

Sounding Board

Rehabilitation and recovery after combat trauma: The new normal

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The blistering sun had long since dipped behind the horizon, leaving only remnants of those crimson streaks that had painted the desert. Unfortunately for me, such sunsets – along with equally beautiful sunrises, and night skies illuminated with more stars than I will ever see again – were often too easily lost amongst the chaos and casualties. I think I made an honest attempt – way back in 2004 – to notice and appreciate those fleeting moments of astounding beauty in that vast, barren desert, but I'm not sure how good a job I actually did. So many memories of the seven months I spent in that Marine Corps surgical company in western Iraq are blurred, to tell the truth.

They are blurred into one long night – a night jarred by the crack of exploding rockets, rattled by the windows in the hospital and the teeth in my head, deafened by the roar of helicopters landing on our pad, and pierced by the cries of the wounded as they were hauled into trauma bays. One long night marked by the frantic pace during mass casualties and the sheer exhaustion afterwards. And they are blurred into one endless day of trying to help Marines who sought treatment from my partner and our psychiatrist, our two psychiatric technicians, and me. They are blurred, I suppose, like the amazing sunsets.

One night, with that red evening sky almost gone, I collapsed on my cot, put some music on my headphones, and wrote in my journal about a patient we had met that afternoon. He was a sergeant, I think. After all, as a health care provider, if I want to write about a case, it is my ethical duty to change the details so that

my patient is not identifiable. My memories of so many of these patients are blurred, anyway.

This Sergeant came in to the surgical company with shrapnel damage to one of his eyes. In fact, his eye was missing from the socket completely, leaving behind a strange crater covered by what was left of a torn eyelid. My friend Bill cared for him, tried to make him comfortable. He would be evacuated to Baghdad, where an ophthalmologist would take over, and then he would be sent home.

After a protective bandage had been placed on his wound, the Marine spoke. He asked my friend if he might be able to open his uninjured eye. Bill told him he could. The Sergeant sat up. He was sore, and still a little dizzy from the impact of the blast that took his eye. He surveyed the room until he could clearly see the four young men who had come in with him, all of whom were being treated for superficial shrapnel lacerations. He counted them silently, then gingerly returned to his prone position on the table.

“I only have one good eye, Doc,” he said, clearly exhausted. “But I can see that my Marines are ok.”

“He was amazing...” I wrote in my journal that night, summarizing the day. “... And one day after the next, war continues to surprise me. Today I am fascinated and humbled by what I learned in a moment I didn't expect to be a student, from a young man I didn't expect to be my teacher.”

I wrote about this unselfish young leader, who would be cared for by the best eye surgeons in the Navy when

he returned home. They would fit him for a prosthetic eye, I wrote, and while he would not return to active duty given his loss of depth perception, he would likely be rehabilitated in a meaningful way and make as full a recovery as possible, going on to lead a good life. After all, it was obvious he was a good man.

Almost nine years later, on an overcast, frigid winter day on the east coast – a night in which no sunset would be visible at all – I gave a speech to a battalion of Marine weapons specialists, describing combat stress injuries and what they could do as leaders to care for each other and their students. I told them that this care would be instrumental in the reduction of the stigma that accompanies invisible combat wounds.

After my talk, a muscular young man approached me to discuss one of his friends. He looked so familiar. When he got close enough, I could see that he had a prosthetic eye. The battalion commanding officer introduced him, saying that he was a sniper, and that his missing eye was one of many combat wounds he had survived. After the talk, the skipper and I sat down to debrief. I asked about the Marine with the prosthetic eye.

“He is one of the best snipers in the Corps,” he told me.

“Even with one eye?” I asked, incredulous.

“You close one eye to shoot, don’t you, Doc?” The Colonel smiled at me. It had been nine years since I’d carried a weapon, and I hadn’t thought about it in a long time. Of course, I was never good at shooting, even back then. I had to admit, though, he was right. Even I used to close one eye.

Suddenly, a previously blurred memory became crystal clear. And I remembered that Sergeant (who might have been a different rank) – that one who lost an eye and was treated in our surgical company. I had journaled about him on the day I met him, surmising that, although life would be different with one eye, he would recover.

Was this the same man? I almost asked the skipper if he could help me find out if that Marine had come through Alpha Surgical Company in 2004. But I decided against it – because it did not matter. It did not matter to me at all. Because suddenly I remembered. I remembered the way I felt about that man I met on that hot Iraq day, now ten years (or a lifetime) ago. And I realized, without doubt, that I felt the same whether or not that man went on to become a sniper and make four or five more combat deployments. To me – way back then – he was brave and selfless. And I believed

he would rehabilitate, recover and overcome. Today, I realized that he did. He did not give up, just like I knew he would not. He overcame remarkable odds, as I was sure he would.

Whether that my Sergeant was that sniper or not, he was my hero.

Perhaps I knew all of this on that day I met him, almost a decade ago. But with those blurred memories that sometimes accompany trauma, maybe it simply took me nine years to remember it right.

In reality, I have no idea what my Sergeant’s rehabilitation was actually like. Since I was dead wrong about a person’s ability to return to a different operational specialty and stay on active duty with one eye, maybe that is exactly what he did. Even if he didn’t become a sniper, perhaps my Sergeant went on to something just as meaningful and exciting in uniform. Or maybe he moved on to a happy life in which the Marine Corps is only a memory. Maybe he showers his children with that same unselfish love he showed his men.

All of this is guesswork, since I have no idea what truly happened to him. We have so little follow up information about any of the patients we treated back then. But I am certain of one thing today, now ten years after my deployment during one of the most intense periods of fighting in Operation Iraqi Freedom. I know that as a clinical psychologist I now define rehabilitation – and recovery – differently than I did before. I am not the only one. In fact, the entire country’s concept of recovery might be redefined by today’s combat veterans.

A formal definition of rehabilitation includes *restoration*, or “return to any former or better state.” After all, if we really pay attention to what our combat veterans are trying to show us, we – as their caregivers, friends, co-workers, fellow Americans – might learn what truly constitutes a better state. And along the way, by changing the way we look at them, we might actually gain some understanding of the war experience, even across generations.

“War will change you,” Marines often say, to anyone who will listen. “There is no way to avoid it, so do not try. You will return from combat a different man, or woman.” Change after combat is unavoidable. But it turns out that the questions we should be asking, as we discuss rehabilitation and recovery, are different than we originally thought.

They will be changed. They can be better. So the question should be, *how* will our combat veterans be better, when they return? Which of these changes for

the better will we notice, living and working alongside them in our communities?

Perhaps there is a new normal in our country, which will help us all re-define what we mean when we say

“recovery” after war. And perhaps, by modifying the way *we* look at *them*, we will finally see that which can only truly be seen through the eye of the beholder.