

Re-hinging Life/Scalpel to Text:
The Wounded War Doctor and Narrative Mending:
A Surgical Analysis of Experience in *Paradise
General: Riding the Surge at a Combat Hospital in Iraq*
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“I’m here to pull bodies out of a sausage grinder,
if possible, without going crazy. Period.”

—Dr. Hawkeye Pierce, *M*A*S*H*

For Sean

As we ponder the sesquicentennial anniversary of the American Civil War, the horrifying blunders in that era’s medical and surgical practices, and the very fact that this nation has been at war for many years, we recognize how different war has become over time. We also realize how different combat medicine is because of the devastating necessity caused by changing warfare. Confronted with the medical realities of Iraq and Afghanistan, the treatment of wounded military service members is vastly more advanced and, because of this, the impact on lives is a delicate combination of the physical and psychological. Concerning this impact, Dr. Ronald J. Glasser, in *Broken Bodies/Shattered Minds: A Medical Odyssey from Vietnam to Afghanistan*, states an unfortunate and blatant truth:

[T]here have been 1.9 million soldiers and marines deployed to Afghanistan and Iraq over the last decade, with over 5,000 killed, some 300,000 wounded, another 250,000 diagnosed with PTSD and over 300,000 with traumatic brain or concussive central nervous system injuries, along with amputees approaching levels not seen since our Civil War... You’d think that so many wounded, if not dead, would be hard to ignore. But they are. (11)

Acknowledging the sincerity of war's traumatic impact upon these military servicemen and women, the memoir discussed here reorients the focus of psychological "wounding" upon the individuals charged with the excruciatingly painful and infinitely rewarding work of saving military service members from war injuries.

First, let us consider the medical realities of today's combat surgeons. What war doctors confront today is complex and requires an advanced capacity for accuracy as well as ingenuity. Put differently, being a war doctor demands undeniable resilience, fortitude, and acceptance. Because of the nature of new wounds sustained in combat, surgeons now accept that not everything can be fixed. As a result, doctors practice what Dr. Glasser regards as "Damage Control Surgery," in which they rarely see wounded individuals longer than a few hours. Within that short amount of time they do what they can to keep patients alive in order to send them along the medical chain of survival. The reason for this type of surgery and movement is "because our troops are no longer being shot at; they are being blown up" (82). IED injuries signify a point of change in how the human body sustains war wounds as these injuries come from every angle and inflict devastating damage.

Glasser further delineates that because the wounds are of this nature, the accompanying suffering is that much more intense—for the person who sustains the wounds and any person administering care. He explains in succinct terms what new warfare equals: "new weapons—new treatments and procedures—a new kind of suffering" (83). The impact from this agonizing novelty is telling: many physicians and other medical participants have published memoirs and narratives about their experiences in Iraq and Afghanistan. In the combat hospital literature of today, doctors' and nurses' knowledge is tremendously advanced, the technology is progressive, the rapidity and movement of handling wounded bodies is organized, the survival rate is positive, but the experience of working to mend wounded bodies in a setting *meant to wound them* is the same as it ever

was in any war because traumatic impact is timeless. In fact, as these narratives exemplify, war is timeless. Even with this truth, Elaine Scarry in *The Body in Pain: The Making and Unmaking of the World* theoretically posits that “while the central activity of war is injuring and the central goal in war is to out-injure the opponent, the fact of injuring tends to be absent from strategic and political descriptions of war” (12). An outpouring of combat hospital literature seems to provide a remedy for this absence with description after description of the inevitable consequences of injuring in war, which begs the questions: what does war do to those who work tirelessly to *fix* these consequences? And how might they overcome the impact of this work? Dr. Dave Hnida offers one answer: “Forcing myself into medical autopilot, I went to work trying to keep the soldier alive” (91-92).

