



Broken Bodies, Shattered Minds: A Medical Odyssey from Vietnam to Afghanistan

By Ronald Glasser M.D.

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Editorial Review

Review

Library Journal

Pediatrician Glasser, whose best-selling 1971 memoir, *365 Days*, recounted his experiences as an army physician during the Vietnam era, updates his earlier observations with this disturbing exploration of the medical aspects of the Iraq and Afghanistan conflicts, where explosives are the enemies' weapons of choice. Survivors of these improvised explosive devices (IEDs) and suicide bombs may suffer massive injuries, amputations, and brain damage, requiring years, if not lifetimes, of expensive treatment. Other explosive injuries to the brain are subtle and difficult to detect without advanced imaging equipment. Glasser argues convincingly that the effects of surviving repeated shock waves contribute to soldiers' and veterans' high rates of prescription drug addiction, suicide, and debilitating post-traumatic stress syndrome. The tragic human cost of such injuries is paralleled by our mounting financial obligation to provide lifelong care for the ever-growing number of returning soldiers. **VERDICT** Glasser writes with a passion that challenges those who might wish to avoid the harsh medical and social costs of current warfare. General readers will find themselves engrossed in his accounts of the spirit, creativity, and heroism of our soldiers and the medics, nurses, and physicians who care for them.

-Kathy Arsenault, St. Petersburg, FL

Publishers Weekly

Each war has its signature wound, and in America's latest wars, it carries the prefix "poly," writes Glasser (*Another War, Another Peace*), a former U.S. Army Medical Corp major. In this deftly written and researched account, he explains that because so many more soldiers survive their wounds today than did in Vietnam, they often suffer from multiple injuries requiring "poly-trauma units." Glasser describes how improvised explosive devices in Afghanistan and Iraq blow off limbs, wreak havoc on internal organs, and cause devastating concussive brain damage--the signature injuries of our new wars. Glasser points out that today's wars with new weapons, new injuries, and new treatments all add up to "new suffering" for soldiers. He also focuses on the "Band of Sisters" in the new wars whose major cause of PTSD once was sexual harassment and now is combat. The weight of Glasser's research is compelling. But his powerful telling of these wounded warriors' stories is more than enough reason for a nation to read and react. (June)

Ronald Glasser's book is an argument for a choice between two stark, inescapable courses of action: call up a national draft and put everything we've got into the fight, or withdraw our forces from Southwest and Central Asia -- or to use his phrase, the "Edge of Empire." The paradigm shift between our presence in Indochina and our multiplex of wars these days is best reflected by the fact that the enemy used to shoot. Today, soldiers get blown up. And that is a fundamental difference, Dr. Glasser says. It seems that this veteran Army medic takes the image of exploded bodies as a larger metaphor for what is going on: everything is blowing up in our face and we have no plan.

One decade after the beginning of a global war of undefined scope and duration against a protean foe that could hardly care less about the next American election cycle, the United States as a society is not at war -- only its allegedly all-volunteer Armed Forces and military families who have carried the entire burden for this Ten Years War, what some have called a crusade against evil that may simply be freedom enduring the

sweeping dust over the "Graveyard of Empires." Since the weight of the fight is almost entirely borne by a sliver of the population, Glasser raises the question of a draft directly and forcefully. He writes that "even after a decade of fighting, with the volunteer army stretched to the limit and more and more reserve forces being deployed multiple times, no one is complaining, or even talking, of sharing the burden by instituting or considering a draft."

It may be too glib to declare that the suffering remains the same, not only for all the psychological, physical, emotional, and social casualties returned back home to normal civilian life with the war still going on in their heads, or reflected in the form of a missed limb or a burned face.

Although extraordinary strides in technology have kept more G.I.'s alive, many are condemned to live with injuries that, for some of the wounded, can only be described as the stuff of nightmares. Many more suffer brain damage and psychological wounds for which the toll has not yet been completely accounted.

Glasser quotes Gen. Fred Weyand, former Chief of Staff of the Army, who in 1976 put it: "The American way of war is particularly violent, deadly and dreadful. We believe in using 'things'--artillery, bombs, massive firepower--in order to conserve our soldiers' lives. The enemy, on the other hand, makes up for his lack of 'things' by expending men instead of machines, and for that suffers enormous casualties." The enemy must be dehumanized, Glasser adds, thus solving the problem of killing.

