*Disaster Medicine and Public Health Preparedness*

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# Good Friday

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## Special Focus

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A few feet in front of the swinging doors, the young physician, assigned to a Forward Casualty Receiving Facility in the northern sector of Vietnam in 1968, paused as if he had forgotten something, turned and vomited in the gutter way. The stench of the alien fluid, of him and yet no part of him, assaulted his nostrils and nauseated him; fever had plagued him the night before. Nightmares, too, often came to him in states of extreme fatigue and exhaustion. He straightened up and went through the entrance and into Surgical Suite #2. It was blessedly cool. The air conditioners, run by aged generators, were in working order that day. An aspiring pediatric surgeon just finished his pediatric residency at Yale New Haven Hospital before the draft called him up.

His sweat, the sweat of nerves, heat, and fever evaporated quickly in the cool, dry room. He had been dreading coming in and finding that the overburdened generators had conked out again; he wasn't sure he could withstand the added heat from the intense overhanging surgical lights. He inched closer to the cool air spilling from the fan of the machine.

Then, the cap, the mask, the surgical scrub. He was to assist at surgery, as he had done every day since his arrival at Delta Medical Company, the northernmost Casualty Receiving Unit, 6 miles south of the Demilitarized Zone bordering North Vietnam. Putting on the gloves and the gown were now routine tasks capably executed; simple . . . like tying one's shoes. Performing the routine today, he recalled of a time 5 years ago when was in medical school; he'd shown his inexperience by ripping through 2 pairs of gloves, contaminating his surgical gown twice, while the rest of the surgical team viewed him with impatience and contempt . . . . "I'm getting better," he thought suddenly. He had a solid memory and for the past week, memories of his past had become increasingly ephemeral, strangely impossible to capture. This one, appearing and vanishing in a time not measured, had been a good sign.

The name of the casualty was never mentioned, or for that matter, rarely known, or wanted to be known. As far as the medical team was concerned, a marine was a diagnosis:

"Penetrating chest wound,"

"Bullet to the head,"

"Above-the-knee amputation,"

"Malaria meningitis,"

"Heat exhaustion,"

And the ubiquitous, never-ending "multiple shrapnel wounds."

Casualties seemed to lose their identities, stretched out on the operating table. One lost any feeling for their size, their being; it helped to counteract any sense of humanness, of a particular life being lived . . . .Once stabilized, all were removed within 24 hours and evacuated to the hospital ship in Yankee Station, 20 minutes to the east by chopper. No time for complications, no reminders.

Big and black, the marine struggled—muscles willowy, fighting against the deepening stages of anesthesia. The corpsmen, holding him down on the table, loosened their blanching grasps as he gave up his last resistance. His long lean neck was bulging and disfigured on the right side, the single-entry wound was difficult to locate. The only clues were the periodic fine bubbles of air that formed over the orifice, breaking through the orange-tinged antiseptic solution being swabbed on his face and neck. Sinew and muscle bulged from loculated blood; below, there must be a mass of torn and hidden tissue. He surmised that the missile had penetrated deeper and was compromising his airway. Nothing was said aloud; however, everyone made his bets and guesses alone, as the bubbles continued in concert with the marine's expiring breath. It was going to be a challenging case.

The surgeon stood motionless, an artist about to place the first brush stroke, contemplating the proper direction of the scalpel. A rapid incision began high behind the ear, angled lazily down skirting the bullet entrance and ceased just above the clavicle. "Nice," he thought, watching with fascinated care. The scalpel blade repeated the path, revealing deeper areas of injured necrotic muscle. No blood now just clots under pressure; then, with suction, fresh blood spurted forth. He was leaning closer over the marine now; fine clamps, 10, 15, 20, quickly snapped on active bleeders before the welling of blood slowed.

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Time. Hours. Minutes. Moments. Time not going forward, but circling. Up-ending confusedly; he fought a need to faint. The air conditioner had quit . . . . when? . . . . a long time ago it seemed. The lights were going off periodically; the suctioning had to be done by hand. He became a robot, performed his robot tasks, and his thoughts roamed to the face of his wife and her body he yearned for, wanted, and concentrated on, though not for passion. That was forgotten and had been for weeks. To sleep, just to sleep, gently on soft breasts and thighs. He was entering his fourth month and had not received a single letter. Colleagues assured him they were held up somewhere in the system. It had happened to others.

