



A CASE FOR

In May 2003, 36-year-old Paul D. Danielson '88 said goodbye to his pregnant wife and 11-month-old son in Massachusetts to deploy to Iraq with the U.S. Army Reserve, Medical Corps, 912th Forward Surgical Team (FST). Like many professionals who have to deal with intense stress and suffering on a daily basis, Danielson and his unit used gallows humor as a kind of emotional defense mechanism. But even



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though they were often cracking jokes in the heat (literally) of combat surgery, they were passionately dedicated to providing the best care possible to critically injured troops in and around Baghdad. Months after returning home, Danielson wrote this account—published in the book Operation Homecoming: Iraq, Afghanistan and the Home Front, in the Words of U.S. Troops and their Families—about one especially memorable patient.

“Wakey, wakey, boyzzzz,” Butter purred. “Someone mixed it up with hajji and we’ve got us some casualties comin’ in.” Butter was our overtattooed trauma nurse who earned his nickname on account of the gold second-lieutenant bars he wore. He was different. Most men who experience a midlife crisis quit a respectable job and go out and buy a Harley. Butter did it backwards. He woke up when he was 40 and decided enough with the Jack Daniel’s and motorcycle set. He figured he’d join the Army Reserve, and six months later he found himself in Mesopotamia.

The casualties turned out to be from an armored cavalry unit. These fellows always earned our respect. After dark they’d mount up and drive through the bad sections of town. They were trying to draw fire so that they could shoot back and put the hurt on the insurgents. Success with this tactic relies upon poor aim by the enemy and superior firepower by the Cav troopers. Unfortunately, during this particular mission an IED blew up one of their Humvees.

I batted my way out from under the mosquito netting and slipped on my flip-flops. I had stopped wearing my boots to trauma codes for two reasons. First, it got too difficult to wash the blood out of them. Second, it was too damn hot. Our two field operating tables were set up in a glorified closet in one part of the aid station. When you’ve got an OR team in there and all the lights and equipment going, the temperature would be over 100 degrees Fahrenheit. Consequently, my uniform for patient care consisted of shorts, a T-shirt and a sidearm. We’d add Kevlar and flak vests if the war came knocking a little too

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By Lt. Col. Paul D. Danielson ’88

close. It went against all Army regulations. It was also against common sense as far as avoiding contact with bodily fluids. However, I viewed it as a calculated risk. Two of my cosurgeons were similarly clad, which did little to improve the reputation of the reservist medical corps in the eyes of the regular Army. Every time the sergeant major from the battalion walked through we had to have the defibrillator ready since he almost had an arrhythmia just looking at us.

The trio of yawning surgeons staggered down the hallway to the trauma bay. It was an open area in the front corner of the aid station with two litter stands in the center. The harsh fluorescent glow of two Bruce lamps strung from the ceiling illuminated the workspace.

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While Butter's staff was spiking bags of IV fluid and opening up packs of dressings, the FST's first sergeant, Cueball, came in wearing his combat boots. We figured he slept in them; no one could lace up a set that fast. Cueball loved his docs and his enlisted, and all of us respected him. He was in his familiar role of playing

bouncer in the trauma bay. He was giving the heave-ho to various wallflowers and rubbernecks who hoped to see some blood and guts. I never knew how all these trauma groupies got to the aid station so quickly. Of course, I'm being unfair in labeling them. They showed up to pitch in, and their assistance in moving patients, guarding EPWs, or just being "gofers" was indispensable.



Previous page: Surgeons watch a medevac helicopter bearing fresh casualties land at the 912th FST. (Left to right, Lt. Col. Ronald Gross, Major Thomas Cataldo and then-Major Paul Danielson.)

Above: Danielson on the outskirts of Baghdad.

Right: Danielson (left) and Cataldo operate on a coalition soldier with an arterial injury involving his left lower extremity.

The medical service corps lieutenant came over to meet us.

"Morning, El Tee." Warthog, my partner in general-surgery crime, grinned. "What are you doing up so early?"

"Sir?" the youngster replied, still no more certain on how to interpret us than the day we first met him in Kuwait. "I just came over from the TOC. I can report three or four definites coming, maybe more."

Warthog was about to ask him how many "definites" three or four actually meant but decided it was too early to tease the young officer.

Our banter was interrupted as the walls rattled from the roar of a low-flying helicopter. There was a mass movement of people to the rear of the aid station.

I glanced over at Warthog, who looked positively meditative as we waited.

"The last moment of tranquillity, huh?" I observed.

His mind was on other thoughts. "I hope I covered up my pillow," he said, referring to the fine layer of silt that coated everything in the aid station after a helicopter landing.

