NO PLACE TO HIDE
A BRAIN SURGEON'S LONG JOURNEY HOME FROM THE IRAQ WAR

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“Sit on your body armor on the flight in.”

“Excuse me?”

The C-130 pilot laughed. It was December 28, 2004, and we were in the Base Exchange, or BX, at Al Udeid Air Base in Qatar. He looked at his colleague and said, “The major here’s never been in Iraq, sir.”

The shorter one wore silver oak leaves on his flight suit—a lieutenant colonel. And like the pilot who’d just given me the advice, he also wore pilot’s wings. He leaned closer and said, “He said you should sit on your Kevlar. As opposed to wearing it. The bullets come in from below.”

They walked away chuckling, no doubt at the bewilderment on my face.

I checked my watch: 1600 hours. Four p.m. Eight hours to go.

I shrugged their advice off uneasily and continued check- ing off the last few items from the list of things that I’d been told—since arriving here two days before from San Antonio—I would need at my new deployment. Things that had not been on the official packing list but that others had found useful, such as earplugs for the plane ride I was waiting for.

The one that would deliver me to the war.
Earlier in the day I’d been told that my flight into Iraq would be delayed until tonight, due to a mortar attack on the runway at Balad Air Base, my destination.

Balad was also called Mortaritaville, because at that point in the war it was the most frequently mortared base in Iraq. An Army friend who’d been there had emailed me a couple of weeks before I left about dealing with mortars:

Dear Lee,

Don’t worry too much about the mortars; that’s like worrying about lightning. You can’t control where they hit, and most of them don’t blow up anyway. Worry more about the rockets.

His advice wasn’t particularly comforting.

The two pilots I’d just spoken with in the BX delivered people like me to Balad and brought us out. I decided it would be wise to heed their advice about the body armor, although I didn’t look forward to a four-hour flight sitting on the hard ceramic plates.

Later on at the DFAC—dining facility—I enjoyed enchiladas and tacos served by an Asian contractor in an Arab country. The jumble of out-of-place foods and faces struck me as funny, perhaps because I’d been traveling for two days and was filled with an equally jumbled mix of emotions. But as the time to report to the airfield approached, I stopped chuckling, regretting my decision to eat something spicy.

I wandered around Al Udeid, taking pictures of the strange sights—such as a Santa and snowman still on display from Christmas three days before. I spent a while in a lounge chair next to the Olympic-sized swimming pool, but since I couldn’t swim in my DCU—desert camouflage uniform—I grew restless and moved on, my mind swirling with questions about
what I was about to experience, what I’d just left behind, and what might be left of me in the end.

A chapel with an open front door seemed like a good place to sit awhile. I walked in and took off my shades, blinking in the dim light until my eyes adjusted. There in the front, shining like Excalibur in the stone, sat a guitar on a stand, with no one around to tell me no. I played and prayed and ordered my thoughts as I can do only when there are six strings under my fingers.

Far too soon, it was time to go. I stopped in the restroom to handle an acute case of nerves. Or Montezuma’s revenge, more likely—a just repayment for my poor dining choice at such a stressful time. I washed my face in the sink and took a long look in the mirror.

My eyes held blood and tears, the result of sand in the Middle Eastern air and sorrow in my Midwestern heart. The man looking back at me didn’t fit my self-image. I expected to see a two-hundred-five-pound blond brain surgeon. Instead, I saw a DCU-wearing Air Force major about to board a plane for the war in Iraq, wearing a leather holster and body armor and helmet like any soldier in the Army or Marines, looking ready for whatever may come. I knew better: The real me was a man driven nearly to his knees by life over the past few months, and he wasn’t sure he could handle what he was about to face.

He was about to find out.

I gathered my things and myself and walked out into the surprisingly cold Qatari darkness to find the airport.

The military is infamous for its “hurry up and wait” bureaucratic inefficiencies, but I was surprised at how smoothly processing the orders of a hundred or so people and palletizing our duffel bags went. Maybe it was because I was distracted by filling out forms and helping pass bags around and checking
gas masks and gear, but those were the fastest two hours I’d spent since I’d left the States the morning after Christmas. The last thing I did was sign my name on the wall of the hangar where we waited, a wall full of the signatures and call signs of hundreds of people who’d passed this way before. I found a little blank area and wrote:


And then it was time.

A master sergeant whose DCUs were far too starched and clean to have ever been in Iraq held a clipboard and shouted with a nasally New England accent, “Form a line, backs to the wall, wait for your name to be called.” It sounded like, “FARMA LINE, BACKS TA THA WA, WATE FA YA NAYME TA BA CAA.”

It must have been minutes, but it felt like years before I heard, “WARREN, WAYNE LEE JOONYA.”

Like the others before me, I stepped forward, made a right face, and marched to the master sergeant.

He leaned close, squinted at my dog tags, and checked my name off his list. “Gaad bless ya, Maja.”

“Thanks, Sergeant,” I said, the last words I spoke in Qatar.

I stepped out of the hangar and followed the line of people to our waiting C–130. We filed in, followed instructions about how to fasten our belts, and were told not to use any flashlights until we were off the plane in Iraq. I sat on a hard metal bench shoulder-to-shoulder with the men next to me. No one spoke. About two feet in front of me was another bench, equally crowded with people facing us.

When we were all on board, a forklift drove on, carrying pallets of all of our gear. I watched as the loadmasters lashed down the pallets, fascinated with their skill and technique and wondering how many other people these guys had packed off
to war—and how many of them had come home. When I realized that the pallets had now sealed off our only way off this airplane, I had another thought: I’m really going to war.

As soon as the door shut, the lights went out. The last thing I saw before darkness enveloped me was a stain on my DCU pants from the vanilla latte I’d spilled on my leg after I’d stopped at the coffee shop next to the DFAC on my way to the chapel. Nice, I thought, I’m flying into battle smelling of Starbucks. Very GI Joe. No wonder the Army guys make fun of us—they call us the “Chair Force.”

I’d never been in the Middle East before landing at Al Udeid, and I wasn’t impressed with its blowing sands, desert temperatures, ubiquitous brownness, and featureless terrain. But Al Udeid Air Base was the gateway to everything I would experience of war. I would land there again in four months, at the end of my deployment. By that time, my opinion of the base would have changed drastically. Al Udeid with its swimming pools, computer lounges, and coffee shops is a much nicer place the second time you land there because it’s so much better than any place you’ve been since the first time.

The C-130’s engines roared to life, and for the next few hours I heard nothing but those engines and my thoughts. Sleep was out of the question.

I thought about the things I was leaving behind: Three children who knew their dad was going to the war in Iraq but were blissfully unaware that their parents’ sixteen-year-old marriage was essentially over. My only brother, struggling with a life-threatening stroke. And just three weeks before, my hero—my grandfather—had died.

Flying through the darkness, I realized that I was completely unknown on the airplane. Although my name tag said Warren, and one of the other passengers was the surgical tech Nate from my hospital back in the States, no one knew me. I
was part of a bay full of cargo, implements of the war machine of the United States. I was Warren, W, 45SF—the Air Force code for neurological surgeon.

