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Doctors at War: Life and Death in a Field Hospital

Abstract

[Excerpt from jacket] *Doctors at War* is a candid account of a trauma surgical team based, for a tour of duty, at a field hospital in Helmand, Afghanistan. Mark de Rond tells of the highs and lows of surgical life in hard-hitting detail, bringing to life a morally ambiguous world in which good people face impossible choices and in which routines designed to normalize experience have the unintended effect of highlighting war's absurdity. With stories that are at once comical and tragic, de Rond captures the surreal experience of being a doctor at war. He lifts the cover on a world rarely ever seen, let alone written about, and provides a poignant counterpoint to the archetypical, adrenaline-packed, macho tale of what it is like to go to war.

Keywords

Afghanistan, trauma surgery, war, doctors

Comments

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Doctors at War

Life and Death in a Field Hospital

Mark de Rond

Foreword by Chris Hedges

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Contents

Foreword by Chris Hedges ix

By Way of Introduction xiii

- 1 Hawkeye 1
 - 2 Reporting for Duty 8
 - 3 Camp Bastion 21
 - 4 A Reason to Live 30
 - 5 Legs 45
 - 6 Apocalypse Now and Again 54
 - 7 Boredom 69
 - 8 Christmas in Summer 79
 - 9 A Record-Breaking Month 88
 - 10 Kandahar 98
 - 11 War Is Nasty 104
 - 12 Way to Start Your Day 115
 - 13 Back Home 128
- Epilogue 132
- By Way of Acknowledgment* 141
- Notes 143

1

Hawkeye

Hawkeye would occasionally play God.¹ As a general surgeon with extensive experience in treating war casualties, he was expected to make difficult decisions. Every bit as vociferous, gifted, and contemptuous as the *MASH* character whose nickname had stuck, he showed up during a weeklong surgical training course at the Royal College of Surgeons, a block or so down from the London School of Economics and Political Science (LSE).

The college had been established by royal charter in 1800; the trade guild on which it is based was founded as early as 1540. The Company of Barber-Surgeons, as this curious amalgamation was first called, decided to divorce barbers from surgeons on the insistence of the latter. These surgeons went ahead and built themselves an anatomy shop near Newgate Gaol, at the corner of Newgate Street and the Old Bailey, to give them direct access to the bodies of executed criminals. In medieval times, its keepers were apparently allowed to exact payment directly from prisoners, which, perhaps unsurprisingly, incentivized keepers to be creative in supplementing their take-home pay: they charged for entering the jail, for taking irons off, and for putting

them back on. The jail was to be fertile soil for the college's cadaver labs, judiciously farmed to yield a steady flow of stiff.

Today, the college stands in Lincoln's Inn Fields, London's largest public square and home to a tennis and netball court and a bandstand. Between it and the LSE stands George IV, a pub known colloquially as "the George," popular with surgical trainees and social scientists alike. It is here that one rinses body and mind of the residue of days spent in the college's clearly prosperous cadaver lab.

Pre-deployment training involved five days practicing on human cadavers made up to resemble recipients of the war's signature wounds: ballistic injuries to the legs, amputations, abdominal bleeding, and injuries to the chest, neck, and head. The corollary of perfecting surgical practice is a tangle of saturated human tissue: the abdomen open and packed with gauze after an emergency laparotomy; the skull exposed and brain visible through a two-square-inch window cleanly cut and designed to relieve pressure; the neck mangled after multiple attempts at placing a tracheostomy tube; the chest propped open like a clamshell; a fasciotomy exposing the tibia and calf muscle; a long piece of linen wrapped around the pelvic girdle to hold in place a fractured pelvis; the bits that fell off during dissection carefully placed in a Tupperware container. They, together with the body, will in due course be disposed of. It is nearly impossible to rid oneself of the gummy pong of formaldehyde, and the purging of it is what the George is there to facilitate.

It is here that Hawkeye and I had our first chinwag.*

* British term meaning "chat."

I didn't know at the time, though it would soon become clear, that if I were to be allowed to deploy to Camp Bastion, Hawkeye would be my chaperone and guardian. He talked at length about previous deployments—to Bosnia, Iraq, Afghanistan, Ireland—and time spent at sea ministering to sailors in their reproductive prime but confined to the company of men except when, occasionally, the ship would dock in one or other colorful port and all bets were off. He spoke of the games lads play, many of which have strong sexual connotations, and the diseases they'd bring back on board the vessel, and of the horrors of war, and of the terrible suffering that humans wreak on one another, oftentimes with little reason other than having been given leave to, and of his inability to understand how it is that people inflict anguish on children, whether out of malice or ideology or neglect. He talked about himself, about how he would never be promoted beyond his rank, because he refused to take on significant managerial duties if it meant sacrificing frontline work, and of his inability to keep his forthright, and occasionally politically incorrect, tongue in check. He was firm in the view that no resources be spent on Afghan casualties who have a better chance of winning the lottery than surviving their injuries. To keep them alive just because we can is, he said, heartless, seeing that they would be offloaded onto a local hospital with fewer resources, inferior pain meds, and different standards of care. Better to let them go comfortably and be done with.