The artery was repaired with a leg-vein graft, bulging out now and twice the size of a normal artery, but repaired, oozing blood from its sutured edge, but repaired. The surgeon left, he was now alone closing the muscle, fascia, and skin in sutured layers. Cycles of time, stretches of time, clasping; silk and nylon broke under the pressure; clumsy and stiff wire sutures finally brought the skin together. His hands were numb and foreign to him, not completely subjects of his control; he had long forgotten the torn gloves of the past as he pulled hard, flattening the last twisted knot of wire suture. The corpsman leaned over the operating table, working like bricklayers, filling in the angle of the marine's neck and shoulder with layers of absorbent gauze padding until a white mass of bandage occupied what had been destroyed and cut away.

Accompanying the marine on the short journey to the post-op ward, he felt suffused by the deep and suffocating heat. Sparse vegetation, flat wherever you looked: Delta Med was situated near the crossroads of Route 1, leading to the north, and Route 9, which wound through the jungles and westward toward Laos. "Must be one-ten at least today" he said to one of the corpsmen who merely nodded. Sometimes it got up to 120 degrees in the Quonset Huts they used for patients and sleep-in quarters. The Catholic Chaplin passed muttering that today was "Good Friday."

The post-op ward was slightly cooler; subdued lighting tamed the heat, a comfort which was alloyed by the stench, an amalgam of sweat, incontinent feces, and heavy blood-soaked bandages drying out on wounds and stumps. He wrote out the post-op orders. When finished, however, he saw they had already been routinely and efficiently carried out by the ward corpsman. Had there been so many marines before him, he thought, was there nothing that had not become routine?

He stood at the foot of the bed contemplating his discomfort. He felt feverish and ill and could think of not much more than that; he needed to put his head down against something soft and clean, a pillow, his wife; to escape this desolate stink, to get out of here. The marine was beginning to move, tentatively, to struggle out from the cloudy cover of anesthesia. At first sluggish and ponderous, then more abrupt; his movements began, then aborted by a sudden semi-comatose sense of pain.

No sedative could be given now, it wouldn't be safe. Restraints were needed on both arms and legs. In the beginning, they were enough to hold the marine down. Soon, too soon, he was arching his back heroically against the bindings, resisting the pain from his neck and from the suctioning off of oral secretions that would have choked him otherwise. With sudden and super strength, he bit off the tip of the rubber nozzle of the airway tube. A sudden gag and cough shot it across the bed. The corpsman looked anxiously, expecting a decision. It came slowly, deliberately. "We'll hold him down; I'm not going to sedate him yet."

He took charge of the left arm, holding it down by leaning his full weight upon it. He placed his remaining arm against the marine's head, keeping his hand firm on the patchy blood-stained dressing. A black soldier, slight in stature and wearing a bandage patch over one eye, moved in quietly to hold the marine's right leg. Two others joined in. He was looking at the corrugated metal roof, counting the ridges, breathing deeply through his nostrils to fight off the dizziness and the silent wish, the undeniable if fleeting hope that the marine would quietly die. Shaking his head quickly, he became aware of the other men, all filled with compassion, so fresh and concentrated in the struggle, so willing to continue. "Hundred of Thorazine, IM; give it now, he ordered abruptly.

Once one of the corpsmen broke loose his grasp, the patient did not feel this isolated release. He continued to struggle against a sash-like restraint placed across his mid-torso while arching his back frantically. The injection, finally given, was painfully slow to take effect; but at last, the inarticulate grunts began slowing and the sighing breaths of oblivion indicate that he had swayed off into momentary peace.

He was now standing by expected to monitor the casualty's recovery. It was tenuous at best the surgeon warned. He was again drifting into his fantasy of clean sheets, warm thighs, and ice-cold milk. He wanted out of here; he wanted away; he had to leave and leave now. He turned to the Chief Corpsman: "Hey, gonna take a piss. He will be okay . . . .watch him like a hawk, right?" With that he left abruptly, not considering the nature of the surprised, delayed acceptance. He was outside, walking by the latrine to the small, sandbagged building called a "hootch" that served as a club for the officers.

No one was in there. He was alone. Doctors, separated by their duties, or by the simple need for sleep, never came here to sit around, to socialize. The place was just a respite to come and pick up a morning beer, hopefully unseen, the only safe liquid for drinking, for the local water was laden with debris.