Any sense of calm was gone a moment later as the first of the four-man litter teams burst through the door.

"I was worried he wouldn't make it to the CSH," the flight medic reported as he followed behind the second litter. "Two urgent surgicals. The first is an Iraqi national with shrapnel all over. The second is a Cav officer with a near-amputation of his right upper extremity."

We followed the teams into the heart of the aid station, taking care not to slip on the blood trail. We exploded into the light and openness of the trauma bay, and then, just as a hush follows the roar of a



wave crashing onto a beach, a soft hum filled the room to replace the clamor of our arrival.

I headed toward the second litter: white male, mid-30s, 80 kilos, awake but looking "shocky." His uniform had already been cut away by the time I reached him. A new IV was being started and vital-sign monitors were being slapped onto his pale skin. My quick primary survey revealed that his right forearm was nearly amputated and his left foot had caught a sizable piece of shrapnel.

“We are going to take good care of you, Major,” I said to the wounded officer. “But you’re going to need an operation on your arm and foot.”

“OK, sir,” he said simply.

I was impressed by his calm. If my severed arm was hanging by a sinew, I would have been screaming my head off and crying like a baby. Not him. No tears in his eyes, and only a grunt here and there as we adjusted his tourniquet. He was 100 percent warrior.

Pooh, the orthopedic surgeon, appeared at the foot of the litter. As big as a bear and as gentle as the A.A. Milne character, he had left his lucrative sports-medicine private practice to come over to Iraq.

“He needs your magic, Pooh,” I said.

“Nerves intact?”

He was already trying to decide whether to try to salvage the upper extremity or just amputate. I frowned.

“We’ll see.” Pooh shrugged and shuffled off toward the OR to get ready.

Warthog and I turned away from our patients to confer in the narrow aisle between the litters.

“Mine’s stable,” he said. “But needs lots of debridement. He keeps asking about your guy.”

It turned out that the Iraqi national was an interpreter. He had been studying to be a doctor until Saddam closed all the medical schools. When the U.S. Army arrived, the young man decided to put his English skills to work. On this particular evening, it was his knowledge of first aid in controlling hemorrhage that had kept the major alive long enough to reach us.

I walked a few steps down the corridor to the adjoining makeshift operating room. Looking in, I found the OR techs opening pans of instruments and the nurse anesthetists drawing up their induction medications.

“We’re all ready for you,” Mookie greeted.

“It’s Pooh’s show tonight,” I replied.

I felt a bit disappointed. First, I was thinking about the major who was about to lose his arm. Second, I was depressed by the prospect of being idle. Pooh would be doing the amputation, and Warthog would be cleaning up the Iraqi interpreter’s wounds. I could kill a little time doing some paperwork, coordinating the post-op evacuation of the casualties, and communicating with the CSH to give them a heads-up. After that, however, I would be back to thinking about home.

Half an hour later I was self-medicating my self-pity by eating an MRE. I had saved the

peanut butter tube from one meal and the bag of shelled and salted peanuts from another. Now I could mix the two together, add them to the standard chow mein packet and season it with Tabasco. It gave the entree a little Thai flair. It was perfect comfort food at two in the morning.

Cueball came round the corner.

“You’ve got to have some,” I offered, desperate to talk to anyone as a distraction.

“No thanks, sir,” he grimaced. “But I was sent to find you. They want you to poke your head into the OR.”

My mood immediately improved. I left the doctored MRE and thoughts of my family behind and headed to the OR.

Pooh looked up from the major’s arm.

“His elbow is blown away,” he said. “I think the only thing holding his forearm on is a bridge of skin and his median and ulnar nerves. I can’t find his radial. And I think that this is his transected brachial artery.”

I peered over at the sterile field. There was a huge gaping hole where the elbow joint should have been. The sharp, fractured ends of the bones of his arm and forearm protruded menacingly into the wound area. The stump of his brachial artery was in spasm. It stood up on end throbbing with each pulse.

It was a sticky situation. It is often possible to restore blood flow to an amputated limb. However, the efforts are useless unless the nerves will work. The nerves carry the messages to the muscles to make them move. They also carry sensory information back to the brain. There is little use in saving an extremity that won’t work or that will constantly be getting injured without the owner’s awareness. Moreover, the technology of prosthetic limbs had advanced so much that many patients have a better long-term outcome by having a mangled extremity amputated.

“Think we should try?” Pooh asked.

Danielson (at right) and other medics and nurses from the 912th FST prepare to move a stabilized patient out of the trauma bay to an awaiting medevac helicopter.



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With two out of the three nerves identified and intact, I thought it was worth a shot. If it didn't work out, they could always just take the forearm off back at Landstuhl or Walter Reed.

