

## **LIFE AS A US ARMY ORTHOPAEDIC SURGEON SERVING IN IRAQ**

*By Gordon Hsieh, DO*

This is a description of what it was like to be an orthopaedic surgeon stationed at a Combat Support Hospital in the heart of Mosul, the third largest city in Iraq, located near the borders of Iran and Syria during Operation Iraqi Freedom. In addition to Mosul, our unit operated a second hospital located in the desert near the city of Tikrit, Saddam's hometown and our third hospital was situated inside the infamous prison, Abu Ghraib providing medical care for the Iraqi prisoners of war.

Our mission was providing medical care to injured US soldiers, Iraqi soldiers, Iraqi civilians and Iraqi insurgents (the bad guys). Many people were surprised that we provided medical care to the insurgents. This was done without discrimination or regard that they were the enemy, even when the injured insurgent were very vocal and told us they hated the Americans.

Most of the injuries that arrived at our hospital involved orthopedic trauma to limbs. As orthopaedic surgeons, my partner and I were the final decision makers on whether; a limb was either saved by stabilizing the fracture or when the damage from the explosion or gunshot was too extensive and the limb had to be amputated. To the relief of the wounded, most of the time the limbs were saved. Typically there were two orthopaedic surgeons assigned to the hospital, and we worked as a team, inseparable, working day and night, side by side, 24/7 to manage the entire orthopaedic trauma group. Nearly all the soldiers who were shot or blown up by explosions always had some type of orthopaedic trauma. The body armor protected the chest, heart and the abdomen, while leaving the extremities exposed; so many soldiers were now surviving, but with major extremity trauma. My first partner was a reservist orthopedic surgeon who specialized in spine surgery, out of Kingsport, Tennessee and he was replaced by a reservist orthopaedic surgeon who specialized in hand surgery out of Augusta, GA. To help out with the shortage of primary care physicians, we all rotated and worked at night in the emergency room seeing the stomach aches and sore throats.

The best thing about the experience in Iraq was the people you worked with and the satisfaction of taking care of the injured patients. The stress and conditions no matter how terrible by appearance always seem to bring out the best in everyone. To see first hand, the human suffering, whether sustained by US soldiers or Iraqis seem to inspire all the medical personnel to work harder to take care of the wounded. The more severe and catastrophic the combat injuries, seemed to bring out the best in surgical and technical ability from the surgeons. Everyone was searching for the next trick in the hat to take care of the casualties that might save their life or limb. Giving 100% to take of the wounded was the norm, because the US soldiers were giving their 100% when performing their duties outside the perimeter wire. For the medics many of them young and fresh out of high school and from basic training, they thrived in the never ending flow of trauma. These medics, relatively inexperienced were curious and fascinated with the injuries and channeled their energy taking care of the injured. Often there were mass casualties with large number of wounded, such as often occurred with Iraqi soldiers while being transported in non-armored school buses, being shredded from the blast of Improvised Explosive Devices (IEDs). Because the doctors were tied down with the first wave of Iraqi casualties, these young medics, armed with little more training than first aid skills, along with the nurses, now no longer able to be supervised by the busy doctors, would jump into the heat of the bloody Mass Casualty without hesitation to take charge of the triaging and care of the wounded.

On clockwork every night, seven days a week, the bad guys at around 8PM, would launch rockets at the base. The impact of the explosion from the first rocket would wake everyone. With our hearts racing, we would stumble out of bed in the dark, frantically grab at easily reachable clothing, slap on our flak vest and helmet, scramble half clothed into the dark with our weapon, crawl into the concrete bunkers and hunker down until the rocket or mortar explosions would stop and the “all clear” was announced over the radios. Sometimes the rocket attack was the prelude to the insurgents attempting to breach the perimeter fence. I noticed the bad guys were “fair weather” bombers. When there was a heavy rain, the rockets attack would not come, as if the bad guys did not want to be working in the freezing rain. Life was tied to the Motorola radios, because they announced when the medical evacuation helicopters were estimated to arrive and when it was time to run outside to the bunkers and when it was safe to crawl out from the bunkers. There was never a counter battery of artillery by the US troops to answer back, because the bad guys always launched their rockets from within the heavy populated city streets of Mosul and we were afraid our radar guided counter battery artillery could strike innocent Iraqi civilians.