Hawkeye is close to frontline troops, closer than many of his peers, and heir to the tales they bring back home. He is decisive and exceptionally skilled with the knife, happiest when elbow deep into a belly or chest where every vital organ and vessel—where life itself—resides. His patience with do-gooders wore thin long ago. He thinks they, like politicians, meddle in affairs

of which they have little or no practical experience, foisting their armchair theorizing on a world they do not understand but feed on for piety or smugness or public opinion or political point scoring, and nothing would please Hawkeye more than to haul them by the hair of their neck into a busy operating theater to shove them face-first into that veritable war, the triumph of weapons designed, procured, and sanctioned on their watch.

His deportment is effective at hiding the benevolence inside. For while his peers fear or loathe him at times, or both, he cares deeply for those put in his care, and Royal Marines in particular. He would have been a marine himself were it not for a motorcycle accident that wrecked his wrist and left him unable to complete the monkey bars during a qualifying routine. At the time he was given the option of skipping the bars and taking a time penalty instead, but he refused. Everyone would forever know, he said, that he had been made an exception. Worse yet, he would know, so he opted for an ordinary Royal Navy career instead, qualified as a general surgeon, and made it his life's work to look after the Royals. Hawkeye understood the Royals, and they him.

As the George loosens its faucets and gives generously, those due to deploy get a chance to socialize, and as the alcohol does the inevitable, stories begin to flow of deployments past, of things seen or only heard about, things fair and unfair, surreal but oh so real at the same time. They might hate war, but going to war reminds them of why it is they decided on a medical career in the first place. It shows them there is life beyond their mundane civilian medical practice. It is as Chris Hedges said it was—war is what gives life meaning. Those who choke up take a hike to return a little while later to more merriment, to tales of naked generals and toilet seats and illicit sex, all the while working the night into a bond more

intoxicating and affecting than any drug could deliver. For in the end it is camaraderie that wins small wars.

In the little sleep I did manage the first night, I seemed to be doing ward rounds, checking in on injured soldiers, except that in my dream the building looked far less like a hospital and more like a dormitory wing with small rooms to each side, and I entered one of these but slowly and uncomfortably, finding myself caught in a sleeping bag barely able to move, and the room being packed full of amputees not so much in as on top of beds, and one of the doctors I hadn't seen before taking me out of the room and roughly into the hallway I'd just come from, and angrily demanding of me what my business was, why I was here and with whose permission, and me trying to convince him that I was all right, that I had secured all the relevant permissions, and that he had no need to worry, but my riposte neither assertive nor effective and not helped by that ridiculous sleeping bag.

THE MOST COURSE was the first of four required pre-deployment courses and targeted specifically at surgeons and anesthesiologists. Next up was a Hospital Exercise (Hospex) staged in a near-perfect replica of the Role 3 hospital in Camp Bastion, but on a military base outside York, and designed to bring the entire hospital staff together. Cadavers had given way to real amputees. Even the sound of an approaching Chinook had been canned to be played while trauma teams awaited the arrival of casualties. The focus here was on process, inasmuch as MOST's focus had been on surgical and anesthetic technique. Everything was designed to happen in real time, except of course that surgical procedures couldn't, leading to a pointless scenario whereby surgeons would talk each other through whatever procedure they decided might save the day, only to be forced to stand by with little or nothing to do for as long as

the procedure would ordinarily take. Little did I know then that the boredom experienced here would anticipate that in Camp Bastion, even if only on occasion, but when it hit it did so with a vengeance.

The third required pre-deployment module was also the longest in duration: a ten-day Operational Test and Evaluation Command (OPTEC) hosted at the Royal Navy base in Portsmouth and required for everyone about to deploy regardless of specialty or rank. Aside from a light-touch first-aid session, the emphasis was broadly on what to expect when dropped lock, stock, and barrel into a war zone. Practical sessions on what to do when taken hostage and how to identify land mines were a welcome diversion from lectures on Afghan language and culture.