"The work of war is in the end, the work of death. And that the necessary killing is made immeasurably easier by the dehumanization of the enemy, whether it is as infidels, the gooks of Vietnam, the skinnies of Mogadishu, the terrorists of the world, the Nazis, the Japs, or the Ragheads. Yet in a very real way, killing is so difficult that the country has to work very hard to keep up dehumanization in order to get our troops to go back, again and again and day after day, to kill the bad guys."

Broken Bodies/Shattered Minds takes on the dimensions of that burden, going far beyond the V.A. hospitals and medevacs. This book is about how the way we fight, from Vietnam to Afghanistan in what Glasser calls a "medical odyssey," has changed dramatically.

This book is not only concerned with the often technical rendering of the kinds of injuries the troops encounter, but takes stabs at world history and the problem of killing. Glasser tells the story of a soldier he calls "Jake," who became a Marine and was sent to Afghanistan on the day that "a helicopter flying through the Kunar Valley in Helmand Province" was shot down. It was the exact same spot where, twenty years before, Russian helicopters were shot down ferrying Russian troops into that same river basin. It was close to the bridge destroyed 2,300 years earlier by Afghan tribesmen who had trapped half of Alexander the Great's Army, forcing him to marry the daughter of the local tribal chieftain to get what was left of his troops out of Afghanistan and into India.

In the 19th century, during the Second Anglo-Afghan War, "the British lost a whole army, 20,000 troops," in the "same mountains" from which Jake and other soldiers carry the wounded. Some of those casualties "become brain dead during the first part of the flights home. More than one set of parents waiting in Germany to meet their sons and daughters have flown back to the States with the bodies, many to donate the soldier's organs."

Glasser then turns his attention, and therefore ours, to Iraq: "In the months following the fall of Saddam Hussein in early 2003, Fallujah was one of the most peaceful and pro-American cities in Iraq," which may come as a surprise. The situation soured quickly. He writes,

"In April of that year, a crowd defied a local curfew and the protest escalated, with gunmen reportedly firing on U.S. troops. Soldiers of the 82nd Airborne returned fire, killing seventeen and wounding over seventy.

When there was a review of the allegations of firing on U.S. troops it was discovered that no U.S. soldiers had been killed or wounded." By February 2004, "control of Fallujah was turned over to the First Marine Division. In retrospect it was probably a bad decision."

The city was leveled nine months later. Later on, he returns to the Marines in the city of Fallujah, who were reporting that their ammo was not stopping the insurgents because it was not of suitable caliber. This "was something that hadn't happened to American Marines since they fought in the Philippines during the native uprisings in the 1890s."

Speaking of which, it may be appropriate to consult Mark Twain's observations of that war. He wrote that Gen. Leonard Wood looked on as our soldiers massacred some six-hundred Filipinos during those "native uprisings," in 1906, giving them the order to "kill or capture" them. Twain dryly noted: "Apparently our little army considered that the 'or' left them authorized to kill or capture according to taste, and that their taste had remained what it has been for eight years, in our army out there--the taste of Christian butchers."

The soldiers our politicians send overseas to fight a war less and less of us believe in are becoming increasingly demoralized. Accordingly, they are being drugged. "Across all branches of the military," Glasser notes, "spending on psychiatric drugs has doubled since 2001."

"Literally tens of thousands of troops struggling with insomnia, anxiety, alcoholism, flashbacks, irritability, chronic pain, and survivor's guilt have received prescriptions for sleeping aids, narcotics, anti-depressants, tranquilizers, and mood-stabilizers," he adds, citing a report in the New York Times that "documented that many of these medications used together can cause severe and deadly complications. An Army report published in 2009 admitted the problem by reporting that one third of all troops deployed have been on one prescription medication, and of the 162 documented suicides of all active duty personnel [sic] in 2009 over a third involved the use of one of these prescription medications."

Glasser also draws our attention toward the actual extent of women in combat. During the Second World War, 400,000 women served in the fighting, but few people seem to know that. Pointing it out "was considered at best 'unseemly' and at worst counterproductive to encouraging national enthusiasm for the ongoing war effort. There were some things that you simply didn't talk about." And today, women "currently make up over 20 percent of the 1.9 million soldiers and marines deployed to Iraq and Afghanistan." He continues,

"Between 2001 and 2009 over 200,000 female soldiers, marines and another 80,000 women from the National Guard and Army Reserves had been sent to the two war zones. The numbers of servicewomen killed is now approaching 700, as compared to one death in Vietnam, while the numbers of overall casualties--shattered limbs, penetrating head wounds, ruptured spleens and shattered kidneys, tension pneumothorax [e.g., collapsed lung], traumatic brain injuries, burns, and PTSD--is passing levels of over 30 percent of all women deployed."