I can’t adequately describe how lonely I felt then, one inventoried item in a plane full of war parts, each interchangeable when they were lost or broken or had served their appointed time. I thought about the bullets and missiles I was sure were about to blow us out of the sky, and for a few minutes I hyperventilated and thought I was having a panic attack. Then I heard an old voice in my head, telling me to get a grip.

The voice was a memory from Pittsburgh in 1996, from the operating room at Allegheny General Hospital. I was a second-year resident in neurosurgery, operating that day with Dr. Parviz Baghai, a Persian immigrant and brilliant surgeon who for some reason took me under his wing early in my training.

A man was brought to the emergency room after a car accident. His head scan showed a massive brain hemorrhage, so I called Dr. Baghai, who told me to take the patient to the OR and start draining the hemorrhage. Dr. Baghai arrived just as I was removing a large portion of the patient’s skull. Then, using a scalpel, I began to open the dura, the brain’s thick, leathery covering. The patient’s brain rapidly swelled out of the confines of his skull, something I had read about but never seen. I didn’t know what to do—the brain was squeezing out of the dural opening like toothpaste. I said, “This guy’s going to die.”

Dr. Baghai, just slipping his hand into his glove as the circulating nurse tied his gown, reached over and dipped his hand into a bowl of sterile saline solution on the instrument table. “Watch this,” he said.

Dr. Baghai placed his wet hand on the protruding brain and firmly pushed it back into the man’s head.

“Put your hand on mine, gently,” he said.
I placed my hand over Dr. Baghai’s, gauging the pressure he applied. He looked at me. His brown eyes, all I could see of his face, held a hint of anticipation.

With our hands still in place holding the brain, Dr. Baghai took a small catheter in his other hand, closed his eyes for a moment, and then slipped the catheter between our fingers, deep into the man’s brain. He drained about 20 ccs of cerebrospinal fluid, which relaxed the brain enough for it to stay within the head. Dr. Baghai then calmly removed the hematoma, closed the wound, and stepped away from the table.

“Never let the brain roar out at you like that,” he said. “Be prepared for swelling, and handle it immediately or prevent it. You have to maintain control, Lee.”

The patient did not die. He eventually fully recovered. Every time I have seen Parviz Baghai in the fifteen years since, he says the same thing in his crisp British English: “Do you still think that guy’s going to die?”

The plane’s vibrations began to seriously challenge my wisdom in having both coffee and Mexican food before the flight. It was utterly dark, I was utterly miserable, and I couldn’t stop hearing Parviz Baghai’s advice, “You have to maintain control.”

Control had been the biggest issue in my life for the past several years. During the one-hundred-twenty-hour work weeks of my residency, I had acknowledged to myself that any semblance of a loving relationship at home had become playacting, purely for the benefit of the kids. That was the only thing keeping our marriage together—that, and the teaching of my parents’ church that the only thing more sure to send you straight to hell than outright blasphemy was divorce. I had no tools to deal with interpersonal conflict because I was raised to believe that if you were really a Christian you never fought, you were always happy, and you never had problems. So instead of trying to discuss my feelings, I just smiled. Psychiatrists call this
incongruity, when you display one emotion and feel another. In retrospect, it would have been frustrating and painful to be married to me during those years.

I satisfied my need for control at work. But by learning to have a white-knuckled grip on every aspect of my life outside my home, I became a miserable person. Only nobody knew it. I kept my Happy Christian with a Perfect Marriage face in a jar by the door like Eleanor Rigby, wore it when anyone could see, and never talked about it.

And so as I heard the echoes of the advice of my mentor, Dr. Baghai, about maintaining control, I was hurtling through the air, strapped into an airplane on a nonstop flight into the unknown, and I was terrified.

I felt nauseated. I really regretted the coffee now, and we were only halfway through the flight. I reminded myself to breathe. I checked my pulse along with my faith: heart racing, faith plummeting. In fact, my faith had been on life support recently, and my prayers over the past few months had seemed weak and ineffective. I had not stopped believing in God, but I was almost convinced that he no longer believed in me.

The guy to my left was young, probably twenty or so, much taller than my five-foot-nine. He had huge arms; I figured he was a mechanic or something that required great strength. He's a lot stronger than me, I thought. Why are they sending a couch potato like me off to war?

To my right was a man about my size. I had noticed his rank before the lights went out: lieutenant colonel. He had the look of a professional, and even in the darkness his calm presence told me he was less scared than I was. That makes no sense, I thought. How can I feel someone else’s fear level in the dark?

I realized what I was doing. My old insecurities were bubbling to the surface, and my thoughts were just a symptom. I've always secretly believed that everyone around me was smarter
than me, better at the task at hand. I think this is one of the reasons I’ve been successful professionally—I’ve been so afraid that I would fail and that everyone would finally realize I wasn’t really smart enough to be there. The joke would be on me. Now, on the C–130, I found myself doing it again.

A wild, erratic movement of the aircraft, followed by another, and then another in quick succession, shook me out of my thoughts. I had been told by other C–130 pilots that they frequently took ground fire when flying through Iraq, and that they made evasive maneuvers as they began to descend prior to landing. Even with the warning, I wasn’t ready for this.

Were we being shot at? Was someone trying to kill me? I didn’t know—but I do know that the pilot gave us a ride I’ve never experienced on any roller coaster. Several people vomited, and the smell of whatever they had eaten filled the cabin.

When we finally landed, we taxied for what seemed like hours. My heart was beating out of my chest as I imagined stepping off the plane into a hail of bullets as the base was overrun by screaming, bearded Al Qaeda terrorists on black horses, their scimitars and AK–47s flashing in the light of tracer and machine-gun fire. That was the first time I realized how long it had been since I’d slept, and I reminded myself that I was landing on a very secure American military installation and not in the middle of some movie about Ali Baba and the Forty Thieves.

The engines kept running as the C–130’s rear door lowered, and I could see the headlights of a forklift driving on to remove the pallets of gear. Someone climbed on board and instructed us to stand and form two lines. We followed him out of the plane and into Iraq. I looked down in the darkness and saw my boots on the ground of a foreign nation at a time of war.

I was hungry, needed to use the bathroom, and felt terribly alone. But at the same time, I was fascinated that the Bible
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says God chose this very area — the zone between the Tigris and Euphrates Rivers — as the place to begin human history. The canopy of stars twinkling above me would have looked the same to Adam and Eve peering up from Eden.

My second thought was that Iraqis had built the concrete runway on which I stood. Americans had fought to capture this base at the start of the war last year.

Three buses waited on the Tarmac. I thought they were for us. They were not. As we approached, we were ordered to form two lines and wait. I could see the same forklift loading gear onto the plane from which we just exited, and as we got to the buses, I saw that they were filled with fully armored and armed troops. They looked so young and innocent, but their faces conveyed no emotion; they were robots with grenades and machine guns, their eyes clear and jaws set. The plane that had delivered me safely to the base was about to take these robots-soldiers off to some less-safe place, like a bus hauling one person home and another to work. The engines never even shut down.