“Why the fuck do we need to learn about Afghan culture?” Hawkeye had hissed during one of several PowerPoint presentations. A woman of Afghani origin had been keen for us to pick up some basic Pashto from an A4 crib sheet (actually she had said “crib shit,” which Hawkeye thought hysterical), along with things to do and refrain from doing when interacting with locals.

“Why spend an hour and a half telling us not to show these ragheads our feet if we’re going to shoot them anyway?” Hawkeye had said a little louder than I suspect he intended. And yet despite a gruff exterior Hawkeye was the only surgeon I would ever see hold the hand of Afghan boys and men worried sick about their plight, and delay procedures to make sure the interpreter was there to explain what the prognosis was and what would happen next. During one of our first ward rounds in Camp Bastion’s hospital, he got visibly upset when a sick old Afghan barfed all over, and through, his ragtag beard but without also being given a bit of attention, save to be handed a disposable cardboard bowl for the residual.

“Why doesn’t anyone give the poor sod some privacy?” he had asked. “Why not wheel the fucking curtain around?” Hawkeye had a knack for voicing what was on most people’s mind, however insensitive or inappropriate, and his tendency to run detailed commentaries on what everyone was or should be doing and what was wrong with whatever was going on would become the bane of his compatriots. Otherwise, his magnificent pair of hands might have made him the ideal surgical colleague.

2

Reporting for Duty

The journey to Helmand was less challenging than I had been led to expect it would be. After a bit of shut-eye in a darkened waiting room at RAF Brize Norton—the UK’s largest Royal Air Force station—Hawkeye and I were flushed out for our 0400 (4 a.m. in twenty-four-hour military time) flight to Helmand, wrung through security, and in characteristic hurry-up-and-wait fashion directed toward a further two linoleum antechambers, each crowded but lackluster for the late hour and the onset of memories of home.

I was just about to make my second bed of the night when we were called to board a plane from which any and every identifying mark had been removed or painted over. None of it mattered, of course, as we’d be on the inside looking out during our first leg en route to Central Asia. Officers were seated in business, foot soldiers in economy, which is where I would have ended up had it not been for Hawkeye’s insistence that I needed a chaperone, and as he wasn’t about to sit in cattle class, neither would I. Sleep came quickly, and before long we found ourselves on a desert landing strip. Rumor in the cabin was that we had landed in Bahrain, though this was never confirmed. After another hurry-up-and-wait four-hour layover in an improvised canteen (a “one in one out”

fridge with a tall stack of water bottles beside it, a toilet block, sandy courtyard, and games room), we were fed bite-size into an army green TriStar for transport to Helmand, where we arrived just after 2100.

Hawkeye and I stepped out into the black fog, drifting with the tide toward a makeshift registration desk and, beyond that, our litter of worldly belongings now covered in fine desert sand. My two bags were lightweights in comparison with the camouflaged carryalls of Hawkeye: jeans and tees, a flack jacket and helmet, a couple of Moleskines and ballpoints, a Nikon D700 with three prime lenses, a sleeping bag, a box of breakfast bars in case we were caught out without dinner, toiletries, and a small photo album. Unlike everyone else here I carried no weapon—not allowed to—and my standard civilian-issue protective gear looked scrawny compared with Hawkeye's beefier military kinfolk.

There is nothing that quite compares to losing one's virginity in a militarized zone. Everything here followed a function-before-form mantra. Yet even the functionalism of Frank Lloyd Wright always had a certain beauty about it, whereas here the lot was metal or rubber or canvas, grubby when used, camp when clean, the overriding scent a pomander of kerosene and exhaust fumes. Febland awaited our arrival. We had met several times prior to deployment and, I thought, had always hit it off. Still, my well-intentioned but tactless "How's the tour been so far?" met with a snappy "Well, what do you think?" followed by a painful silence. Escorted into a dusty four-by-four, him at the wheel, we made our way from the flight lines to the small hospital, trading the scent of kerosene for a medley altogether more familiar: of iodine, chlorine, ethanol, and isopropyl alcohol. There was little to see on the way of the four-by-two-mile poorly lit camp. What began as a tactical landing zone in Helmand in 2005 had grown

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into a garrisoned unit with the arrival, in 2006, of Thirty-Nine Engineer Regiment Royal Engineers, to become the largest British overseas base since the Second World War. It was named after the Hesco Bastions, the collapsible wire-mesh, heavy-duty-fabric-lined, stackable, sand-filled sacks designed to provide protection against bullets and bombs, and now caught in our headlights. They, and a series of large concrete slabs, also made for useful partitions, separating the British camp from the adjacent US Marine base Fort Leatherneck, Denmark's Camp Viking, and a small enclave for the Estonian contingent.