Toward the end of his book, he cites Edward Gibbon's *The Decline and Fall of the Roman Empire*, in which Gibbon wrote, according to Glasser's paraphrase, that "within a period of sixty years not one general of the Roman Army and not one ground commander of any legion was from a family of wealth, privilege, or influence, even though these were the citizens who most benefitted from Roman power."

Glasser explicitly draws a parallel between Washington and Rome; we may not be seeing the fall of the empire yet. The use of "Odyssey" as the subtitle is no coincidence. Glasser cites "History's most famous veteran, Odysseus," who "upon his return home from the Trojan Wars, looks around and, clearly confused and disoriented, wonders out loud: 'Who are these people whose land I have come to?'" His question has lost none of its resonance.

Virtual Survival

Lower U.S military casualty rates are obscuring the horrors of war.

The human costs of the wars in Iraq and Afghanistan are high--and hidden, due to advances in combat medicine, and this masks the ferocity of these conflicts. In *Broken Bodies, Shattered Minds: A Medical Odyssey from Vietnam to Afghanistan* (History Publishing, June), Ronald Glasser quotes one army nurse in Baghdad: "We're saving the really severely injured, legs gone, blinded, deaf, parts of brains destroyed. You may go home, but you won't be the same as when you left." As Glasser writes, "Those that the nurse talks about now number in the tens of thousands."

So the wars' overt cost, the death toll, would be much greater if not for new medical developments that enable the "low" fatality statistics to hide the brutality of these struggles. The wars' signature wounds are traumatic brain injury and multiple amputations, which occur because our soldiers are being blown up by IEDs. Such wounds would once have been fatal, but not anymore, thanks to surgical advances and the transformation of combat medicine. "We have been lulled by our own successes in simply keeping our troops alive--as if death is the only measure of risks on the battlefield," Glasser writes. "Despite the growing sophistication of our battlefield medicine and the new body armor, the orthopedic wards at Walter Reed are becoming filled with numbers of amputees not seen since the Civil War."

In Vietnam, "small arm and automatic weapon rounds wereâ€”the signature wounds," Glasser writes, "the wounded bled to death. â€” Brain injuries â€” in Vietnam were universally fatal." Glasser, who served as a doctor there, wrote the bestselling *365 Days* (1971) about that conflict.

In *Broken Bodies, Shattered Minds*, Glasser argues that advances in vascular surgery and improvements in body armor have allowed soldiers to survive awful injuries.

Medicine's structure has adapted to modern war and so have its techniques, leading to transcontinental, anonymous care, "with survival being the single goal." Glasser cites the innovation of transfusing patients with "whole blood" instead of plasma and new ways of quickly clamping blood vessels, so that "despite the severity and grievousness of the new wounds, death rates have not increased." He describes the military's latest medical invention, the Forward Surgical Team, 20-person medical units, which travel in six Humvees and whose tents "can be set up in less than 60 minutes," as well as medical teleconferencing, in which "the focus is only on the injuries and not the patient. There is no time for ethics or moral decisions here."

As with Vietnam veterans, soldiers also suffer from Post-Traumatic Stress Disorder (PTSD). Glasser writes that the military is loathe to discuss it, but PTSD results in "more deaths in deployed military personnel from suicide than from combat."

He argues that "unlike all our other wars, the real legacy of Iraq and Afghanistan is no longer the graveyard, but the orthopedics ward, the neurological unit, and the psychiatric out-patient department." So with fewer deaths, and during the last administration, as Glasser notes, a shameful policy of concealing military coffins from the media, Americans have been lulled into ignoring the carnage. (He also argues that the lower number of medals handed out for bravery in Iraq and Afghanistan falsely suggests that fighting is now less grisly.)

Why has the tragedy of numerous amputees and veterans with severe brain injuries not captured public attention? Glasser quotes military expert Andrew Bacevich. "Americans notice foreign policy only in the depths of a disaster too colossal to ignore," says Bacevich. "[There is] an evisceration of civic culture that results when a small Praetorian Guard shoulders the burden of waging perpetual war, while the majority of

citizens purport to revere its members even as they ignore or profit from its service."

- Eve Ottenberg, *In These Times*

About the Author

An American doctor and author, most famous for his bestselling book "365 Days," the preeminent Vietnam War book reviewed in the Washington Monthly and the New York Times. 365 Days has been translated into nine languages and is widely read. He is a graduate of Johns Hopkins University and Medical School and is a resident of Minneapolis, Minnesota.

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Eric Butler:

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