

FIELD REPORTS

“MASH” TODAY: MEDICINE, WAR AND WRITING

By Edward Tick and Captain Frank Hill

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The front lines of health and healing today are everywhere around our country and the world where individuals, societies and ecosystems are at risk. On these lines and often unheralded, courageous healers and communities utilize traditional, scientific, humanistic, communal, holistic and spiritual resources to address our most pressing global health issues. *FIELD REPORTS* offers reports from these front lines about significant health crises, concerns and healing approaches that occur beyond our usual horizon of vision. Our concern is for world health. We seek to hoist flags of hope.

Perhaps nowhere on our planet are the front lines of health and healing more desperately demonstrated than on the battlefield. As has been true throughout the millennia, soldiers today face terrible life-and-death conditions and are challenged to survive through the greatest courage, compassion, determination, wisdom, brother- and sisterhood, training and skill they can muster. The demands and conditions of combat are made all the more desperate by the nature of modern technological warfare that does not distinguish between soldier and civilian, enemy tank and children's schoolhouse.

MEDICINE AND WAR

Sadly, war and medicine have evolved together. We invent new means of destruction as well as new means to help heal that destruction at one and the same time. This duality has been known since ancient times. It is symbolized in Greek mythology by the two sons of Asklepios, the ancient god of healing. These men, trained in medicine by their father, served simultaneously as warriors and healers of the Greek army at Troy.

There are endless examples of how war and healing have developed in tandem. In the ancient world, Roman legions on the march protected established Asklepiian medical sanctuaries or built new ones to serve their wounded. In modern history, during the Crimean War, Florence Nightingale first introduced the practice of sanitation in military hospitals. Of equal importance she modeled compassion, commitment to patient care, and diligent hospital administration as prerequisites to healing. The American Civil War developed and expanded the use of the ambulance corps and of anesthesia. World War II was the proving ground for sulfa drugs, penicillin, quinine, morphine, and blood plasma transfusions. Though all were discovered earlier, they came into prominent development and use during that war. They saved countless soldiers' lives and proved to be great boons when utilized in civilian society later.

What of the men and women on the front lines, the ones who must provide treatment to the wounded and oversee their care? Doctors, nurses, medics, medical support staff are often among the most beloved of servicemen and women. They are also the most severely taxed. Combat soldiers may rest between battles. Medical personnel do not. The wounded keep coming and many keep dying. Beth Marie Murphy, a nurse on the hospital ship *U.S.S. Sanctuary* stationed off Da Nang during the Vietnam War, tended both American soldiers and wounded Vietnamese civilians. She explains:

“One of my lasting memories is how I did not know the names of the soldiers who came through my ward. The reason--there were so many of them. Every day brought new casualties, usually with multiple amputations -- young strong fellows who would now live lives of disability. After a while I lost the ability to feel any kind of emotions--I had a job to do. Beyond four months I have no memories of individual days --it is all a blur. I don't remember faces and certainly no names. Why? I believe that emotional stress and strain overwhelmed me and the only way I could survive was to not really see them.”

It is no different in our new wars. Modern weaponry causes terrible destruction and wounding while miraculous modern medical procedures used on battlefields in Afghanistan, Iraq, the Middle East and elsewhere save lives that would have been lost in previous wars. During this chaos, ordinary men and women do their best to achieve what healers throughout the ages have always sought – to preserve life and reduce suffering.

What are these units like today? What do the men and women serving in them experience? How do they reduce trauma and suffering to their patients and themselves? How do they cope with the relentless exposure to the worst wounds modern military technology can inflict? How do they sustain themselves, find hope and create meaning while serving in the bowels of hell?

WRITING AND WAR-HEALING

War plunges us into the most extreme conditions where we come face-to-face with the ultimate dimensions of life and our souls. Literature is that use of language, image, metaphor, sound and story that is most suited for exploring and expressing such ultimate encounters. As medicine and war have been married since time immemorial, so have writing and war. Homer, Gilgamesh, Beowulf, the Arthurian legends, so many classics of ancient and modern literature – writing has always been used to explore the soulful dimensions of war and to rescue scraps of soul from its maws.

Writing has been used during and after conflict to explore what war can teach us about our relationships to life and death and our capacities for good and evil, love and hate, courage and terror. It has also, and often primarily, been used to aid survival and sanity. “Some,” as we will hear Capt. Frank Hill tell us, “put pen to paper or fingers to keyboards in hopes of coaxing out the demons and trapping them anywhere else but in our heads and dreams.” We want our service people to get these demons out of their heads. Trapped in there over time, they petrify into a condition that has been known since the beginning of recorded history but today we call Post-traumatic Stress Disorder. Thus, just as during wartime medicine can help preserve our physical lives, so writing can help preserve our inner lives. Writing can help us transform our experience of war, as

destructive as it is, into, in poet John Keats' old words, "a vale of soul-making."