The huge hospital compound with the big red cross seemed to be a lightning rod for an inordinate amount of the rocket attacks. Ironically, among the first casualties transported from Mosul to Germany were medical folks from our hospital, hurt by rockets that crashed through the roof and exploded in the hospital sleeping quarters/ barracks. After we picked up the tent city hospital and moved to what we thought was a more secure location further away from the perimeter wire; a subsequent rocket attack, found us again, and destroyed our x-ray machine building and the blood laboratory. A number of our medical people earned the Purple Heart award for shrapnel wounds sustained from that explosion.

Because too many US soldiers had been injured or killed by these daily rocket attacks on the base, one night the military police set up an ambush to catch the insurgents who were launching the rockets. The soldiers patiently waited at a busy Mosul intersection, where the radar had pin pointed where the rockets were being launched. Around 8 PM a beat up Toyota sedan nervously traveled back and forth through the intersection. Finally the car stopped, a rear window rolled down, and a rocket tube was hung out the window, pointed toward the base. Before the US soldiers could stop them, there were two quick successive loud “thumps” and two rockets had been launched and were streaking toward the camp. The soldiers on cue, unloaded their machine guns, to include a 50 cal machine gun that fires a huge carrot sized bullet. Normally the 50 cal gun is reserved for use against armored vehicles, so these rounds quickly shredded the car and the four occupants.

There were three insurgent survivors transported to our hospital at 3AM in the morning, all with major injuries. My orthopaedic partner and I focused on the wounded insurgent with all four extremities struck by 50 cal bullet rounds along with a suspected wound to the intestines. Before heading to the operating room, I took the time to inform the insurgent, through the Arabic interpreter, our plan to clean the wounds and stabilize the shattered arms and legs. The insurgent’s response, which startled me, was to insult and then threaten our only remaining Iraqi speaking translator and then defiantly state to me he did not care if we amputated his limbs because Allah was looking after him. The Iraqi translator, who was not wearing his usual sunglasses and a surgical mask to hide his face, was alarmed and hesitated to translate into English what this insurgent had said.

In the operating room my partner and I worked on the limbs while the general surgeon worked on the abdomen. I stabilized the left arm and then moved over to the right arm with the general surgeon joining me. My partner worked on the left leg. The anesthesiologist announced that over seventeen units of blood had been transfused working on this patient alone and our blood bank was running out of blood from the expenditures among the three insurgents and that more causality were anticipated. When I saw the extent of the damage to the right arm with muscle that looked worse than the meat on displayed at a

supermarket, I realized that the arm was non savable and was threatening the life of the insurgent. I announced out loud that the arm needed to be amputated. The general surgeon who discovered the main artery to the arm was beyond repair - agreed. My partner working on the left leg with the leg bone in hundreds of pieces quickly announced similar recommendations for the leg. We saved the life of the insurgent by amputating both the left leg and the right arm and stabilized the limb threatening injuries to the remaining non-amputated limbs. After the amputations and multiple repeat surgeries to stabilize the limbs, he was eventually transported to the Abu Ghraib prison.

Each insurgent was always assigned at least one armed guard, on a one on one basis, typically a young infantry soldier who was very junior in rank. These US soldiers found the guard work tedious and boring, but they took the job seriously, even staying when the insurgent went under the knife, in the operating room. The operating room was an eye opener for these young soldiers, because they had a ring side seat to the surgeries. We got to know the guards because they frequently were the same ones. Sometimes the guards were the infantry soldiers who were involved in the same gunfight that shot the insurgents. The soldiers were especially wide eye, fascinated by the electric saws that we used to amputate the legs off of the insurgents.

One day a car bomb took out a number of US soldiers and among the wounded was one of the young soldiers, who frequently served as a guard for us. His left leg had caught the shrapnel of a bomb blast and was broken, but clearly savable. Just before heading back to the operating room, I took a moment to let the soldier know what my partner and I had planned for his leg. Looking up from the litter, the first words out his mouth were, "Doc, if you don't have to, please don't cut off my leg". I was taken aback, because we had no intent of cutting off the leg, but suddenly I came to the realization, that was what these guards had come to perceive, after having watched us work on insurgents, that orthopaedic surgeons only job was sawing off legs and arms. I was glad my partner and I had resisted being cavalier about the amputations of the insurgents and had enforced a professional, serious decorum in the operating room, when these guards were present.

