



EDITOR'S MESSAGE

When doctors go to war

It was about 10 PM in Maine and I was reading in bed when the phone rang. The voice at the other end of the line was not the hospital and not a family member, but my friend and classmate, Jim, known to his Army peers as Major James O. Hill, DO, calling me from the Green Zone in Baghdad. "Just had some downtime," he remarked casually, as though he were having a slow day at any old emergency department rather than in the most high-volume trauma center on the front lines.

Somewhat at a loss for words, I joked that it must be at least refreshing to work in an emergency department in which 100% of his patients have a good reason to be coming in. He chuckled and said thoughtfully, "You know, you're right about that one."

When Jim was one of the featured physicians in the documentary "Baghdad ER," viewers had an opportunity to see how very right I had been. In a later interview, he disclosed that although he had trained at Jackson Memorial Hospital, a Level I trauma center in Miami, his very first day in Iraq made anything he had seen in residency seem trivial. He tells me today that at the average high-volume trauma center in the United States, about 17 or 18 trauma patients are seen per day. In Iraq, the number was usually more than 50.

For many Americans, including physicians who have not been deployed, our view of the relationship between medicine and the military has been informed primarily by the television series "M*A*S*H," which first went on the air in 1972. Battle surgeons depicted were exposed to trauma both vicariously through their wounded patients, and directly by their position on the front lines. Although fictional, the stories personalized physicians in the war zone in a way that was new to many of us.

The public got a fresh look at this relationship in 2005 when Lt. Cmdr. Richard Jadick, DO, appeared on the cover of Newsweek as a physician who is also a decorated war hero. Dr. Jadick was awarded the Bronze Star after saving the lives of 30 Marines in Fallujah, and he chronicled these events in his autobiography *On Call in Hell*. When he was asked at an osteopathic CME how we on the home front can

best support our returning colleagues, his advice was: "Expect them to come back a little different."

Dr. Hill agrees. "They assess all returning soldiers for psychological damage, but the people assessing me hadn't known what I was like before, so they couldn't tell what had changed. And I kept the people who did know me at a distance from everything I had been through."

In this issue of *OFP*, we explore the role of the physician both in immediate postexposure treatment of returning veterans, and on the more long-term management of patients with permanent injuries—both anatomical and psychological. Many of these injuries, although they may be seen in military patients, are certainly relevant to their nonmilitary counterparts as well.

Lisa Zawalski, PNP and Tara Bulin, LMSW, will discuss biopsychosocial challenges in the management of combat PTSD in the primary care setting. This will be enhanced by Dr. Peter Zajac's educational handout for patients and families. Traumas of a more physical nature will be reviewed as Craig Chapell, DO, et al, discuss considerations in the management of concussion, and Dr. Zachary Comeaux reviews the role of osteopathic manipulation on patients who have had major limb amputation. This is accompanied by a clinical case of exostosis and seizures in an adolescent refugee patient by Robin Quesenberry Olsen, MD, MPH, et al.

William Bograkovs, DO, shows us a connection between public safety and national safety, which many of us have never considered: that of the heroin trade as a source of financial support in terrorist activities, also called "narcoterrorism."

Most of us are not military physicians, but none of us are untouched by the members of our armed forces. We are the caregivers for returning veterans, we are the partners of doctors who may have been deployed for the second or third time, we are the friends and family with yellow ribbons on the front of our homes. This issue of *OFP* is dedicated to those men and women of our DO community who serve in the military, and most particularly to Major James O. Hill: an officer, a gentleman, and a DO.

"For more information about the Joining Forces initiative, go to <http://www.whitehouse.gov/joiningforces>."

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