Medical personnel, no less than slogging infantrymen, have put pen to paper in attempts to exorcise demons. Some medical military writing survives as testimony and witness. From an army hospital in Japan serving the wounded of the Vietnam War, Dr. Ronald Glasser wrote, "These pages were not written in desperation, nor were they written out of boredom, or even... to prove a point, but rather to offset the sinking feeling we all had that some day, when the whole thing was over, there would be nothing remembered but the confusion and the politics."¹

And some makes its way into the literary canon. From a front-line operating room on the Russian front during World War I, poet-surgeon Saul Tchernikovsky wrote in Hebrew:

As I stood between the living and those already dying
(oh, what a terrible craft), with a sharp scalpel in my hand,
now weeping for joy, now cursing in anger,
I absorbed the last light from the pupil of a dying stranger...

Yet in that very spark of the fading eye...
Your glory overwhelmed me...²

This is the tradition that uses words, sounds, images, to save remnants of soul, declare every death meaningful, and forge meaning from hellfire. Soldiers and civilians struggle for their moral survival by sending us such words from the fields of fire today. Frank Hill is one.

In honor and support of all those serving and struggling to survive, we offer this front line report from Capt. Frank Hill of Seattle, executive officer of a forward surgical team serving in Afghanistan.

— Ed Tick

“MASH” TODAY 758th FORWARD SURGICAL TEAM

A Forward Surgical Team (FST) is the Army's answer to far forward surgical intervention on the battlefield. It is emplaced as close to the front lines as possible, ensuring it is supported with security and logistical mediums. By Army doctrine an FST employs 20 personnel: 4 surgeons, 2 anesthetists, a nursing staff, combat medics, operating room personnel and one logistical plans and operations officer -- the Executive Officer (XO).

I serve as XO of the 758th FST, based out of Ft. Lewis, Washington. We arrived in country late November, 2005 and were immediately split into 2 teams of 10 and located in both the southern Uruzgan province and the northeastern province of Kunar, along the Pakistani border.

Our mission is to provide primary stabilizing surgical care to U.S. soldiers, coalition troops, the more-than-occasional trauma care for the local population, and enemy combatants. For the past 10 months, we have treated over 1,500 patients in varying degrees of surgical need. We have served as the first tier of established medical support to our troops in combat and by doing so, provided a sense of security for the combat maneuver elements in the theater.

I have been in the Kunar province slice of our team, the busier of the two, for the majority of the deployment. I have had the opportunity to witness hundreds of surgeries and lifesaving interventions completed by an amazingly talented staff. My role is unique on this team as I have no counterpart and no complement or duplication exists. I am also the only non-medical entity on the team, which makes for a slightly distinctive perspective and experience.

On a daily basis our team will see an average of 5-7 patients, 2 of whom are usually rescheduled for a routine or semi-emergent surgery, like an appendectomy or hernia repair. Another 2 are referred to a lower level of clinical care or farmed out to the local hospital. And typically, and lately more than usual, we see and treat at least a couple of traumatic injuries daily. These are often injuries to U.S. troops or to locals that could not be taken care of by the local medical community due to lack of funding for assets, equipment, or experienced staff.

This is some of what we see: blast wound injuries from improvised explosive devices, guns shots, and rocket-propelled grenade injuries; crush wounds from mountain falls or vehicle roll-overs; burns from propane stoves and heaters; various and multiple stab wounds, broken bones, missing fingers, lacerations of all shapes, sizes and depths; shrapnel and foreign objects imbedded into the body by a multitude of means.

All of this has become the norm for our team, the daily routine. It seems to me that such a daily work ritual would create the potential for a monotonous glaze to set in. You do a certain thing so many times, repeatedly without respite, and it would seem natural to become immune to the details, dulled to the affects, stoic even. But this job, this set of experiences does not let you alone. True, the medical professionals have been trained beyond any imagined ability to see hurt and pain, gore and death, blood and guts. But I have to believe that even the most weathered soul must exercise a certain emotive reflex more than every now and then. An 8 year old who could be any of our kids, cousins or neighbors is burned beyond recognition and there is nothing we can do but try to ease the pain; a 19 year old soldier who looks like every one of your best friends rolls up without feet due to a roadside bomb -- how do you handle that? What do we do with all of that "stuff"? How do we carry such weight and drive on? How does a soul cope with the pain it bears witness to, or the anger surrounding the asinine circumstances, or the guilt of not being able to do anything to affect a more positive outcome than tossing up a Hail Mary comfort in the last few minutes and breaths? How to remedy the sheer frustration of having absolutely nothing to say to his battle buddy whose experience is mortally immeasurable and beyond familiarity?

