany, after he was airlifted out of Iraq, he was equipped with a device called an external fixator that keeps shattered bones in line with pins and screws on both sides of a fracture. It looked like an erector set on his arm.

Surgery to repair a damaged nerve was sometimes performed under a microscope with sutures the size of makeup brush hairs. It is a waiting game, nerve surgery. We tell patients that their nerves grow an inch a month.

Would he be able to move his wrist? this soldier asked.

"We just have to wait and see," he was told.

My third and fourth years of medical school were spent rotating among hospitals, essentially performing one-month tryouts before applying for residency assignments. Every minute of every day, every conversation and every gesture were scrutinized by attending and resident physicians. I was there to watch, learn and put my training into practice.

But at the military hospitals, I felt unsure that anything I learned in medical school had prepared me for what I saw.

Do I clamp here or hold the retractor that way? How much do we tell this young soldier about his injury? I just wanted to follow someone else's lead. I didn't know how to talk confidently to soldiers back from a war. I struggled, tried not to get down on myself. I arose hours before sunrise to read and pray. I hoped I would do the right things each day.

When we talked to the troops about surgery, we always told them of the possible consequences, an infection, for example, an insurmountable problem, or even death. They didn't flinch.

"Whatever you say, Doc." Or just, "OK."

Part of this was a confidence in Army medicine, part of it a confidence built up in men and women who have done things with their bodies and minds that most of us never have the courage to do.

The military doctors I worked with come in early and stay late. I saw one doctor leave church with his family to wash out a soldier's infected leg because he felt responsible for looking at the wound in person, instead of just getting the report from the doctor on call.

Army orthopedic surgeons earn about a third of what their civilian counterparts make. They go to war. They die in war. And they care deeply about these broken soldiers. I want to sit with them over beers to hear more stories.

I want you to understand that I saw promise in places like Reed, Brooke and Madigan.

When I first told friends that I had joined the military after entering medical school, responses were mixed. Most supported my decision, but some called me crazy. They asked why I would do such a thing when we are at war, a war I myself complained about. I found myself thinking that even though I voted and paid taxes, I wanted to do more.

One night when I was on call, the resident physician asked me to help "wash out a wound."

In an operating room, a young soldier was wheeled in and the sheets were pulled back. He had no legs -- just two 10-inch stumps with a bandage wrapped in a figure eight around the stumps and his waist. We easily moved him to the operating table.

It was freezing in this room. I could see him shaking.

We pulled down the soldier's dressing. Wash out a wound? That was the understatement of my life.

The soldier's stumps were brownish-black in spots. Blood shot out in a stream from the right one. The head doctor was an orthopedic trauma surgeon, a West Point graduate who has been a military physician for 19 years. His weathered face and quiet demeanor were intimidating. He was the residency director, so every move I made was being assessed.

Immediately, he called for a hemostat, a clamp-like device that looks like a pair of scissors and is used to stop bleeding. He then told me to get some pickups (big tweezers with wide ends for grabbing) and scissors and to begin working on the wound.

"Get out all of the dead and dying tissue, any rocks or road grit, and anything that looks like it could lead to infection," he said. My tweezers started probing with gentle, firm and deliberate strokes, looking for dead and dying tissue. I had never seen dead and dying tissue on living muscle. I cut the brown tissue. Nothing was said. This must be the bad stuff, I thought.

"Let's go, and get it out!" he said.

Sweat began to run down the back of my legs, and my glasses began to fog up. I started scraping the bloody stump as if I was scraping the side of an old garage that needs to be painted, cutting out tissue as I went. I was thinking of the muscles as I had learned them. I considered the layers of the leg I cut back -- skin, fat, fascia lata, iliotibial band, adductors and more. I moved carefully around the femoral nerve and artery, then found the sciatic nerve and cut it back. The head doctor stood next to me, watching and grading. The attending was talking to me, but I was barely listening.

I was thinking of how warm my hands felt from this kid's blood. The suction hose was hissing. The monitor beeped. I found myself wondering how tall this guy was before. And I was thinking I wasn't ready to be doing this.

The procedure was finished in about 45 minutes, and I was exhausted. I felt guilty about being tired.

One morning I took the shuttle to my hotel after an overnight shift at Walter Reed. The only other passenger was a short, bald man of about 50 who also looked as if he had worked all night.

He got out at my hotel, and we got in the elevator together.

"Long night?" I asked him.

"The longest of my life," he replied. "I just spent all night in the intensive care unit with my son. His whole body is broken and has tubes coming out of everywhere."

Time stood still as our eyes locked. I told him I was working on the orthopedic service there. He said, "I am sure we will be seeing you." Then he paused.

Tears welled up in his eyes, his neck and face turned bright red and he said, "Thank you for your service. We have never needed you more. I think that the docs and nurses I met last night are taking great care of my boy."

The elevator doors opened at my floor.

"I will pray for you," I said.

He put his hand on my shoulder, then said simply, "Thank you, sir."

I had never felt more proud to be an American.

Army Capt. Daniel Possley, an Oak Park native, graduated Friday from Chicago College of Osteopathic Medicine. He will start at Brooke Army Medical Center next month.

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