Described in his memoir *Paradise General: Riding the Surge at a Combat Hospital in Iraq*, after an unannounced medevac chopper brought in a young soldier with injuries sustained from an IED blast to the 399th Combat Surgical Hospital in Tikrit, Iraq, Dr. Hnida went into lifesaving mode. Quick at his skilled work, he noticed the soldier’s swollen abdomen, mangled arms and legs, deep tissue shrapnel wounds, and his peaceful, untouched face. Reminded of his own children, Dr. Hnida shut out images of home at that moment so he could work. Then he and his team spent approximately “twenty-eight minutes of medical improv” to stabilize this patient for surgery. Hnida’s uniform, soaked in the soldier’s blood, felt warm and reminded him of his purpose: “there was a young man who belonged to that blood, and now he belonged to me” (92). He and his colleague Dr. Rick Reutlinger scrubbed in for surgery and worked diligently to keep the young man alive so he could be moved. The soldier’s condition was beyond critical, and both Dr. Hnida and Dr. Reutlinger were forced to confront this fact. Informing the soldier’s unit anxiously waiting outside the hospital of his critical condition silently wounded the doctors charged with putting back together “human jigsaw puzzles.” After speaking with the unit they exchanged

glances that expressed a hurt they could share only with each other. Surgeons save. And war constantly works against that axiom.

Most likely similar to all of the lives that came before Dr. Hnida, this life that now belonged to him carried a photograph of his family in his wallet. Looking at the photo, he recognized, “I was one step from losing my sanity. The photo had blown a giant hole in my protective armor” (94). An integral part of his daily routine, Hnida and his colleagues donned their uniforms and boots, secured their pistols, wielded their scalpels, and positioned their mental armor as protection against the wounds waiting for their care. For this case that he describes, Hnida felt the wounding of a life that he could not save, though he and his colleague saved him long enough to be sent home so his family could say goodbye.

Long before he walked through the CSH doors, Hnida was concerned about the lives he went there to save. Before he left for deployment, he asked himself about the good he could do by going: “Could I and would I make a difference?” (16). There is no question that his story tells us that he did. With every turn of the incoming medevac blades he heard standing and waiting in the trauma bay, he thought about a life coming to him in need of his care.

Every patient he encountered had a history, memories, families, perhaps life beyond their own, and photographs in their wallets or uniform pockets to prove it. But what about the life of Dr. Hnida’s mind? In his efforts to make a difference, his memoir candidly shares moments that indicate he felt inner wounding from his experiences. Of the young soldier he worked to keep alive knowing all along the inevitable loss, Hnida reveals in his narrative that “I felt I’d never truly wash his blood off my skin, just like I could never get the pungent odor of charred flesh to leave my nostrils; they were my scars of his battle” (95). *My scars*. Among numerous memoirs and narratives about war, what we learn from Dr. Hnida is that he engaged in his own inner battles in his efforts to save lives. His memoir offers a unique view of how he tends to his wounds and scars through writing. From a literary perspective, what Dr. Hnida does through

poignant and illuminating narration of his experiences is similar to his wartime medical work: careful analysis through textual surgery.

About 150 years ago, in the middle of the chaotic, bloody, and gory atmosphere of a Washington, D.C., Civil War hospital, another man engaged in textual surgery as he wrote of the visual traumas taking place before him: Walt Whitman watched surgeons at work, nursed the dying, and poetically noted, “I myself become the wounded” (“Song of Myself” line 68).¹ Although not a doctor, Whitman was a keen observer of the tragedy of Civil War surgeons’ work. Civil War doctors were limited in treating wounded soldiers only by what they could see, and they often did more wounding than healing. Whitman felt deeply anguished by what he witnessed, and the era’s doctors likewise felt the impact of what they could not do.