When you witness what appears to be insurmountable human suffering, you also see the ability of the human spirit to stand up to this adversity. Because the patients you took care of, were determined to be strong; this inspired the medical folks to be even stronger. I remember taking care of a Ft Lewis Stryker sergeant who was ambushed by an improvised explosive device. The breast ceramic plate armor saved his lungs and heart, but the shrapnel shredded a hole in his wrist, the size of a softball. With the severed tendons, arteries, and bone fragments hanging out, like a bomb had went off in his arm; the hand and wrist was not salvageable and had to be amputated at the forearm.

I made it a point to be there at bedside, when this soldier, who had the amputation, was fully awake from the surgery. This was so; he would hear the bad news from the surgeon, who amputated his forearm, instead receiving the news second hand from someone else. I had learned in the army to be straightforward and be to the point when telling people bad news with no story or excuses, just the bottom line. After I informed him with my voice as steady as possible, he looked at this amputated forearm. I could detect that the soldier's eyes had become glazed, almost ready to form tears. Instead of the reassuring familiar pink fingers, there was a rounded smooth softball white bandage covering an amputation stump. With all his determination, he struggled to suppress, by blinking his eyes, a flood of raw emotions that was ready to be let loose. I quickly shifted to the positive and told him he was flying back to Germany on an Air Force medical transport jet, within the next 24hrs and eventually to Ft Lewis in Washington State. I learned his wife and family were in Arizona awaiting his return and his hope was to become a police officer after he leaves the army. Talking to him was one of the most uncomfortable things I ever done – even I wanted to cry for him, but because he was

determined not to cry, I willed myself to not show any tears. Many months later, I was visiting my brother in AZ and happen to pick up a local newspaper and saw a newspaper article about this soldier and how he was adjusting to life without a portion of his arm and hand. Just like in Iraq, this soldier with his strong spirit and determination to fight adversity, was allowing him to adjust seemingly well to the civilian life without the use of his arm.

Outside of the people you worked with, the best thing to look forward to at the base, was the incredible cuisine at the centralized dining facility. The food at Forward Operating Base Diamondback, Mosul was reportedly the best in the Iraq theatre. Once a week, we could have all the steak you could ever want, that was flown in from the United States. Once a week we had all the freshly flown in Alaskan King Crab legs and lobster tails you could ever want to eat. Fruit such as fresh fruit and vegetables, such as watermelon, honeydew, and tomatoes was trucked via convoys from Turkey and Europe at considerable expense and risk for our mess hall. Every meal was like having a seven-course meal. Near the end of my tour the army eventually constructed a popular take out food mall with outlets similar to Kentucky Fried Chicken, Pizza Hut and Burger King with the food prepared by workers imported from Turkey or Indonesia to further satisfy the need for American style food and as an alternative to the dining facility.

A few days before Christmas, a Saudi medical student, dressed in an Iraqi army uniform was able to sneak in to the dining facility during the height of the lunch hour, while wearing a plastic explosive vest packed with ball bearings and then proceeded to blow himself up, while sitting among hundreds of US soldiers having lunch. The first casualties brought to the hospital were twenty dead soldiers. This was followed by a flood of one hundred injured soldiers that overflowed into the hospital parking lot. The wounded quickly exceeded the number of litters and the wounded were placed directly on the hard asphalt. Our only two general surgeons were immediately tied up with the most catastrophic casualties in the operating room and the remaining medical staff, comprising of seven physicians, attempted to sort out who was seriously injured and started coordinating the medical evacuation helicopters to transport those deemed stable enough to survive the one hour south flight to our sister hospital in Tikrit. When the first medevac Blackhawks touched down to start loading; without warning, the insurgents started firing rockets toward the hospital and helipad. The first few rockets explosions landed short on the airfield, so an insurgent who was watching, quickly adjust the coordinates and started “walking” the rocket impacts methodically toward the hospital. The medevac helicopters quickly peeled off with the first explosions.