He filled his parched mouth with beer and sloshed it around before swallowing. Next, he poured the rest of the can over his forehead, letting it trickle down his face and under his sweat-stuck and long-faded surgical scrub top. He sat down, putting his head in 1 cupped hand, then poured more of the liquid down the back of his neck. It was better than drinking. He tried to let go of the fantasies he'd been having this morning, selfish . . . of the woman he loved, and thought of the animal he was becoming. "Hateful, selfish," he said aloud. He rested his head in both arms, on the tabletop, listening to the reverberations of the words, sitting with the echoes of what he'd said. He heard the screen door's metallic screech behind him.

"Jesus Doc, where the fuck ya' been, he's coolin' it!" The corpsman's voice was full of outraged accusations. He sprang up guiltily, still feeling the cool wetness of the beer on the back of his neck. Both men walked hastily, then broke into a run as they approached the post-op ward. The room, like a stage set that had been quickly changed in his absence, was brilliant with added lighting and busy with a whole new set of characters—physicians and added corpsmen responding to orders, clusters of them busily surrounding the bed of the motionless black marine. The surgeon, short, overweight, and often crude and unforgiving, yet respected as a chest surgeon, was barking orders for medications. "He's fuckin' fibrillating!"—said 1 corpsman suddenly.

Sudden silence, as everyone realized at once the obvious that we had no defibrillator. The electrocardiogram paper ran out on the clay-packed floor revealing the textbook-fine ink wiggles confirming the diagnosis. "Okay, Adrenalin, Bicarb, Calcium"—once, twice; a hard blow to the chest. "No good!" The surgeon took a scalpel from the IV cutdown tray, making a single stroke cut to skin and muscle between the ribs below the nipple, muscle separated easily, exposing

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the chest cavity and heart. Working soundlessly, a new team, having been hastily formed, forced the retractors between the ribs and rapidly screwed it open. One rib snapped from the sternum. The unmasked heart, with slow jelly-like movements, knowingly supported the graphic diagnosis on the paper strip.

The silence took on a fearful, started quality. The surgeon's hands cupped the heart, pressing rhythmically with determined gentleness. There was no response. The surgeon, his glasses slipping down on his moist and sweating nose, swore softly as if in defeat. He glanced over at a standing chrome light, hesitated, then knelt on his knees. He removed the plug from the socket and tore loose the wire from the base of the lamp. Rapidly using surgical scissors, he tore the wire from its insulating cover, then separated and rapidly rolled the wire leads. He stood up—"Stand back, this has gotta work!" Everyone quickly stepped backward, even those who like him, stood far from the bed scene. The surgeon reinserted the plug in the wall socket and cautiously held the stiff wires, easing them into the chest cavity. The expected jolt of the body never came. A sizzling stream of white smoke and burnt flesh offered itself up to the heavy air above. The surgeon's head dropped. He went slowly over to the plug and removed it. He wound the wire around his wrist and walked out.

The corpsmen talked in whispers among themselves. Most left shortly afterward. The senior chief remained working in the corner of the ward adjusting the IV of other casualties. He was alone.

He stood at the foot of the bed. He felt a tremor in his hands, easily controlled when he grasped the foot of the bed rail. A childhood facial twitch made a brief appearance and disappeared again without recognition on anyone's part but his own. He looked at the black marine, his vision blurred by fatigue. No muscle of the marine now moved. The head was still turned to the left but now hung lifelessly down. His arms and legs were stretched out in crucified restraints, and the palms of his hands were cupped upward toward the arched ceiling. The gaping hole in the chest seemed artificial, save for blood that trickled down across his abdomen.

## The End

The author, once a young drafted Lieutenant Commander posted to Delta Med, went on to develop an international and academic career in global health, responding to 5 wars and multiple humanitarian crises worldwide. He received additional degrees in emergency medicine, psychiatry, and public health. He led the largest orphan lift out of Vietnam at the close of that war, was the Senior Medical Officer during the Persian Gulf War commanding the largest trauma center since WWII, and was the first Health Minister in Iraq after the fall of that country. He chose not to pursue a career in pediatric surgery and retired as a Navy Reserve Captain. The Vietnam War drastically changed all who served. He learned later that the beloved Catholic Chaplin left the priesthood. Most of his former colleagues at Delta Med have now passed. The memories of that Good Friday and many others remain.

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