We pulled up into the ambulance bay—a concrete slab that separated the hospital's two clapboard divisions, admin and the mortuary on the left, trauma and the wards on the right, and used daily to hose down bloodied gurneys—heaved our gear from the back of the truck onto the floor, and wandered past reception into the hospital.

It had been a limbs-in-bins sort of day was the word upon entry. One Gurkha was still being worked on, his upper legs and buttocks ripped to sloppy twine by a large metal nut stuffed in with a home-made explosive. One of the orthopedic surgeons grabbed hold of his femur to assess extensive damage to his right bum cheek, bits of skin, flesh, and muscle left dangling spaghetti-like as he did so, the inside of the Gurkha's netherworld an angry red. Blood oozed out as fast as it was being pumped in, and yet staff seemed unruffled. A treatment plan was quickly put together and circulated. Scrub nurses dispensed and collected sterile cotton swabs, right hand for new, left for old, quickly and efficiently, counting out loud as they bundled dirty swabs into sets of five before chucking them in one of several yellow bin bags. The attending anesthetist let the surgeons know periodically how hard he had to work to keep up with the fading Gurkha. We meanwhile stood and watched, “thumbs

up our arses,” as Hawkeye put it. There were plenty of hands to go around, and where more is worse, the most helpful thing to do is to move along, as we did, to the Doctors’ Room for a “near beer” before repairing to our bunks for a night without sleep under heavy, helicoptered skies.

By the time I returned to the hospital the next morning, late and weary for lack of sleep, the early morning casualties had already been dispatched to the ward or morgue, the youngest of the still warm only ten. Matching sets of double and triple amputees underlined the war’s agonizing ambiguities: which is the crueler, to prop up Afghans with quick fixes and the sort of sophisticated analgesics not available locally for the handful of hours they’d spend in Bastion, or let them cash in on their convictions pronto and meet their Maker? Ingenuity, after all, can render death quick nowadays and pretty much pain-free. All had been Afghans this morning, peeled off the desert floor by a Dustoff* helicopter crew after 106 pounds of AGM-114 air-to-surface missile did precisely as it said on the tin. The absurdity of the situation was plain for all to see: one budget is used to save those a different budget tried to kill only moments ago, both propped up by the very same tax revenues.

Such morning mayhem soon became typical fare: most days began with a string of casualties picked off Afghan soil after 0400 morning patrols and helicoptered into Camp Bastion. And yet despite its predictability, I never did get used to this prebreakfast ritual, hitting home so poignantly and immediately the brutality of humanity at war with itself.

* “Dustoff,” an acronym for “Dedicated unhesitating service to our fighting forces,” is a call sign specific to US Army Air Ambulance units marked with a Red Cross (meaning it is explicitly designed not to engage in combat).

All that lives inside [our world] tears each other apart with teeth of all types—biting, grinding flesh, plant stalks, bones between molars, pushing the pulp greedily down the gullet with delight, incorporating its essence into one's own organization, and then excreting with foul stench and gasses the residue. Everyone reaching out to incorporate others who are edible to him . . . sharks continuing to tear and swallow while their own innards are being torn out. . . . Creation is a nightmare spectacular taking place on a planet that has been soaked for hundreds of millions of years in the blood of its creatures. The soberest conclusion that we could make about what has actually been taking place on the planet for about three billion years is that it is being turned into a vast pit of fertilizer.¹

To see firsthand, each day, the primeval brutality and callousness of war made for a grim experience, even if not without its share of funny moments. Humor has long been known to be an effective coping response to trauma and features large in the popular hospital literature—think of Samuel Shem's *House of God* or Richard Hooker's *MASH*.² It is often directed at those thought to be "fair game." In ordinary hospitals these might include the obese or very old, or those suffering from preventable "lifestyle" diseases. Howard Becker and colleagues, in their landmark *Boys in White*, noted that medical students would treat certain patients with disdain because nursing them proved unrewarding and time consuming. By much the same token, cynicism and derogatory humor were typically aimed at Afghan casualties whose injuries were either self-inflicted (such as when they deliberately shot themselves in the foot) or the result of incompetence (such as when they accidentally put bullets into each other). To occasionally poke fun at Afghans might thus have served the dual purpose of distancing the self from the human misery of war, and of differentiating "us" from "them." It is very much an insider game that cannot, and never should, be played with outsiders.³