Other buses arrived for us. We would be driven to a processing center and checked in to the war, as packages might be processed in customs before delivery to their final destinations. I looked back at the C–130, now filled with troops on their way to battle, and watched the ramp retract, sealing them in. It reminded me that I was now here, for better or for worse, my ride about to depart and the path I’d just walked getting farther away.

My bus drove into the coming dawn. I heard in my head: You have to maintain control, Lee.

Good luck with that, I thought.
CHAPTER 2

JUST A LITTLE BOMB; NOBODY DIED

The bus delivered us to a gravel parking lot in front of a cinder-block building sometime around five in the morning. In the light of the street lamps I could see a metal sign—Welcome to Balad Air Base—on a high chain-link fence topped with razor wire. We walked single file into the building, which turned out to be a classroom. A low grumble went through the crowd. I suspect we all had the same thought: Are you kidding me? We travel for thirty-six hours and you’re going to make us sit through a lecture?

I smelled coffee and noticed a long table along one wall. Cold muffins in plastic wrappers, room-temperature bottled water, and lukewarm coffee from several pump-top containers made up our first meal in Iraq. I ate a lemon-and-poppy-seed muffin like it was manna and quail straight from the Lord.

After a few minutes, a tall, tired-looking senior master sergeant walked in and cleared her throat. She was holding a clipboard, her hair in a tight bun, and she yawned while she waited for us all to find seats. She clicked a key on her computer and a slide appeared on the wall behind her. She nodded to an airman in the corner, who turned off the overhead lights.
“Welcome to Balad. We have a few things to cover, and then you’ll each meet someone from your duty station to take you to your quarters.”

We learned that the Army had another name for Balad Air Base; they called it Logistical Support Area (LSA) Anaconda, and it was the largest US base in Iraq. We were but a few of the thirty-six thousand military and civilian personnel stationed there.

She continued, “Now let’s talk about mortar attacks.”

The lecture deteriorated from there. A room full of glassy-eyed, sleep-deprived people heard about Alarm Reds, bunkers, sand vipers and scorpions, the perils of camel spiders, and how to avoid starting international incidents by staying out of the base mosque. After filling our heads with visions of all the ways we might get ourselves killed here, we experienced the excitement of filling out forms. When the bureaucracy fest was finally complete, we were dismissed. We filed outside and saw representatives from each duty station. The man waiting on me was yet another sergeant—where were they getting all these sergeants? He threw my gear into a Humvee and drove me to the hospital—my duty station—to check in.

How much longer before I could go to my quarters and sack out?

We drove through a gate, the Humvee on the rough road bouncing my helmeted head against the door a couple of times. Everything smelled like dirt—although it probably smelled better than I did in my sweaty, three-days-without-a-shower DCUs. We stopped in a dark gravel parking lot in front of a group of tents. One had a red cross on the door and a sign, “Emergency Department.”

“Here we are, Major,” the sergeant said. He waved for me to follow, then walked through the door with the red cross on it. This “group of tents,” I suddenly realized, was the hospital.
I stepped over a two-by-four plywood threshold and saw my first casualties of the Iraq War.

Wood-and-canvas stretchers on metal-frame tables were lined up along the tent walls, four on each side. The nearest bed held a naked brown man, his left arm wrapped in bloody gauze. Eyes open, he was staring at the ceiling, but he wasn’t moving. A nurse, wearing a purple shirt, DCU bottoms, combat boots, body armor, and helmet, worked on him, her back to me. I stepped close enough to see around her. She was inserting a Foley catheter into his bladder. The patient’s chest, belly, and left thigh were covered in small cuts and larger gashes, as if someone had swiped a weed eater over the left side of his body. His neck and face were covered with burns. When I looked where the nurse was working, I winced—and prayed that he’d already had all of his children, because he certainly wasn’t going to have any more.

Someone had written on his forehead in black marker a number, 1856.

The nurse found her target, and bloody urine filled the catheter bag. She looked up at me from her work—but really, she was looking through me. Her green eyes blinked so slowly I wondered if she was falling asleep, and her shoulders sagged under the weight of the Kevlar. She was chewing gum.

“Somebody call the urologist,” she said to no one in particular.

I looked around. The other beds were filled with equally bloody and burned brown people, but all medical personnel standing by the beds were busy attending their own patients. The sergeant with me said, “I’ll go get him, ma’am.”

He crossed the tent and disappeared through another door. I looked back at the nurse, who was now wiping blood from the man’s face.

“What happened to him?” I asked.

She looked at me and chewed for a second, then answered
as if I had asked her about the weather. “Just a little bomb. Nobody died.”

I pointed at the 1856 on his forehead. “What does that mean?”

She pushed her helmet up with the back of her gloved hand. “That’s his name.”

I leaned closer, thinking maybe it was written in Arabic and I’d misread it. Nope, definitely just a number. “His name?”

She snapped off her gloves and dropped them on the bed. She yawned and rubbed her eyes. “I’m sorry, I’ve been on duty for eighteen hours. You must be new. These terrorists never have any ID on them. We use the numbers to keep track of their care until we find out who they really are.”

Terrorist? I looked down at the semiconscious man. He obviously had some type of head injury to go along with the burns, not to mention the nightmare in his groin and the bloody bandage over the stump of a wrist where a hand used to be. He looked to be maybe twenty or so, and he had a kind face. At least the right side looked kind; the left side was pretty torn up. I’m not sure what I thought the first terrorist I ever saw would look like, but I know I didn’t expect him to be a skinny college-age kid. He looked like the guy who delivered pizza to my house in San Antonio. His blood looked like everybody else’s I’d ever seen.

The sergeant returned, along with two other men wearing hospital scrubs. They stopped at the bedside and the sergeant pointed at me. “This is Major Warren, the new neurosurgeon.”

The red-haired man on the left was pulling on latex gloves. He reached down to the patient’s groin and explored the wounds there. “I’m Bob,” he said without looking at me. He shook his head and grimaced. “Great, he blew them off. Debbie, tell surgery to get ready for an orchiectomy.” He looked up at me, puffed out his cheeks, and shot his gloves into the trash.
can. “Nice to meet you,” he said as he turned and walked back from where he’d come.

The other man was thin, about my height, with a shaved head. He extended a hand. “Hi, I’m Pete. I’m your partner. Welcome to Iraq.”

I shook Pete’s hand. His pale-blue eyes were bloodshot and looked as if they’d seen things they wished they could forget.

Pete pulled a penlight out of his pocket and looked at 1856’s pupils. “Pupils aren’t dilated. Probably just a concussion. Debbie, get him a head CT after Bob puts the boys back together.” He beckoned to me as he turned to leave. “Come on, Lee, I was just about to make rounds.”

The sergeant held up his hand. “Major, Doc here’s been traveling for three days. Maybe hold off on the tour until tomorrow?”

Pete looked at his watch. “Give us fifteen minutes, Sarge. I’ll just show him around a little.”