Drawing a timeless parallel to the Civil War, Dr. Hnida tells us in his memoir that during that war a phrase was coined by doctors “to describe the process of a body rapidly going into shock, or, a condition where blood ceases to clot, the blood pressure plummets, and the heart exhausts itself to a standstill: the rude unhinging of the machinery of life” (89). Undoubtedly, Whitman stood close by watching perplexed surgeons witness this unhinging and the desperate search within their knowledge for any means to re-hinge the machinery of the failing life in front of them. Hnida shares that he and his colleagues likewise “reluctantly joined the centuries-old fraternity” of witnessing this unhinging (89). In writing his memoir of the hospital, similar to the writing of Whitman, Hnida joins an array of historical voices analyzing and narrating war’s traumas.

¹ The conversation about Walt Whitman’s Civil War hospital work, the themes of trauma, and the healing nature of writing discussed in this essay began with my Master’s work, “Our Wounded, Our Wounds: Disruption, Ideological Permeability, and Transference of Agony in Louisa May Alcott’s ‘Hospital Sketches’ and Walt Whitman’s *Memoranda During the War* and ‘The Wound-Dresser’” (2010).

Traumatic situations for Dr. Hnida appear as such in narration because of his internal contemplation that accompanies description. These two aspects in his writing enlighten us to his analytical method that resembles his skills as a surgeon. Surgical procedures require a seamless, informed relationship between thinking and doing and his writing and narrating exemplify this seamlessness. His hands (writing) and his mind (thinking) coalesce to deconstruct and reconstruct each experience, similar to employing surgical skills, in order to identify the most traumatic of wounds. Uniquely, he conflates the past and present in his memoir by describing quick-paced action at the same time as thinking and examining his feelings in those rapid moments. He alternates paragraphs between action/thinking, and he conveys pulsing thoughts and movements through quick, terse sentences.

His “Anatomy of a Trauma” chapter is most representative of what his memoir accomplishes: his writing places us not only in the trauma bay with him, but within his perception while he does exploratory surgery of the situations he endured. In this chapter, over a period of nine minutes that are listed by thirty-second intervals, Hnida engages in retelling and retracing his steps, thoughts, and movements. He anatomizes the situation, which is compacted into a short period of time, but speaks voluminously of the impact of what he did and how he works through it, suturing and learning.

Writing this anatomy, Hnida explains, “It took nine minutes from front door to OR for my patient. Nine minutes where I became a short story in this soldier’s life. I realized he probably wouldn’t remember me and we would never meet again” (148). *Until now in this memoir*. Looking back while writing as if in the present, his memoir does what Whitman’s writing speaks of about the war’s wounded he could not forget: “each line . . . has its history. Some pang of anguish, some of tragedy. . . . Out of them arise active and breathing forms” (4). Indeed, active and breathing forms to be mended.

*Scalpel to text. Reliving every slice of the scalpel
and the tying of every stitch.*

In *Paradise General*, out of each line is a form to be mended. But the forms are not just patients; the forms are also moments. These moments that arise in remembering and writing the text allow for Dr. Hnida to resituate himself from looking at the patients who came to him to looking at himself and how he felt during these moments. With this reoriented scope, two important elements emerge that suggest wounding from the war surgeon experience and healing through textual surgery. The first element is a recognition and retelling of the demands of the war doctor's experience, specifically impossible expectations, the ethics of decision making, and loss. And the second element is the psychological subjectivity involved with that experience, or what he does in conflating his surgical/writing abilities.

Essentially, the medical field and expectations go hand in hand. According to Dr. Glasser, "there is a new normal in medicine today and that new normal has worked its way into military medicine and definitely has become the norm for battlefield care. It is no longer expertise in medicine or surgery that is expected, that much, for better or worse, is simply assumed" (79). Assumptions about expertise in battlefield medicine create expectations and stress far beyond what can be fathomed outside of combat zones. Dr. Hnida shares the vast difference between how he practiced medicine at home in the safe confines of America and how he practiced medicine in the middle of a space designated for injuring on a scale known only in war. Narrating from a distance of these expectations and stresses, Hnida explains that he learned to interpret severely wounded bodies under impossible pressure. Though pressure and expertise are evident aspects of any doctor's occupational experience, combat medicine is different in the most intricate of ways. For example, he reveals that he had to "sign forms that authorize giving unmatched blood, a signature that would be medical malpractice back in the States" (148). War medicine grants a license to do what is necessary

because saving lives—quickly—is what is most important. War medicine demands surgeons to make choices about lives known only to the combat hospital setting, therefore increasing the possibility of needing to reexamine potentially traumatic situations.