“Mine will be tucking into his first virgin right about now,” said Fernsby, one of the orthopods, while wiping his specs on his scrubs. Orthopods, shorthand for orthopedic surgeons, are plentiful in Bastion, presumably because so too are amputations. Buster reached for his morning coffee, Hawkeye his rocks. There were plenty of mags to be had from the rhombus that doubled as a coffee table in the Doctors’ Room so long as one didn’t mind news that was news deployments ago and given the once-over a good many times. Colorful periodicals lugged along in duffel bags or snail-mailed in parcels offset the austerity of professional lit. Dankworth, the hospital’s only tropical medicine specialist, had his dad ship him weekly tales of Fleet Street in a padded envelope, the padding a misguided reaction to what Dad imagined postal services in combat were subject to. In reality, shipping involved little more than an RAF plane and pencil pushers sniffing for alcohol, easily hidden when food coloring is mixed in with vodka and bottled as Listerine, with toothpaste and floss added to the package for believability. One wonders, has the RAF really not caught on to one of the oldest tricks in the deployment book?

Ty is American, like Buster, but an orthopedic rather than general surgeon. He got his secretary to send him his subscriptions with one instruction: to never in a million years include anything published by his co-resident and triple threat—a doc who can cut and write and has bedside manners. Another fourteen weeks and he would be out of here and back to Orange County and its chilled-out beach communities, Newport and Huntington and Laguna, where he can don shorts and sandals and grow sideburns for good measure, and where the girls are blond and tanned with suggestive tattoos on their lower backs, signposting that sweet Kodak moment en route to fourth base. Southern Cal is dope, Ty had said.

“Black Taliban pyjamas on my guy,” Weegee replied. “Dead giveaway.” Weegee is here hot on the heels from a twelve-month stint in a local hospital some six klicks (kilometers) removed from the birthplace of the Taliban, there as part of a crew designed to mentor local docs and nurses in the Afghan-operated, American-supplied military hospital, trying to help those he said didn’t care much to be helped except if it meant accessing otherwise unaffordable equipment. He was beat and miles past pleasantries.

“Bloody well used up all of our platelets,” said Hawkeye.

“There’s two bags left.” Fellows, a Lancashire anesthetist, is a greenhorn yet to prove his mettle and keener than most.

“Well, that’s hardly good news, is it? Let’s just hope none of our boys gets hurt or we’re fucked,” Hawkeye replied.

“*They* are,” Weegee said.

“Sorry?”

“*They*. Just that you said *we*.”

THE REALIZATION that fair-mindedness in combat need not be reciprocal and that there is such a thing as getting tied up in a lump of one’s own moral making isn’t lost on anyone. The mid-morning natter knew of the tension between the humanitarian treatment of victims of war and the recognition that treatment isn’t always the kindest—let alone least painful—alternative, and that the Taliban may not give a hoot in any case, and so why should they?

“I bet you a million these ragheads don’t give our boys that sort of treatment when they get injured,” Hawkeye said. “We shoot a missile at them and they survive, and rather than finishing the job we fly in our most expensive asset and have our lads carry them two and a half miles on gurneys through the fucking heat with all their gear on their backs just to get them to the helicopter and

pump them full of blood even if we all know they're going to die. Ever wonder what people back home would make of our using their blood to prop up the Taliban?"

Hawkeye, Fernsby, Buster, Dankworth, Ty, and Weegee spent the morning shooting the breeze, its being too early for DFAC* and yet having nothing else to do.

"They aren't fazed by death in the way we are," said Hawkeye. "You die doing the work of God it's like having won the fucking lottery."

"..."

"You know, don't you, that if the Taliban catch you you're fucked. Trick is to self-lubricate. It's what they tell you in training."

"Skipped that bit when my lot went through." Fellows glanced briefly at Weegee for reassurance.

"You'll bite the pillow all right," said Hawkeye. "They also told us not to feel guilty if you get a hard on while they're at it."

Out of pure hate. In and out and then in and then finish. . . . Only Homo sapiens fucks out of hate. Only Homo sapiens has the developed consciousness that can make hate such a powerful aphrodisiac that there is no going back afterwards to love, sweetness, gentle caresses, cigarette smoke and soft music.⁴

Sugared up on hard candy and pleased to have gotten Fellows in a tizzy, Hawkeye picked up where he'd left off, saying that one of the lads in his OPTEC cohort had asked if it would be okay if he finished himself off after.

"Should have heard the rest of the guys," Hawkeye said. "Took the piss right out of him. I told him not to give a monkey's about

* Dining facility.

what anyone else might be thinking, and that it wasn't a silly question, and that a quick flute solo would be just fine."

"Someone actually said that?"

"Sure. Can't have been more than eighteen, nineteen, and not the sharpest tool in the shed. But at least he wasn't afraid to say what he was thinking. Should be somewhere on the flight lines right now."