Many of the

wounded were scattered on the ground outside the hospital, on their backs looking up toward the sky, too injured to be able to move to safety. They helplessly watched the rockets whistle through the sky and listened as the explosions impacted closer and closer toward them, like the thunder of a fast approaching thunderstorm, until the hospital building shuttered from a direct hit to the roof. Everyone thought the end was near, when the hospital was hit, because now the bad guys had the exact coordinates for the rockets. But as quickly as the attack started, the rocket barrage without warning suddenly stopped. An injured soldier said it best, when he said it was a long day in Mosul, when the insurgents bombed us in the dining facility and then proceeded to bomb us at the hospital.

Although I had grown up in the Tri-cities and initially had not considered returning to the Tri-cities until my father who was ill with cancer – was hospitalized twice at Kadlec Medical Center during my tour in Iraq. Each time I thought he was going to pass away, so each time I flew back from Iraq, I was prepared for a funeral. My father ended up dying the day after Christmas, after I had just returned back to Iraq for the third time. During this period, the city of Mosul had been completely over run by insurgents, who had slipped away from the US offensive down south in Fallujah and the combat support hospital could not spare me to fly back for a funeral, so my mother and I decided to postpone the funeral and embalm my

father's body and keep it preserved, until I could return over a month later, at the end of January for the ceremony.

After my father's funeral, I gave a number of presentations on the management of combat trauma to the medical staff at Kadlec, Kennewick General Hospital and Lourdes Hospitals. I encountered a number of doctors and nurses who indicated that a Tri-Cities orthopaedic surgeon, a Dr. Lew Zirkle had invented and manufactured a one of a kind nail to fix broken legs and arms in austere environments without the benefit of x-ray technology. When I heard about this special device, it dawned upon me this was what was needed for the injured Iraqis to treat their shattered arms and legs. In contrast to the injured US soldiers, who were flown out of Iraq to Germany or the US within 24hrs of their injuries for the final fixation of their broken arms and legs, giving them a chance for a normal life and function. The same means to fix these fractures was not available for the Iraqi soldiers, civilians and insurgents – often meaning amputation of the limb. When I explained the situation in Iraq to Dr. Zirkle, he generously donated a set of the special nails to the US military combat support hospitals in Mosul and a set to the civilian Iraqi hospital at Fallujah. With the availability of the nails, the injured Iraqis could have the same standard of care as the US soldiers for treating these terrible blast or gunshot injuries. Dr. Zirkle even volunteered to travel to Iraq to teach the local Iraqi doctors how to use his special nail. Although the use of his nail is still in the infancy stage in Iraq, there are many Iraqis soldiers, civilians and insurgents, who owe the use of their broken limbs to the special nails that Dr. Zirkle donated. Through my interactions with Dr. Zirkle, I learned of Northwest Orthopaedics Associates, the group that Dr. Zirkle had founded and through this exposure, I eventually decided to return to the Tri-cities and join this unique group of orthopaedic surgeons.

There is not a day that does not go by, that I do not think about Iraq – the US soldiers who are serving – the US medical people who are working frantically on the wounded.

Even in the Tri-Cities every time I hear what sounds like the sharp “tat, tat” of machine gun fire or the “thump, thump” of mortars, my ears perk up and I stop everything for a second and listen ... Although I am in the comfort and safety of the Tri-Cities, the sounds serve to remind me, there are others still in harms way.

Whenever I encounter a horrendous trauma case at Kadlec Medical Center, I think about the Iraqis, that I took care of, both the Iraqi soldiers, civilians and even the Iraqi insurgents, suffering these catastrophic injuries with no good solution.

I am glad to be back in the Tricities, but I do miss the camaraderie and people I worked with, many who already have been back from their second tour in Iraq and some preparing for their third tour.

*The following is the mailing address for forwarding Care packages to the current orthopaedic surgeon at the combat support hospital in Mosul, Iraq. Please send to COL WILLIAM MYERS, 399th CSH, FOB Diamondback, APO AE 09334. He was my orthopaedic partner in Iraq and this will be his second tour in Mosul and he will be stationed there until the fall of 2007.*



Lewis G. Zirkle, MD  
John W. Staeheli, MD  
John R. Perry, MD  
M. Lynn Scovazzo, MD  
Gordon Hsieh, DO  
Mike Perala, MA, AT-C, PA-C

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875 SWIFT BLVD. • RICHLAND • WA • 99352 • 509.946.1654 • FAX 509.943.5652 • NWORTHO.COM