There are typically few words spoken, at least at first. Some pray. Some retreat and sob in hidden holes. Some put pen to paper or fingers to keyboards in hopes of coaxing out the demons and trapping them anywhere else but in our heads and dreams. Some joke uncomfortably. Some say absolutely nothing and just watch the world float by. Some find comfort in running, lifting weights, reading, disappearing in movies or books in an effort to put as much distance as possible between themselves and these events and images. Some drink. Some do talk. Every now and then we sit and discuss what happened, how we could have helped more, or reassure each other that we did all we could. Sometimes it is enough to know that we did everything that could possibly have been done to help save a life, a limb, vision, breath. That dignity was never lost or denied.

Sometimes that works temporarily and sometimes it just takes the edge off. But even with all of the experience and exposure, I don't think that one can ever truly get beyond these experiences. Perhaps the goal is to learn to live with them and not around them, if not for anything else but for the incredible value of the lives themselves and the opportunity to have witnessed a moment in their presence in the time of such need. For the unquestionable goodness that is born from each person you are privileged to have had the occasion to treat with dignity, honor and respect and the indefinable, unimaginable significance it possesses. For such opportunity I am more thankful than I can express.

IN MEMORIAM

What's strange is what you notice in the moment.

The solitary pregnant, perfectly poised clear bubble of a cloud that hung on the ridge line to the east.

A silver coin of a moon that hid brightly and full at the top, sliding upwards but not yet free, providing a sharp backlit edge to the crest while pulses of lightning throbbed from left to right in waves. Impressions of electricity shot, pounding, through the fatly floating jellyfish on the rocky horizon exposing the grand folds and shiny seams. A perfect diagramed explanation of what your heart would look like if God decided to rip it from your chest and set it free to rise into the night sky at 4 miles an hour 8,000 miles from home.

The wedding band, too big for his fingers, held tight with a small piece of duct tape as his arms flung about his head, trailing tubes and tourniquets. The feet too small for the boots, now palms up, swollen yellow and clammy, blistered from weeks of mountain passes and caked with powder from days ago. The mouth, agape and dry, eyes, innocent and worthy. A look of relief, washed with earth, across his face.

I pound the heel of my hand into his chest repeatedly. 100 times a minute, forever. I think of the mother who carried this 200 pound Texan for 9 months, breast fed him for 2 years, home schooled him for 10, and then sent him off to join some man's army. My mind goes to the young woman at the other end of that ring. Whose knees will undoubtedly buckle like hurricane branches, whose own heart will crack and burn instantly, bursting in her chest as she hears the words that have only come to her in the worst of dreams.

The possible little ones, sleepy headed, golden locked, green eyed and tugging on shirt sleeves or coiled kitchen phone cords. Who know nothing but pictures and t-shirts, lullabied piggybacks, distant memories. The smell of the top of his head. Now they bear the burden of becoming, without his hand.

His brother-in-arms who at this moment lies across the room, watching out of the corner of his eye, flat on his back, while his best friend's blood bursts like water from a hose from a gash in his ribs where doctors have inserted a 10th tube. Shooting heaving and crimson out and down into my socks with every pump I put into his chest.

The weight that has been born in his stomach, settling, like a bowling ball too heavy to heave, because it was his fault the truck slipped off the path built too small for war machines. His fault they rolled end over end, 80 feet to the moonlit river bank below. His fault his brother was thrown from the gunner's hatch and then steamrolled several times over by 7,000 pounds of up-armored steel and glass.

As heavy as the guilt that will never escape his guts. Even though if his brother could speak he would tell him, “Naw, it’s okay man. I forgive you. You didn’t mean it,” or some such dismissal as if he had only been grazed by a backyard inside pitch or some other small misguided annoyance.

It is a chaos, terrible and turbulent with no respite. But in the center of all the madness there exists a momentary silence. When all the pinging alarms and buzzing beepers cease and the squeak of blood-soaked shoes on linoleum goes still. That instant when there is nothing to do and nothing to say. No words to fill mouths. No thought, no will, no desire. Void of any possible appropriate design to impart. Empty of every possible accessory but the truth of the moment. The inescapable, cutting, deliriously vacant truth, ever present and teasingly intangible: this man, this brother whose name I will carry forever, only 26 years old, died today, 11 Sep 2006, in Asadabad, Afghanistan.

— Capt. Frank Hill

AUTHOR BIOS

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¹ Glasser, Ronald J., M.D. *365 Days*. New York: George Braziller, Inc., 1980, ix.

² Tchernikovsky, Saul. “As I Stood.” T. Carmi, ed.& trans. *The Penguin Book of Hebrew Verse*. Middlesex, England and New York: Penguin, 1981, 516.