"I LEFT A CHOCOLATE BAR in the fridge last night and now some fucker has eaten it." An irritable Nithercott scrutinized the insides of the mini fridge through its glass door.

"My wife sent me a packet of Gucci* loose-leaf tea and that's gone as well," Southwark replied, his head hung right back so as to take in a now busily rooting Nithercott upside down. Southwark seemed unperturbed. Nithercott wasn't. Southwark is an orthopedic surgeon, Nithercott an anesthetist, and that might explain some of the difference in outlook. Orthopods don't usually take the sorts of risks that anesthetists or general surgeons do. They work on limbs, of which there are two in any case, whereas anesthetists control the physiology such that orthopods cannot even remove a tourniquet without their nod of approval. There are reasons that anesthetists talk of their job as protecting the patient from the surgeon, even if partly in jest. Anesthetists and general surgeons—known as gassers and slashers—have more in common with each other than either of them with orthopods or plastics.

"You might want to ask Jock about that one. He was all happy about having found a small teapot the other day and has been using it ever since."

* Military slang for anything bought to replace an issued piece of equipment.

Jock, "the plastic," is shameless and irreverent but in a playful sort of way, having had more human anguish burned onto his retinas than most of those here, except Hawkeye. Both are exceptional cutters. Whereas Hawkeye likes big holes, Jock, true to his discipline, prefers to keep them small. But as mostly corrective cosmetic surgery is carried out in hospitals back home, Jock has ended up spending the majority of his time working on hands and faces, picking out bits of shrapnel and, if he really must, an eye.

If one were to divvy up people into dogs and birds going by facial features, then Hawkeye's a dog. So are Jock and Fernsby. Ty, Southwark, and Dankworth are birds, their features finer, pointier, as are Bomber's and Doo Rag's.

Doo Rag is Puerto Rican and the youngest among the five general surgeons. With youth comes ambition, and Hawkeye suspected him of trying to wriggle himself into every surgical procedure just so he can add another entry into his surgical logbook. Hawkeye's beef with Bomber was similar in that Bomber is highly experienced in trauma surgery and unambiguously ambitious, one of the youngest ever to have been put in charge of a large trauma center back in Britain, and with eyes set on bigger prizes yet.

Hawkeye told Bomber of a buddy of his who, after two tours of Afghanistan, feels unworthy of wearing his green beret and cannot get it up with his missus because he remembers his best mate getting shot in the head because he couldn't be arsed to raise the height of the Hesco compound wall despite having been asked to do so the previous day, and now his mate's dead and his dick is limp and his life shit.

MY ROOMMATE, Brook, was three weeks into his first tour and spent. Early this morning, as was often the case, Brook's pager summoned him to hospital for the arrival of yet another casualty of the dawn

patrol. He slipped on his still-buttoned-up shirt like a sweater, crumpled its tails under his belt, and laced up his combat boots. As I heard the Chinook planting itself onto the desert floor, Brook stole into the ink outside where a fire crew was already busily shifting human cargo onto a gurney and into a specially modified Defender for its short journey to the hospital. Eighteen minutes later and Brook was back in his cotton-and-feathers pothole. "Gunshot wound to the head," he mumbled, "DOA," and sunk face-first into his pillow in search of anything but war.

*Man has places in his heart which do not yet exist, and into them enters suffering in order that they may have existence.*⁵

The Operation Minimize alert sounded minutes after Brook hit the bed, and in doing so, identified the fatality's nationality. Every dead Briton cranked into gear a set of bullhorns dispersed through the camp like a connect-the-dots. With it all forms of communication with the outside world are shut down instantly in an effort to prevent families back home from finding out via Facebook or otherwise before they can be visited by two people from the Ministry of Defence, there to give the news no one wants to receive or, for that matter, give.

As I walked into the hospital post-breakfast, the doctors were busily working on an Afghan shot through the spine two days ago and now paralyzed. Not satisfied with shattering three vertebrae, the bullet had churned his gut to chowder for good measure. He hadn't a prayer of surviving, or so one of the docs said. Bomber, having opened him up sternum to pubis and packed him to the rim with sterile swabs, begged to disagree. Problem was that if these were left in too long the patient risked turning septic, and if they were taken out, he risked bleeding to death with nothing left to press against his torn veins and arteries.

"We all know the score," Hawkeye said.

"Difficulty is that he is right now sitting up in bed talking," Bomber replied.

"Well, he won't be for much longer. He's septic as fuck."

"Anyone have any ideas on what we want to do about him?"

"He'll either die here or on the operating table, and as far as I'm concerned," said Hawkeye, "the operating table is more traumatic so best avoided."