Hnida and his colleagues were constantly forced to make decisions based on gut instincts and experience rather than technologically advanced measurements that inform accuracy, and they had to do it in a matter of seconds. Having only seconds to determine the trajectory of a person's life weighed heavily especially with the pressure of expectation so readily bestowed upon them by their superiors, patients, and circumstances. Of course, they succeeded so often with their decisions; however, the experience of making those choices and dealing with moments of failure is what is important here with Hnida's self-reflective narration of being a war doctor.

His reflection reveals that making decisions in a combat hospital setting can be psychologically wounding because the most critical of cases forced him to decide without a great amount of contemplation. How he conveys this is he writes of his immediate reaction infused with medical expertise and then emphasizes later internalization through reflection after the chaos. Through Hnida's poignant writing we feel the pressure he felt to make a decision about how to treat a wounded soldier in a matter of seconds and then his anxiety of wondering whether or not his decisions were right when a patient's life hung by a thread. Sometimes by his threads. *The tying of every stitch*. Often the dreaded medical reality of a life "hanging by a thread" for Hnida was all he had to hold onto lying in his bed at night thinking through every move of his gloved hands—moves that were always, at least on some level, decisions that would impact more than just the patient.

Like he writes, making choices about the lives of wounded individuals requires extensive knowledge and experience; however, he shares an instance when making a decision demanded a reexamination of medical ethics. War tends

to reshape and reorganize ethical questions and problems, but for those with the occupation of fixing war's consequences, when a battle of ethics ensues, the beauty is that Hippocrates always wins. Dr. Hnida and his trauma team, as well as each medical member of this memoir, exemplify working to *save all* without prejudice because, as he so movingly states about treating an insurgent, "the X-rays on the OR viewbox didn't list nationality, the scalpel didn't cut differently into flesh that was hostile, and the blood pooling inside the pelvis was just as red as what flowed through our veins" (87). But, in this case of war's irony, Dr. Hnida questioned his ethical decisions and wondered about the life he worked so desperately to try and save knowing all along that life had just wounded American soldiers.

A few hours after the American wounded were rushed in with severe injuries from a nearby IED blast, the insurgent who had dug and planted more than one bomb came into the trauma unit with gunshots to his body. Regardless if the scalpel didn't cut differently into flesh that was hostile, Hnida's internal battle while treating the enemy is evident in the text by his designation of "American" to bullets sustained in the insurgent's pelvis and the blood being pumped into this body. Though he works to save with his doctor knowledge, he also remembers the military uniform he wears and what that means to him. Here, we see that the combat hospital demands an altogether different kind of duty for the war surgeon where the patients are equally deserving of care, but do not share ideological loyalties. Within these dividing circumstances the right decision for each doctor and medical member is to act and save without thought, but the inevitable thoughts are there just the same. "What kind of doctor walked away from his own GIs to try to save an enemy bomber?" Hnida asked himself after scrubbing in to the OR to help his friends (87). Clearly, the memoir as a whole answers this question and that is the kind of doctor that Hnida intended on being before he left for deployment: one who put forth every ounce of his being to save each wounded individual that came into his trauma bay. And yet he understandably

struggled with the ethics of his duties. He reveals his conscience and his struggle between how he felt and how he *thought* he should feel—a struggle that war initiates but does not resolve. After this particular case, he was “not sure whether it was good that a bad person had died or sad that *this* bad person had died” because he shares that this insurgent was a fifteen-year-old boy who probably dug those holes for money, but still he was the enemy (90). With this thinking he demonstrates his awareness of his actions during his work and how he navigated his feelings after (and then again while suturing up this moment in text). He ends this particular episode with ambiguity suggesting that often making the right choices does not always yield the right answers. Even after time had passed for him, Hnida rethinks and understands the awareness he had while treating this particular patient by reliving every slice of his (American) scalpel. Losing this patient made him question how he should feel about saving lives with differing loyalties; however, as we have seen previously, losing any patient resonated far beyond the sands of Iraq.