I followed Pete down the hall and into another tent. This one had about twenty stretchers, and the people on them were different. The first patient was a large black man whose burned and blistered face was covered in Vaseline gauze to keep the bandages from sticking to his charred skin. “This is the ward where we keep the Americans before they medevac them out. Airman D here hurt his back trying to get out of his Humvee when they hit an IED. He’s going to Walter Reed tomorrow.”

Most of the patients were asleep; the few who were awake looked at me without speaking. All were bandaged in various ways, and some had casts or head dressings. I had seen the war wounded before, when the ones from home finally made it to Wilford Hall, the Air Force hospital in San Antonio where I worked. By the time they got home, they were clean, healing, and looked pretty much like any other patient.
Then, when I was deployed to Germany in early 2004, I’d seen them a little closer. Stable enough to fly out of Iraq but not enough to cross the Atlantic, some patients stopped at Landstuhl Regional Medical Center, an Army hospital. There they had a faraway look, smelled earthy, and didn’t sleep well. Even in Germany, though, I’d only caught a whiff of what they would look like here. These were men who’d recently been boys but would never be again. They smelled like sorrow and fear and fire, and they all looked like they wanted to go home.

Pete checked a couple of charts, gave some orders to a nurse, and led me back to the sergeant. “Get some rest, Lee. You’ll need it.”

The sergeant drove me to a long row of ten-foot-square metal cubes, walked me to one of them, and handed me a set of keys, a broom, and a dustpan. In the gathering daylight I could see piles of sandbags stacked about four feet high lining the outside of the cubes. He pointed out the Porta-Potty just outside my room, and instructed me to report to the hospital commander at 0730 the following morning. I had about twenty-four hours to rest.

Beyond the departing sergeant, I saw the first rays of sunlight starting to probe the horizon. It was the dawn of my war.

I dropped my body armor to the floor and flopped onto the bed with its one-inch thick mattress, oblivious to the probing steel springs. On later nights I would try to find solutions to their merciless interruption of my sleep. But after three days of travel and the stress of the C–130 flight, they didn’t bother me at all. I did not care that it was the beginning of my first day in Iraq; I had to close my eyes.

Several hours later, I woke to the sound of sirens, reminiscent of my Oklahoma hometown’s tornado warning alarm. According to the lecture we’d been forced to sit through on arrival at Balad Air Base, this was an Alarm Red, which meant the base
was under mortar or rocket attack. I remembered the sergeant’s parting words as he left me in my trailer: “Major, tomorrow I’ll give you a tour on our way to the hospital. Remind me to show you where the bunkers are.” Not knowing exactly what to do, I covered myself with my body armor, donned my helmet, and fell back asleep. I woke up a few times during that day, ate power bars and snack crackers I’d brought in my duffel bags, organized my room, and finally went back to bed again.

Since none of the enemy’s projectiles found their way onto my trailer that evening, I slept through the night. On my first morning as a participant in the Iraq War, sleep finally gave way to an acute awareness of how badly I smelled. Three days of travel without a shower, followed by a day of terror-filled, sweaty sleep, produced a body odor offensive enough to motivate me to head out into the unknown in search of a shower.

Still dressed in my dirty DCUs, I put on my boots and stepped outside to search for the nearest facilities. I walked down the sidewalk in a monochrome world. Everywhere I looked, I saw one hue—brown. Brown dirt, brown buildings, brown vehicles, and brown uniforms. The constant desert wind carried blinding sand, hiding the green of scattered trees and patches of grass and frustrating the dawn sky’s attempt at blue. If this was the place God chose for the garden of Eden, why was the predominant color so boring?

Three blocks later I found the shower trailers. Two rectangular cubes sat on wooden decking, one marked “Males” and the other “Females.” A huge plastic drum sat between them, connected to the trailers by pipes. Foot-high block letters warned us that this was “Non-Potable. Do not drink.”

Signs inside the trailer reminded me I was in the desert, and water for showers was in short supply. I was to use the water for no more than sixty seconds at a time. This is known as a combat shower. I shaved at a sink with two faucets, one of which had
a sign, “Do not use this water for brushing teeth.” I wondered what types of bacteria were found in water deemed safe enough to wash with but not to have in my mouth.

A few minutes later I emerged from the trailer, shivering in the cool morning air and smelling more like myself. I managed to find my way back to my room, where I put on a fresh uniform, ate two candy bars I found in my backpack, and opened my laptop computer to write about my journey so far.

A knock on the door announced the arrival of the sergeant; it was time to formally check in at the hospital. When I asked about email, he said, “It’ll take about three days to get your account set up—I’ll take care of it.”

We walked the one hundred yards to the parking lot and his Humvee. Along the way, he pointed out a long, rectangular row of concrete tubes, about five feet high and four feet across. “The bunkers,” he said. “You’ll find them all over the base. When you hear the Alarm Red sirens, put on your gear and head to the nearest bunker until they sound the All Clear.”

Just past the bunkers were sand-covered blue Porta-Potties and a trailer marked Laundry. “Take your dirty clothes there. The Filipino contractors will do them for a couple of bucks.”

I thought, I have a laundry service in Iraq. I didn’t have a laundry service in San Antonio.

Since last night’s Alarm Reds hadn’t amounted to anything, as far as I could tell, I was about to ask the sergeant if the bunkers were really necessary. Before I could speak, he pointed to a trailer just past the laundry—still standing, but mostly destroyed. “A mortar hit there last week in the middle of the night. No one was killed, thank God.” He continued, “Most of these mortars have about a thirty-foot kill radius.”

We were about fifty yards from my room.

I looked at the laundry, where twenty or so people stood in line for their clothes. All of them were within thirty feet of the
blown-up trailer, meaning that if the mortar had landed in the daytime, many people would likely have died. I checked the strap on my helmet, but it didn't make me feel any safer.

We climbed into a Humvee for the five-block drive to the hospital. As I looked out the window, the sergeant played tour guide, pointing out items of interest. Balad was a bustling, noisy military city of over thirty thousand people, ten times larger than my hometown of Broken Bow, Oklahoma. I saw defunct Iraqi tanks, rusted airplanes, concrete bunkers everywhere, and a huge airfield. The sergeant explained that Balad was Iraq’s largest air base under Hussein’s rule, and now LSA Anaconda was the Army’s major supply and distribution center for the war. Convoys left here every day to carry the goods of warfare to the troops—convoys that would face IEDs and other perils along the way. I didn’t know it yet, but the attacks on those convoys would supply me with many of the patients I would treat, and many of the nightmares I still have.

We pulled up to the hospital and I stepped out of the Humvee, excited about starting my new job as a combat brain surgeon—an excitement that was equal parts fear and anticipation. The morning sun cut through the sandy haze in the sky, slightly diminishing the monotony of the one-color world in which I now lived.

How could I feel so blue in such a brown place?
CHAPTER 3
EVERYWHERE I LOOKED, I SAW DIRT

Here you go, Major. Good luck.”