"Problem is we've got to get him out of ICU before he infects everyone else," Southwark said.

"Why don't Doo Rag and I take him back into theater? If we can get him repacked and he survives, fine, he'll go straight to the ward," Bomber offered.

"And if he doesn't?" asked Hawkeye.

"Then at least we'll have given it our best shot. Either way he is not heading back to ICU."

The Afghan was swiftly whisked away from his visitor—who, hand on heart, bowed ever so slightly—then drugged up to the eyeballs by Cold Feet, a lanky, small-shouldered, large-footed anesthesiologist, who kept checking his anesthetic preps: a milky-white Propofol to induce sleep, Fentanyl to numb the pain. As Bomber and Doo Rag began the disagreeable job of plucking rancid swabs from the belly, Cold Feet worked himself up into a frenzy about plummeting blood oxygen levels, wondering out loud whether they could please stop the procedure and take him back to ICU even as Hawkeye quickly reminded him that this was precisely what they decided not to do, whatever the circumstance.

"He's not going to make it," said Cold Feet.

"We know," Bomber replied.

"So why not sew him back up and let nature take its course?" Hawkeye volunteered.

“Our gent’s approaching room temperature. Anyone have a better idea?” Bomber said.

Doo Rag shook his head.

Hawkeye, never one to hesitate, said no.

Cold Feet, looking like a monkey fucking a kidney, pleaded the fifth.

And so Bomber asked for sutures and sowed the belly back up.

“Another one bites the dust,” Fernsby, who had been looking in on the procedure, told Southwark back in the Doctors’ Room, spinning make-believe revolvers into make-believe hip holsters.

3

Camp Bastion

Camp Bastion, before its handover in late 2014, covered eight square miles of desert in southwestern Afghanistan and served as the coalition's logistical hub in Helmand. Some six hundred aircraft flew in and out of it every day. Never short of ambition, former British prime minister Tony Blair designated it an extraordinary piece of desert where the fate of world security was sure to be decided.¹

Its fifty-bed hospital featured an ordinary and intensive care ward, a six-bed resuscitation bay (or emergency department), referred to as “resus,” a four-theater (or bed) operating room, GP and dentist practices, and a pharmacy. Its administrative wing, across the ambulance bay, held various offices as well as one morgue for the Americans and another for everyone else. Adjacent to the morgues stood a small chapel. Having begun its operations inside a large canvas tent—which remains pitched in case of emergencies—the hospital, over time, had grown into a concrete-block-and-mortar structure with the sorts of amenities one might expect from any modern facility, including two CT scanners, mobile X-ray equipment, and a fully functioning blood lab, all conveniently located within yards of one another.

In addition to handling battlefield casualties, the hospital provided useful services for troops with non-battle-related maladies: tooth extractions, appendectomies, treatments for unusual or uncomfortable growths, chronic back pain, broken bones; a merry pageant of the dead, dying, and suicidal, the sick and the sorry.

The nurses, operating department professionals (ODPs), and operating room staff lived a stone's throw away from the hospital in an enclave of their own, in eight-bed pods that divided off canvas corridors symmetrically. Khaki covers hid elaborately constructed Wendy houses inside, composed of bedsheets, flags, and towels strung together with bits of nylon. Sleeping bags like slumbering dogs lay on camping beds or stuffed inside duvet covers. Damp towels hung peg-less from coated washing lines, as did a canvas dangle with pockets for soap and undies.

Several of the pods featured a white sheet at the far end to provide cinematic entertainment at the end of a long day. Admission prices never exceeded a smile and six-pack of fat man's Coke,* though spicy chicken wings and pepperoni pizza were a definite plus. Others contained comfy chairs, collapsible and cheaply made but solid enough for late-night chinwags. The cots were plain but comfortable, the linen passed on from prior generations and yours to wash and sign over to your replacement in due course. Despite cool air pumped in through textile piping, it was often too hot to crack one off, and so one idled away the hours.

Everything in Bastion was bought and sold using American dollars. Change came in the shape of paper coins, all about an inch in diameter, and varying in colors depending on value. These could be traded for soda pop, food, candy, coffee, toiletries, and knickknackery in a small market square that featured a Pizza Hut–Kentucky

* Military slang for Classic Coke.

Fried Chicken combo operating out of an old shipping container. There was also a coffee shop, games room, and a NAAFI.* A bit farther down were a couple of “tourist shops” where locals displayed their trinkets. Higher-ticket items, electronics, and Americana were sold in a PX† in the adjacent Fort Leatherneck, less than a klick away.