Loss is inevitable in war and in the medical field, and perhaps the most wounding decision for Hnida and his colleagues to make was to let go of soldiers that they desperately tried to save but could not. Like the instance mentioned previously about saving the soldier with the photograph long enough to be sent home, Dr. Hnida delineates the trauma of losing a patient in a way that literally slices to the core of his memoir with him standing over a body unhinged needing to fix wounds—his patient’s and his own. In this text he works through the moments where the consequences of war simply cannot be fixed, and by working through these moments his narrative suggests self-healing from the wounds of losing.

Perhaps one of the most devastating and self-reflective episodes that Hnida conveys in his memoir is underscored by the following question: “Does everyone agree we can’t do anymore?” (182). What began as a seemingly routine injury ended in a reminder of simply what cannot be achieved despite the best efforts.

Wounded from his vehicle being blown into the air, an incoming soldier was alert on the way to the hospital but suddenly went into cardiac arrest as the chopper landed. Hnida recalls the medics rushing him into the hospital while performing CPR. He articulates this experience by emphasizing the collision of fast-paced action with slow-motion sensory overload from Alpha bay where he waits for this patient. Narrating, he recognizes the chaos but remembers that he was able to hear the clock ticking on the wall, the wheels of the stretcher moving toward him, as well as the clear commands for blood, and he could see the pale white young man without a pulse and no outward wounds to be found. Hnida and his team worked on this soldier until they realized that his spinal cord had disconnected from his legs because of a shattered pelvis. Nothing more could be done.

At this moment, each person involved with this patient had to answer the impossible question about continuing lifesaving. Each person had to nod in the affirmative to *stop* their medical autopilot. Hnida shares that though he had to shut off his autopilot and walk away, this young soldier would forever stay put in his mind as a wound to revisit and mend in a textual space not bent on injuring. He emphasizes his hurt the most after losing this soldier with his recognition of the traumatic impact of his work:

[T]he death of the young soldier hurt with a pain none of us could put into words. We are not gods. Sometimes we make mistakes. And even when we don't, we suffer because we are not able to undo the damage one human can inflict on another. Each of us would see this young man's face for the rest of our lives. (182-83).

The most important part of this recognition for him is the fact that he and his medical colleagues do, indeed, suffer for not being able to fix what war creates and demands. Not being able to undo the damage one human can inflict on another is a reality Hnida confronted when working, and undoing the damage upon himself of confronting this reality is what he does in writing.

Further, Dr. Hnida teaches us once more in this moment about the novelty and timelessness of what current combat doctors confront and, in his case, *reconfront*. The new wounds this young soldier sustained were completely internal and caused by the shock waves of the IED blast. In another twisted case of historical war irony, Dr. Hnida and his colleagues once again joined the fraternity articulated by Civil War surgeons about the wounds from that war: “the problem is often what you cannot see” (181). What cannot be ignored here, too, is that this problem is eerily reminiscent of the invisibility of psychologically traumatic wounds carried home by so many veterans of war. In writing this memoir, Hnida makes visible the invisible. The surgeon as writer emerges so clearly: when a wound is seen or uncovered from not being seen right away, a decision can be made, and the probability of failure in healing diminishes. Recall the question posed earlier about those who fix the consequences of war and how they might overcome the potentially traumatic circumstances and wounding of such work. The answer to that is to do in another way what they are so beautifully skilled at: mend.