The sergeant dropped me off at the gate to the 332nd Air Force Theater Hospital and drove away with a wave. A guard checked my ID and waved me through. I remembered how I felt when my mom left me at kindergarten on the first day—how I had watched her leave, wondering what would happen. I’d felt scared, excited, and a little tearful—just as I felt right now. But today I thought, Shake it off, Lee. It’s showtime.

The walk from the gate to the hospital was about a hundred yards. I looked around the compound as I walked and felt like I’d stepped onto the set of the television series M.A.S.H., complete with a jeep-turned-ambulance with a red cross on its sides and a canvas stretcher leaning on its hood. A couple of nurses stood around a trash barrel, smoking with a group of weary-looking soldiers. A signpost held markers labeled Balad 3 Miles, San Antonio 7,400 Miles. Another sign said Days Since Last Mortar Attack—3. The word Days had been scratched out and replaced with Hours.

A Humvee was parked inside the gate. A soldier stood on its roof, working on the machine gun mounted in a turret.
Another soldier was leaning on the open door with his head hanging down. A can of Coke sat on the roof above his head. As I approached, the private on the roof jumped down. He landed facing me. Our eyes met, but he looked right through me.

“Hello, Private,” I said. “How’s it going?”

He shook his head as if I’d startled him. He felt his chest and then his helmet with both hands.

“We hit an IED a few minutes ago.”

I stepped closer to him and noticed for the first time that the side of the Humvee contained hundreds of little dents in its armor. There was blood on the turret where the private had been standing.

“Are you guys okay?” I asked.

He looked at the ground. “Our sergeant was in the turret. He’s in surgery right now. We just got this new armor last week, or we’d all be dead.”

I didn’t know what to say, so I just stood there for a second as the reality of what he’d said penetrated my brain. It was the first time I truly understood that just a few hundred feet away was a gate that led out into the real war. These young men had been not far from the base when they were attacked.

“I’ll go check on your sergeant,” I said. The private thanked me and leaned back against the Humvee, digging in his pockets. He produced a cigarette and lit it. I noticed a little twitch in his right eye.

His partner was still leaning in the Humvee’s open door, looking down. He never turned around.

I stepped around the Humvee and headed to the hospital.

The noise level increased, and it occurred to me that I hadn’t heard silence since I’d arrived in Iraq. Wind, the distant whump of an approaching helicopter, the roar of a passing transport plane overhead, Humvees in the street—all these sounds jumbled together to provide a soundtrack to life in the war.
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I studied the hospital as I approached it. It sat on a square concrete slab about two hundred feet on each side. The complex was composed of several tents arranged around a central, larger one. These were not little Boy Scout camping tents—they were about ten feet tall and built on wooden frames, like houses with canvas walls. The tents were connected by short walkways made in the same way, so you could go from one tent to another without going outside. At several points around the compound I could see short metal cubes that looked like my quarters, only sturdier. The tent hospital seemed to engulf the front end of each of the cubes, like someone had cut a doorway from the side of the tent and attached the cubes. I passed one on my way in and saw CT SCANNER, FIELD, PORTABLE, US ARMY written in black stencil on the side.

The emergency department was in the large central tent, and its double doors were marked with red crosses. It sat at the end of a wide concrete walkway connected to a helipad large enough for several helicopters to land at once. Two teenaged airmen played Frisbee on the sidewalk. I watched them for a moment, suddenly surprised at the ability of kids to relax in any situation. One of the airmen made a wild throw, and the Frisbee flew over his friend’s head toward me. I bent to pick it up and noticed that the concrete was stained in several places. Dark red trails along the sidewalk told the tale of other days, when the pathway served a much more somber purpose. I flicked the Frisbee back to the airmen and walked into the hospital.

The six beds were empty. Clean white sheets gave no hint of the wins and losses those beds had seen before. I wondered what had happened to 1856.

“Good morning. You smell better.”

I looked up and saw Pete. He shook my hand. “Glad you’re here. The Australian you replaced left five days ago, and I’ve been on call ever since.”
He looked like it. “Hey, do you know what happened to the sergeant they just brought in?” I asked.

“The IED attack?”

A surgeon walked toward us, blood on his scrubs, his mask hanging in front of his chest. Pete said, “Hey, Vic, how’s that gunner doing?”

Vic stopped, pulled the cap off his head, and looked sideways. “Lost him. I’m going out to tell his squad now.” He walked toward the door.

I wondered what I would say when it was my turn.

After breakfast and a brief introduction to the hospital commander, Pete took me on a tour.

The first stop was a dirty tent containing a desk with a computer, a couple of chairs, and a worn-out couch currently occupied by a snoring man wearing hospital scrubs.

“This is the surgeons’ lounge. You can check email, hang out, crash on the sofa,” Pete said.

“I could never sleep there,” I said, thinking of the neck ache that poor guy would have when he awoke.

Pete laughed and punched my shoulder. “We’ll see.”

Next to the couch was a scraggly plastic Christmas tree, complete with blinking lights and tinsel. The walls were adorned with numerous crayon-drawn posters from elementary schools back home, thanking us for taking care of the troops and reminding us we were all heroes. A television set in the corner tuned to CNN was broadcasting a story about the developing problem of improvised explosive devices in Iraq. I thought of the dead sergeant and the shaken-up soldiers in the parking lot and wondered how Vic’s conversation had gone.

Pete introduced me to several other members of the team
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hanging out in the TV area, about to watch a college football bowl game. There were five general surgeons, two chest and vascular specialists, three orthopedists, an ear-nose-and-throat doctor, an ophthalmologist, and an oral surgeon. Overall, we had something like thirty doctors, fifty nurses, and another hundred or so technicians and support personnel.

The urologist I’d met over 1856’s bed was there too.

“Hey, Bob. How’d it go with 1856?”

Bob looked away from the television and raised his left eyebrow. “Who? Oh, the guy from the other night. He’s okay, going to Abu Ghraib soon.” He turned back to the TV.

I nudged Pete and said, “Abu Ghraib? Isn’t that the place where—”

“Yeah, the prison you heard about last year. When the bad guys are well enough to leave here they go to prison, usually Abu Ghraib.”

The scandal at the prison had been world news in early 2004, less than a year ago. Horrible abuse of prisoners at the hands of poorly trained and undersupervised guards had led to several US soldiers going to prison themselves, and at least one general officer had been stripped of command and demoted. Ironic, I thought. Iraqi terrorists blow something up, get arrested, wind up in prison, are mistreated by their captors, and the story of their abuse becomes fuel for the recruitment of even more desperate insurgents from all over the world, some of whom end up in our hospital and eventually at Abu Ghraib. A cycle of sorrow that starts and ends with hate. I remembered Jesus’ words: Love your enemy. If anybody in that cycle had tried that, maybe some of these guys wouldn’t be here.

Pete sat at the computer to check his email. I sat on a chair and tried to strike up a conversation with the other surgeons. No one was very talkative. I felt like a replacement soldier in an old war movie: A few of the squad’s veterans are killed in battle.
In the next scene, rookies arrive to replace the fallen men, and nobody talks to them. The seasoned troops are suspicious of the newbies, afraid to get close to them.