Leatherneck belonged to the US Marine Corps. Its two most popular venues by far were the PX and canteen, the former open to everyone, the latter only to American personnel. The PX offered many more choices than did the NAAFI in stocking multiple brands of shampoo, toothpaste, deodorant, and other such essentials, lads’ mags, American foodstuffs, knives, laptops, slippers, bicycles, headphones, first-aid kits, and electric razors. Turning left out the back door of the Doctors’ Room and into the hot wind outside, one bore left after the first junction and followed a sandy trail alongside a Hesco wall for about ten minutes, and then, when the Hesco ended, a quick right into a ramshackle but amply stocked shop. The canteen was a little farther away but worth the extra few paces. The only way for non-Americans to get in was to fake identity, passing ID cards from a host marine down the line and signing in with a phony name. It was easily done.

Once inside, one got to harvest the war menu. Gone were the C-rations of old and in were hamburgers and chicken breasts, pizzas and corndogs, potato chips, tacos, burritos and fajitas, salads, soup, Louisiana hot sauce, ranch dressing, fresh fruit, Quaker oatmeal, Jell-O, Ben and Jerry’s, milkshakes, fizzy drinks, Starbucks, Pop Tarts, Hershey’s, Lucky Charms, Jelly Belly jelly beans, A&W

* Navy, Army and Air Force Institutes, or shorthand for a shop offering basic groceries.

† Post exchange, a common name for a type of retail store operating on US military installations worldwide.

Cream Soda and Root Beer, year-round pumpkin pie, Oreos, Reese's Pieces, chocolate chip cookies, fries with BBQ sauce or ketchup or tartar sauce, ice cream topped up with chocolate sauce or marshmallows, coffee as espresso, Americano, cappuccino, or latte, all thanks to the realization that morale might well be one of America's fiercest weapons and, in the scheme of things, also one of the cheapest.

Bastion's fifty-bed field hospital had its very own launderette: a sorry marriage of canvas, plywood, and corrugated sheeting. But it worked. It is here that staff members dropped off scrubs, soiled linens, pj's, and towels in muslin fishnet bags to have all life boiled out of them. Doctors preferred it for its speed over their accommodation's alternative and took to dropping off their personal kit, again in netted bags but with a name tag or bit of colored ribbon tying off the top end. One dropped them on a trolley, signed over power of attorney to the lads, and Bob was your uncle. Drop-offs were welcome day and night, as were pick-ups, watched over by young men occasionally seen petting two to a sofa with a third looking on, but up and about when caught out by a late-night visitor looking for something clean to wear. Muslin leftovers from past deployments had accumulated on the bottom ledge of a three-shelf rack, their owners long since gone, too tired in the end or too affected by their deployment to want to lug their relics home. The hospital never closed and neither did the laundry or, for that matter, the morgue or incinerator. It was a different story for the DFAC, where if you turned up after closing time you'd forgone your right to dinner and would have to make do on biscuits or tinned foodstuffs instead.

Hitting the sack in Bastion meant one of two things, depending on one's rank. Tier Two accommodation looked very like trailer homes stacked two floors high and featured bedrooms and

ablutions along a laminated, character-free corridor. It was reserved for officers: slashers and gassers, physicians and intensive care specialists, radiologists and emergency doctors. They were a more luxurious alternative to the eight-bed tented pods occupied by nurses and ODPs, even if those were far more social. Just yesterday, health and safety had ordered the removal of all fridges, cabinets, books, and kettles from the hallway, thinking these might be obstructions in case of an evacuation. In doing so, however, they created a quite different, and not insignificant, obstacle: by ridding the cabins of all remnants of social life they also stripped them of the possibility for any form of socialization. True, there may be picnic tables outside designed for that purpose, but these were conspicuously empty except late at night when the temperature finally allowed for it.

Hawkeye did not take long to move out of Tier Two and into the eight-bunk canvas pods where, he said, the ablutions were more plentiful and less honking, where the wastewater wasn't tepid and actually drained, and man-stink didn't hang in the air like gummy fog. He bunked up with three primary care physicians. Four spare beds were occupied on and off for the odd night by those waiting for their return flight to Britain. He kept me a spare bed, he said, in case I changed my mind (which I did, three weeks in). While air-conditioned, the tented pods were many degrees warmer and stuffier. To this the solution was simple: sleep naked and trust your body to work its merry way from atop the sleeping bag to inside it as the night drove the temperature down. Unless you rose with the dawn patrol, you'd wake up dank at sunrise as the cool night had given way to the firestorm that is Afghanistan's summer.

Mosquitoes weren't ever a big deal. There wasn't a swamp within miles, and it was unlikely that the odd stray would carry malaria,