Dr. Hnida shows us the possibility that every wound the war surgeon encounters becomes his or her own in a quick, poignant process of working to save a severely injured life. He carefully explains that by saving a life, a doctor saves the memories of that wounded individual. And, in turn, by saving a life, a doctor internalizes his or her own actions, feelings, and wounds, which then become memories. Saving a life strengthens not only his medical expertise, but his ability to retain his memories of healing so that he might later on heal his own wounds from encountering the inevitable loss of wartime medical practice. In a way, this dual saving described by Dr. Hnida forms his ever-present effort in the narrative to place his scalpel/pen to the past and the metaphorical body of his mind. This act of textual surgery transcends his writing moment and allows him to surgically analyze the experience of being a war doctor piece by intricate piece, and then subsequently mend any opened wounds through narrative

healing. Or, in other words, to *re-hinge* the machinery of life of what was experienced.

With each circumstance and his analytical consciousness in view, Dr. Hnida recognizes the intense realities of the combat hospital and confronts how he navigated such realities through recognition and exploration of what the hospital space means in war. The hospital concentrates the physical and emotional traumas of combat, the initiating wounds, the aftermath, the cost, and the impact of witnessing into one confined space. What he and his fellow war surgeons come to realize very quickly is that despite rigorous training and hours in practice, nothing could have adequately prepared them for the impact and the lasting results. Dr. Hnida shows us that the war doctor's experience as a physician in America facilitates a translation of knowledge into the war hospital, but the feelings accrued in the war hospital space—feelings that are more powerful, intense, and moving *because of the setting and circumstances*—do not translate back into their home lives, town practices, or city hospitals when deployment is over. However, he attempts to translate the weight of the war's medical expectations upon him and his colleagues through narration. He states that his memoir is really more about life than loss: “Narrative mending. And protocols? Protocols, my ass. We had no choice but to make up our own protocols and realized that spaghetti-and-meatball surgery was usually the best and only surgery” (272).

While reading this memoir one cannot help but notice quips and perfectly delivered humor so reminiscent to Alan Alda's character Dr. Hawkeye Pierce from *M*A*S*H*. In an episode that pushes Pierce to the edge, he succinctly describes his purpose for enduring the traumas of war: “to save kids from the sausage grinder.” He notes that he must do so without going crazy, which suggests the evident notion that what he is doing, what he encounters, and his environment constantly work to shred that sanity. But what saves Pierce and his motley crew is humor and an everlasting bond forged in bloody gloves, OR

masks, and incoming wounded. Humor in the combat hospital setting is another necessary surgical tool to keep the life of doctors' minds from completely unhinging. Hnida writes of both severely traumatic moments while offering a portrait of his camaraderie with the other doctors he saved lives with. Undoubtedly, they helped save one another.

Near the end of his narrative, Dr. Hnida ties up the last sutures of his experience by sharing an oft-noted truth for any individual who has experienced war: "you may leave the war, but it never leaves you" (276). He may have left his mended (and lost) patients to the past when he boarded the plane to go home, but their wounds and the wounding of his work never left him. Every day as a combat doctor he prayed that he could do well what he went to war for—to fix the consequences. He was so concerned about this that he made flashcards outlining medical procedures in case he came across a wound he did not know how to mend. He never used them. His power to save always remained firm in his surgical ability. And we know that this surgical ability emerges so intricately in the text of his memoir. In writing *Paradise General* the final war body that he mends is his own—wielding his scalpel, wielding his knowledge, and his pen, he mends through the text with each word and sentence—sewing up and understanding that no matter how long each wound heals, some scars of knowing and experiencing will remain. But, amid those scars, what he does in writing this memoir is prove his lifesaving abilities on a multitude of levels. Dr. Hnida re-hinged so many lives, and what he achieves in narrating his experiences is carefully connected to the daily hope and most important goal he carried with him while in the middle of a war constantly trying to unhinge and then again at home answering the call of need as a doctor in his community. Therefore, this memoir is *a life saved* or *a life re-hinged*. His life.

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