When the surgeons around the TV said something to each other, I felt their camaraderie and brotherhood. These guys had been through a lot together, saved and lost lives together, been there for each other. And they were going home in a few days. I was an outsider to them. They were the seniors about to graduate, and I was the pesky freshman who’d somehow made the team. Pete was different. Maybe it was his personality, or maybe it was because we shared a specialty, but he accepted me and took care of me.

From the surgeons’ lounge, Pete walked me into the central area of the operating room. Plywood panels framed the thresholds between the lashed-together tents. I suspect that my jaw dropped when I saw the area in which I was supposed to perform lifesaving brain surgery. A forty-foot square contained several desks and computers, shelves full of surgical supplies, refrigerators storing IV fluids and medicines. In the corners were four simple foot-controlled washbasins. These were the scrub sinks where we would wash our hands before surgery.

Everywhere I looked, I saw dirt. Dirt on the walls, on the floors, on the desks. How could I possibly operate here without infecting all my patients?

Pete pointed out the heavy plastic sheets hanging like drapes in each doorway. Their purpose, he said, was to keep the dust and sand from blowing through the hospital, keeping the air cleaner. “You should have seen this place before we took it over from the Army,” he said. “We’ve cleaned it up a lot.”

The Army had run a combat support hospital (CSH) at Balad until the Air Force was assigned to take over the bulk of the medical mission for Iraq in the fall of 2004. The Air Force assigned the 332nd Expeditionary Medical Group (EMDG) to
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turn the CSH into the 332\textsuperscript{nd} Air Force Theater Hospital, a small part of the 332\textsuperscript{nd} Air Expeditionary Wing. The 332\textsuperscript{nd} had a history dating back to World War II. The famous Tuskegee Airmen, the “Red Tail Fliers,” were the first all African-American fighter units. They painted the tails of their P–51 Mustangs red, and had the best record in history of protecting bomber pilots on raids over Germany. We were now standing in Iraq, in a tent hospital bearing the same insignia, part of a legacy of people assigned to save others; we were the Red Tail Medics. Pete was the first Air Force neurosurgeon deployed to the war. I was the second.

“Come on, let me show you where the action happens,” Pete said. I followed him through another threshold into a twenty-foot-square metal box that contained two surgery tables about five feet apart, with two anesthesia machines, two sets of surgery lights, X-ray boxes, and IV poles. Although most of the hospital was made of tents, the operating rooms were hardened, designed to withstand mortar attacks. With four of these ORs, we would be able to operate on as many as eight patients simultaneously.

Walking around the hospital with Pete, my inner camera lens began to zoom in a bit, and I noticed that this place was highly organized. Once I got past the austerity and un-hospital-likeness of the environment, I could see that everything here was carefully thought out.

In one low-ceilinged metal cube, I saw racks of neurosurgery supplies. We had to anticipate needs, Pete said, because it would take a week or more to receive new items after we placed an order. If we ran out of something, we would just have to make do until the next airplane arrived.

In San Antonio, I could demand a particular brand of gloves if I didn’t like what was available, and someone would scurry around until they found what I thought I needed. A three-ring binder on the shelf at my hospital, labeled “Dr. Warren’s
Preferences,” contained detailed instructions and specifics on what I used for every type of surgery I performed.

I came by it honestly; neurosurgeons are famous for being prima donnas in the operating room. We throw fits if we don’t have a particular instrument available right away. In fact, some of my colleagues have been known to toss instruments across the room if they don’t work properly or aren’t what the surgeon had in mind. At a hospital cafeteria in Pittsburgh, I once overheard a group of scrub technicians discussing the worst experiences they’d ever had in an operating room. One of them laughed and said, “Working for those perfectionist neurosurgeons, hands down.”

When Pete showed me the instrument sets we would use in surgery, I realized that a prima donna, perfectionist attitude would not work in Iraq. There were only four sets of sterile brain surgery instruments available, the contents of which had been chosen by a surgeon years before and had been sitting in a warehouse waiting for a war ever since. It took three hours to clean, process, sterilize, and repackage the instruments for their next use, and we didn’t have backups for most of the instruments. So if multiple patients arrived at once, so that several operations had to be done in rapid succession, we could run out of sterile brain-surgery-specific tools. I would have to learn to work with whatever was available.

In the middle of the hallway Pete led me down next, a low spot had standing water, and on either side of it were muddy footprints. There were water stains on the walls. We were in the Iraqi rainy season, Pete explained, and when it rained, as it had two days before, parts of the hospital flooded.

Just past the mud hole in the hall sat the intensive care unit. This tent featured parachute cords stretched along the walls. These cords replaced the fancy racks and poles found in more
upscale ICUs, but held the same monitors and IV infusion pumps we’d had in the ICU back in San Antonio.

No sooner had we entered the room than we heard an explosion that seemed to come from somewhere close by. I dove to the floor — then looked up to see that the others had reacted only by calmly walking to the racks of body armor. The ICU nurses and techs put on their armor and helmets and resumed working.

Pete extended a hand and smiled. “Let’s go to the locker room and get our armor. That was a mortar. You’ll get used to it.” A few seconds later, the Alarm Red siren began to wail, announcing to the rest of the base that someone had just tried to blow up the hospital. I realized that if I were to die from a mortar or rocket attack, the one that killed me would probably trigger the alarm to save someone else. The siren would be a clanging eulogy for the dead Lee Warren.

Protected by Kevlar, we returned to the ICU. The unit was full of patients, stratified by their degree of injury. Lying in one bed was a burned-up American soldier missing a leg and an eye. In the next bed over lay an Al Qaeda terrorist who’d been shot while detonating the bomb that had caused the American’s injuries. No separation, no delivery of different care based on a patient’s nationality or actions. The nurses and doctors and techs simply delivered care to the injured — injured who’d been brought here by medics willing to risk themselves to bring in the wounded, even the bad guys.

Pete pointed out the terrorist. “Mind changing his head dressing? I’ve got to get the transfer paperwork done so the American can fly to Landstuhl tonight.”

I pulled on exam gloves and reached for the man’s head. As I laid my hands on his blood-soaked bandage, he startled from his morphine-induced sleep. I don’t know what I’d thought I would feel when I first touched a terrorist. Did I expect them to be slimy, reptilian, maybe have horns like the Devil? When
I looked down on the young man, I simply saw a person. His skin felt warm, his blood was sticky, and his carotid pulse felt just like the other thousands I’d felt. He had brown skin, brown eyes, and brown hair, with bandages on his head and arms and abdomen from the operations that had saved his life. Groggy from morphine and brain injury, he looked up at me with an unsteady gaze. He had 1841 written on his chest, a tube in his nose, and a catheter in his penis. How had he ended up here? I wasn’t wondering about the bomb-to-Black Hawk-to-Balad pathway, but the philosophical one. What had led him to risk his own life to take someone else’s?

Once I’d removed the man’s bandage, I cleaned his wound and learned something about Pete. The man’s scalp wound was jagged and complex, and had required hundreds of sutures to repair. The knots were all squared, the wound edges were precisely aligned, and the tissue was healing beautifully. It was perfect, the surgical equivalent of a well-played symphony.