"I'll scrub," I replied.

Once gowned and gloved, I started dissecting through the mess of damaged muscle and tendons to find the ends of the brachial artery. A portion of the vessel had been destroyed by the blast. In

of artery. I continued to clean up the elbow area and tie off some bleeders.

The game was on and everything else was secondary. I became focused on the operation and lost touch with much of what was going on around me. I remember Cueball coming in asking for updates so that he could plan the timing of the medevac chopper. The anesthesia team asked about blood loss a few times.

I sewed in the bypass and removed the clamps. The patient's hand immediately pinked up, and the distal side of the wound started to ooze blood. I rested the pad of my gloved index finger on the shiny segment of vein and felt the thrill of blood coursing through the vessel. The graft was open. The repair was working. It was a moment to savor.

My silent celebration was interrupted by Mookie slapping, rather painfully, a loaded needle driver into my other hand. It was his not-so-subtle way of drawing me back to reality.

"Four-O nylon, *sir*," he announced, as he handed me the suture I would need for closing the skin.

"Screw you, Mookie," I shot back. "This is the closest thing I've had to sex in four months. Don't ruin the moment."

We finished quickly and dressed the wounds as Pooh put the final touches on the external fixation



addition, the distal segment in the forearm had retracted several centimeters. It was apparent that the two ends would not reach one another. I needed a graft to bridge the gap.

Warthog showed up, having finished with his patient.

"I could use your help. You want to get to work on this guy's groin?"

"I beg your pardon," he said indignantly. "He hasn't even bought me dinner yet. Let me also remind you that I wear Army green and not Navy white. I will not be a part of any of those 'don't ask, don't tell' activities no matter how ..." His words trailed off as he went out for a quick scrub. A few minutes later, Warthog was flaying open the patient's thigh to harvest a piece of the saphenous vein. We would use it to replace the missing segment

Above: In the recovery area, a uniform-less Danielson (left) and Cataldo (aka Warthog, who is mouthing off at the photographer) try to catch their breath between patients.

Right: During an "aid bag" clinic (in which Danielson and another medic set up a walk-in clinic for locals using whatever supplies they could carry), a female soldier with the 47th Forward Support Battalion attracts the attention of Iraqi girls, who flock to her side wanting to touch her.



device. I then broke scrub as the recovery-room team came in to help package the patient for transport to the CSH.

I sat down on a medical chest in the corridor between the trauma bay and the operating room. After draining my CamelBak of tepid water, I leaned back against the wall and sighed. I am certain that I smelled to high heaven. I didn't notice,

and it didn't really matter. By that point in the war everyone reeked.

Over the next few days we tried to figure out what happened to the major and his arm. Unfortunately, because casualties were evacuated out of the country so rapidly, the answer eluded us. In some ways, it was better not to know. Everyone was willing to assume that the arm was saved. Morale was so high that to consider the other possibility would have been too depressing, especially since that night was such a powerful justification for our being there.

Several months after getting home I was back at my civilian hospital sitting in my comfortable office when Pooh telephoned.

"Did you happen to see *Oprah* yesterday?" he asked.

"No, I missed it," I replied, worried that he had some psychological scars left over from the war that were driving him to watch daytime TV. "Pooh, why in God's name were *you* watching *Oprah*?"

"No, no, I wasn't," he clarified. "But someone told me that she did a feature on some of the wounded U.S. soldiers being treated at BAMC in San Antonio. She interviewed a major who had had his arm saved. I pulled the transcript off the Internet, and I'll e-mail it to you. The name and dates seem to correspond. I think it's our guy, and it looks like his limb was salvaged!"

I swelled with professional pride that our operation had succeeded. However, it was what this officer said during the television interview that moved me. When I got home that night, I helped my wife put our two sons to bed before sharing the transcript with her. She sat down at the kitchen table to read. It was only a couple of pages of text, but in it the officer described lying on the battlefield after being wounded. He was staring up at the Iraqi nighttime sky bargaining with God for the chance to see his daughter again. Then, later in the transcript, the major went on to share his feelings of joy once he made it home safely and wrapped *both* of his arms around his family.

My wife looked up and dabbed her cheeks with the back of her hand. She had never complained

to me about my mobilization, although I knew how hard it had been on her. She had managed all the challenges: child care, work, pregnancy—you name it. She is a strong and optimistic individual, but even at that moment I knew she was dreading the day when I would be called for a second tour.

"You know," she said trying to smile. "I hated every minute of that deployment."

"I know," I said.

"But it was worth it, wasn't it?" ■

On the road in Kuwait, just before crossing into Iraq.



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