

# Sacrifice and the Afghan/Iraq Conflict

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**O**utgoing President of American Shoulder and Elbow Surgeons, Wayne Z. (Buzz) Burkhead, Jr., MD, organized a symposium on “Shoulder/Elbow Experience in the Military” at the annual Closed Meeting of the ASES in October, 2007. COL William C. Doukas, MD, Chairman, Integrated Department of Orthopaedics and Rehabilitation, National Naval Medical Center, and Walter Reed Army Medical Center, presented “Shoulder/Elbow Injuries in the Afghan/Iraq Conflict,” which forms the basis of his article in this month’s *American Journal of Orthopedics*.

In the article entitled “Management of Open Periarticular Shoulder Fractures Sustained in Combat-Related Injuries,” Dr. Doukas and co-workers dispassionately describe the medical triage system developed to care for these patients and the challenges presented to the orthopedic surgeon during the course of treatment of these devastating injuries. His presentation at the ASES Closed Meeting was among the most moving I have ever experienced at a professional meeting. There were several reasons accounting for the power of his presentation: the catastrophic nature of these high-energy combat injuries, the heroic efforts of Dr. Doukas’s team to salvage patients with seemingly hopeless conditions, the amazing motivation and spirit of these soldiers determined to recover and, for many, to return to active duty, and the extraordinary functional outcomes in spite of severely compromised bone and major soft-tissue loss. Perhaps also a contributor was the juxtaposition of his talk with the other ASES presentations dealing with the comparatively mundane “civilian” complaints of shoulder pain while throwing a baseball or shoulder pain during overhead activities of daily living. Whatever the reasons, the ASES members responded to Dr. Doukas with a spontaneous standing ovation, a rare event at any professional orthopedic meeting.

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Upon reflection, however, what moved me the most was the appreciation of the enormous sacrifice made by these troops who had sustained such horrific injuries during the course of service to their country. Learning the details of these devastating injuries brought into dramatic relief, for me, how little sacrifice the vast majority of the United States civilian population (myself included) has made during the Iraq War. Indeed, I would venture to say that, regardless of one’s political beliefs, our civilian population, save for those families with relatives serving in the Iraqi theater, has made no sacrifice, and that the current conflict has had absolutely no impact on our day-to-day routines: no rationing of butter or gasoline, no reintroduction of spam on the dinner tables in these times. Such complete absence of “civilian” sacrifice may even indicate a good reason to question our current policy, but that is a subject for the politicians and pundits to discuss in another forum.

What can an orthopedic surgeon do?

Dr. Doukas concluded his talk to the ASES membership with two recommendations: that we accept TRICARE, the military insurance provided to veterans and, when requested, offer specialty consultation to our regional Veterans Affairs Medical Center. Other options to consider, in my mind, are more symposia on combat injuries sponsored by our professional societies to broaden the awareness of our veterans’ surgical and rehab requirements to the wider orthopedic community, as well as more exposure in the lay press to educate the general populace regarding the ongoing needs of injured combatants following discharge from the U.S. armed services.

While such actions may not constitute “true” sacrifice on our part, through such assistance, the orthopedic community would demonstrate our collective support for our veterans. Such gestures, in Dr. Doukas’s words, will never “give them back what they lost, but can make a positive difference in their lives, and they will know that we care.” ■