I looked up at Pete, who was now standing across from me. “Nice work,” I said. “I’m not sure I could have put that together as well.”

Pete gave an aw-shucks grin and shoved his hands in his pockets. “We’ll see.”

In the tent next to the ICU was a makeshift nursing unit, with twenty or so cots holding mostly Iraqi and insurgent patients and very few Americans. Pete explained that the Americans rarely made it to this ward because as soon as they were stable enough to fly, they were transported to Landstuhl, Germany, before the flight to Walter Reed Army Hospital back in America. The Iraqis and other non-Coalition patients were stabilized in the ICU and then had to be cared for until they were well enough to be discharged home or to an Iraqi civilian medical facility (although there were very few of those left at
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the time) or, in the case of insurgents and terrorists, sent to a military prison.

One of the Iraqi patients in the ward was a man Pete had operated on the day before I arrived. His head was wrapped in white gauze, with a wire coming out the top. The wire was an intracranial pressure (ICP) monitor, which is used to track the pressure inside the brain. A sign on the wall above the patient read, “No bone on the left. Handle head carefully.”

I pointed at the sign. “What happened, another IED?”

Pete shook his head. “He’s not a war victim, just a bad driver. He wrecked his car. Lucky for him, a bunch of American Marines were nearby. They called for a Black Hawk, and the medics brought him in.”

I thought about this while Pete looked at the chart. American soldiers in a war zone stopped what they were doing and put themselves at risk to help a civilian and get him to the military hospital where a military brain surgeon saved his life. Then they continued their real missions.

“I didn’t know we were allowed to treat civilians,” I said.

He smiled. “We treat everybody. We’re Americans.”

Pete showed me the patient’s initial scan, which showed only mild swelling of the brain. Pete had opted for immediate surgery and had performed an operation known as a decompressive craniectomy. This procedure involves removing a huge piece of a person’s skull, which allows the brain to swell outward under the soft scalp instead of swelling inside toward the brainstem. Neurosurgeons have performed this procedure for many years—usually on patients who have failed all other measures for controlling their intracranial pressure.

Once the brain swelling goes down, the bone can be safely reattached to the patient’s skull to protect the brain. In America, we keep the skull flaps sterile and freeze-dry them for implantation later, but in the old days the standard technique was to
make a small incision in the patient’s abdomen and insert the skull flap there for safekeeping. I had read about that but had never performed it or seen it outside of a textbook.

I was about to ask Pete where we stored the bone flaps when I noticed a four-inch-long incision on the patient’s right lower abdomen. I pointed it out. “Is that what I think it is?”

Pete laughed. “Yeah, bone flap. We don’t have any way to store them here, and we don’t know if we’ll be here when the patient is ready for it to be reattached, so we just put them in the belly. Same for the Americans, so we know their bones won’t get mixed up with someone else’s or lost on the way home.”

I cringed at the thought of putting in the wrong bone flap. “You’ll have to show me how to do that,” I said.

“Don’t worry. There will be plenty of opportunities.”

Pete turned to the nurse, and I studied the patient’s scan again. To me, it didn’t look bad enough to justify the early surgery. Why had Pete not simply treated him conservatively, giving medicines to control the brain swelling and waiting to see if he could keep the patient from having to have surgery at all? Most people with this patient’s degree of brain swelling could be managed with medicine and several days in the ICU. For me, surgery should be the last resort in treating a patient. If you can keep all the brains God gave you inside your head, that’s better for you. Our rule of thumb is to try to avoid surgery if we can, because the First Law of Neurosurgery is absolute: You’re never the same once the air hits your brain.

Pete’s patient was awake and doing very well, and his postoperative CT scan showed very little swelling and no visible brain damage.

“Why did you go straight to surgery?” I asked. “The first scan didn’t look so bad.”

Pete pointed at the first scan. “You see that little bit of
swelling there in the white matter, that mild edema in the tem-
poral lobes? What happens to that in forty-eight hours?”

“It gets worse—unless you give him Mannitol, maybe bar-
biturates. You could always put him on a ventilator, reduce his
cerebral blood-flow needs, control it medically. I doubt he’d
ever need to be operated.”

Pete chuckled. “You’re right. In San Antonio or Dayton
we’d have one nurse per patient. And that nurse could stand
here for the hour it takes to deliver a dose of Mannitol. And he
could watch the ICP monitor and call the neurosurgery resident
every half hour for new orders when the ICP went up. How
many patients do you see in here?”

“Twenty.”

“And how many nurses?”

“Three.”

“And how many neurosurgeons?”

I got the point. “Okay, you’re saying we don’t have enough
time or people to manage these injuries conservatively.”

Pete shrugged his shoulders. “Look, when it’s your turn, you
make the call. I’m just saying if you look at a scan right after
an injury and you see something that you know is going to
get worse for three or four days, you need to remember where
you’re standing. And that your luck is about to run out.”

“What do you mean?”

Pete touched his watch. “You’ve been here a day and a half, and
we haven’t had a mass casualty situation. So I don’t expect you to
have this perspective yet. But probably, two days from now, every
one of these beds will be filled with new people, and we won’t
have room for anybody who’s only here because we didn’t get
them out fast enough. Unless you want to move some of them to
your quarters and give them their Mannitol doses there.”

A nurse approached the bedside to change the man’s IV
bag. She looked at me sideways with a tight grin, her forehead
wrinkling. I felt scolded, like a student whose professor had pointed out how stupid he was in front of the whole class.

Pete tapped the monitor, his index finger pointed at the ICP tracing, which currently read 0. “What do you think that number would be if I’d chosen not to operate?”

I thought about the hundreds of these patients I’d seen over the years. Surgery was always the easy answer, because you could so reliably eliminate ICP issues. But conservative treatment works, if you’re patient, and you can save people the risk of removing part of their brain. But Pete was right, because the ICP would still be higher even on Mannitol. “Fifteen or twenty,” I said.

Pete nodded. “Still normal, but a lot of work for everybody. And he’d still be here three days from now. Let’s go. Pretty soon you’ll agree with me.”

I nodded slowly as Pete walked away. I looked at the still-smiling nurse, who seemed to enjoy watching me be schooled by Pete. The ICP tracing bounced around from 0 to 1, and I thought, *We’ll see.*

We finished the tour, passing the lab, the radiology department with its field CT scanner, and the physical therapy clinic where soldiers with minor injuries were evaluated to see whether they could stay in the fight or had purchased their tickets home with the price of some disability. I met three interpreters, Iraqis chosen for their strong command of English and their willingness to help us converse with patients who spoke only Arabic. These men were Muslims, but they understood capitalism. They had a commodity we needed, and they were willing to sell it to us. This attitude wasn’t universally accepted among their neighbors and family members, and while I was in Iraq, more than one of them would pay dearly for their perceived collaboration with the enemy.
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Back in the surgeons’ lounge area, the Christmas tree still twinkled with tinsel and blinking lights. But someone had removed the angel from the top, replacing it with cardboard cutout numbers: “2005.” It was now a New Year’s tree, a couple of days early.

Pete had to meet with the squadron commander for a few minutes, so he left me in the lounge to watch TV, assuring me that he would return shortly to walk me to dinner.

The sleeping surgeon on the sofa was gone. In his place was a young soldier. His helmet and body armor sat at his feet. In his arms he cradled his M-16 rifle, pointing toward the floor. His eyes were locked onto the opposite wall of the tent as if looking for something far away—the “thousand-yard stare” of shell-shocked World War II soldiers in old movies. His knuckles were scraped and bloody, and he had a small abrasion on his forehead, as if he had struck his face on something.

I sat next to him. “Are you okay, soldier?”

He turned and leaned closer to me, then shook his head and pointed to his ear. “I can’t hear you, sir,” he shouted. “What did you say? My ears are still ringing.”

Now that he had turned, I could see that the other side of his face was burned slightly, and several small square pieces of skin were torn off. The pink-white squares against his dark complexion made a checkerboard pattern on his face. He smelled like a campfire.

I spoke louder. “What happened?”

His hands were shaking. He saw me looking at them and gripped the rifle tighter. “Land mine. My lieutenant’s in there.” He nodded toward the ER.

I squeezed his shoulder. He was the first American soldier I touched in Iraq.

“I’ll check on him for you. Stay here.”

I turned and walked into the ER, where four people stood
around a bed. A pile of clothing—bloody DCUs and underwear—lay on the floor next to the bed. An anesthetist was trying to intubate the patient. I smelled a horrible combination of burned flesh and stool. Vic, the general surgeon I’d met earlier, was talking to an ER doctor who had his hands on the man’s groin, putting pressure on the femoral artery. I looked over his shoulder and saw the jagged edge of the lieutenant’s femur, stark white bone in a sea of red, muscles and arteries and flapping ligaments barely attached to the lower portion of his leg. The other leg, missing below the knee, was tied off with a tourniquet around his thigh. A long laceration curved up from his groin into his lower abdomen, and from the smell it was obvious that there was a bowel injury.

There was blood all over the bed and all over the ER doctor, but none seemed to be coming out of the patient now. I looked at the injured man’s face. Pale, listless eyes stared at the ceiling. He had sandy hair and burns on his face and neck. I guessed he was in his early twenties.

The anesthetist managed to get the breathing tube in. I looked at the monitor—his blood pressure was low and his heart rate very high. He was in shock from blood loss and probably becoming septic from the bowel injury. The bacteria in his colon were in his bloodstream now, and would soon cause an overwhelming infection if Vic and the others couldn’t stabilize him in time. But at this point blood loss and shock were bigger threats to him.

Vic bumped me out of the way. “Move it—we have to get him to the OR.”

I watched as they rolled the stretcher through the lounge and into the operating room.

When they passed the private, he stood and watched his lieutenant go by. The private stood and reached his hands toward his officer, then dropped them to his side. “LT,” he softly called the officer’s name.
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I put my arm around the private and guided him back onto the sofa. When he looked at me, his eyes trailed down to the caduceus symbol over my left pocket—the snake-and-staff icon that identified me as a doctor. He looked into my eyes, shaking in the aftermath of what no eighteen-year-old should ever have had to witness.

“He gonna make it, Doc?”

“They’re doing everything they can for him.”

He turned his head and leaned closer, raised his eyebrow.

I said it again, louder.

He put his face in his hands, sniffed hard, and began to sob.

“Where’s the rest of your squad?”

The private straightened and blew out a long sigh. “They’re dead. We were on a four-man patrol. We came to a little wall, LT told Juarez and me to go right, and he turned left with Sarge. I took about two steps before I heard the explosion. I woke up, Juarez was on top of me, LT was screaming at me to call the medics. Sarge was . . . was just gone.”

He put his face back in his hands and continued to cry.

I thought of all the things people say when someone dies. When I was growing up in a small town, funerals were places where church people shook the widow’s hand and tried to say something encouraging. All of those phrases seemed wildly inappropriate at the moment. Somehow I didn’t think that Well, he’s in a better place now or At least he didn’t suffer would comfort the private.

I looked at him, just a kid, probably with permanent hearing loss now and certainly with lifelong psychiatric issues, and I felt impotent. Most of the good things I’ve done in my life I’ve done with my hands while someone was anesthetized. I didn’t have an instrument for this, couldn’t cut this out of him or make it heal. Medicine was not what he needed.

I wrapped my arm around him and pulled him closer.
Vic walked out of the OR and stopped in front of the couch. He wore a look I’d seen in too many waiting rooms, had worn myself too many times, but with an extra layer of sadness that went beyond what a doctor feels after losing a patient. It would take me a few days to understand that look, but I think I was already feeling the beginnings of the difference between losing a patient to cancer or an aneurysm and losing a soldier because of someone else’s hatred.

Vic knelt, put his hand on the private’s shoulder, and looked him in the eyes. “We did our best, but your lieutenant’s gone.”

The private nodded and wrung his hands, which had begun to shake again.

Vic walked away, leaving me there with the private, and again I didn’t know what to say.

Then the soldier in him took over. I saw it happen. He straightened, wiped his eyes, and gathered up his gear. The expression on his face tightened as if he had decided it was time to move on. When he turned to look at me, I saw resolve and strength mixing with the tears and pain.

He stood and slung his rifle over his shoulder. I squeezed his arm and said, “Hang in there, Private. It’s gonna be okay.”

I have no idea why I said that. In retrospect, it seems silly for me to have chosen those words, because at the moment it appeared that it was decidedly not going to be okay. But my words hung in the Iraqi air like one of those patronizing Christian metaphors I had just decided not to use.

The private squinted and slowly nodded, made a chewing motion like he was taste-testing the merit of my words.

“Roger that, Major,” he said.

He stepped past me, put on his helmet, and walked away.
I never saw him again.
No Place to Hide
A BRAIN SURGEON’S LONG JOURNEY HOME FROM THE IRAQ WAR
By W. Lee Warren

Dr. W. Lee Warren’s life as a neurosurgeon in a trauma center began to unravel long before he shipped off to serve the Air Force in Iraq in 2004. When he traded a comfortable if demanding practice in San Antonio, Texas, for a ride on a C-130 into the combat zone, he was already reeling from months of personal struggle. At the 332nd Air Force Theater Hospital at Joint Base Balad, Iraq, Warren realized his experience with trauma was just beginning.

In his 120 days in a tent hospital, he was trained in a different specialty—surviving over a hundred mortar attacks and trying desperately to repair the damages of a war that raged around every detail of every day. No place was safe, and the constant barrage wore down every possible defense, physical or psychological; stripping him of everything he had been trying so desperately to hold on to.

Warren’s story is an example of how a person can go from a place of total loss to one of strength, courage, and victory. Whether you are in the midst of your own crisis of faith, failed relationship, financial struggle, or illness, you will be inspired to remember that how you respond determines whether you survive—spiritually, emotionally, and sometimes physically. It is the beginning of a long journey home.

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