

# Foreword

- Guy Raz, NPR Correspondent

THE US MILITARY sees itself as an apolitical institution. The men and women who make up its ranks follow the guidance and orders of their civilian leaders—no matter the ideology behind that guidance.

But plumb the surface and you'll find that, on a personal level, there are ideological differences right up and down the chain of command. I once met an officer in Iraq who described his colleagues, half tongue-in-cheek, as "conservative socialists."

"We like strong leaders, we are motivated by love of country and the pursuit of freedom," he said. "Many of us are religious and deeply committed to the 'American' way of life. And yet," he added with a smile, "the Army is one of the last great bastions in America where you'll find a cradle-to-grave, socialist-style, welfare safety net."

The wisdom of invading and then occupying Iraq is constantly under debate among the men and women sent to carry out the mission. There are differences—strong differences—of opinion. But what unites all of these Americans is a commitment to serve—service even in the pursuit of a policy they

might personally question.

These citizen-soldiers, sailors, airmen and marines are motivated by factors such as love of country, sacrifice, honor, sometimes revenge for what happened on 9-11, even ideology. But for some of these men and women, these factors are deeply overshadowed by something greater: saving lives. And it is among this medical core where I most experienced the greatness, humility, empathy, and courage of our armed forces. They are the life-givers and the life-savers—the doctors, nurses, and medical technicians who serve to save.

I remember sitting outside in the warm autumn air of Bagram Air Base at night, talking about the merits of going to war in Iraq with a group of medevac pilots from Ft. Campbell, Kentucky. Some of the soldiers felt deeply committed to the stated ideology behind the war—to liberate Iraq from tyranny, as they saw it. Others believed the civilian leaders who brought them here had failed—even lied. And yet every single soldier in that unit—everyone—they were all highly motivated by what they did. “We save lives,” a young 2nd Lieutenant from Virginia told me. “That’s it. Iraqi, American, soldier, marine, airmen, sailor, civilian, child, woman, terrorist, insurgent. All of them. We scrape their half-dead bodies from the battlefield and rush them to the ER where most of them will be given their lives back.”

The history of warfare has not been generous to soldiers wounded on the battlefield. In the First World War, a wounded infantryman faced an 80 percent chance of dying. By World War II, that number reached 60 percent. In Vietnam, one out of three wounded never made it. But in Iraq, nearly 97 percent of troops injured in the field have survived. It’s an unprecedented rate of survival and a statistic that owes much to the work of military doctors like Christopher Coppola.

I first met Dr. Coppola a few hours after I was released

from temporary detention at the Balad Air Base medical center. It was a bureaucratic error. I had followed a wounded soldier off a medevac helicopter and into the ER. My microphone was recording the dramatic moments—triage, assessment, emergency intervention. I had already spent a few weeks sleeping rough at the base, following the rescuers. My aim was to produce a long-form radio documentary chronicling the extraordinary work of US military medics in Iraq. My scraggly, unshaven face and disheveled hair caught the attention of a young Air Force public affairs officer. She hadn't expected my arrival. I was whisked away by a couple of tough-looking, heavily armed security contractors who demanded my audio. After several hours of back-and-forth, the public affairs crew realized that it was a mix-up. But I was frustrated, nevertheless. I lost several precious hours of recording time—audio that illustrated the heroism, grace and professionalism of the military's medical corps.

It was then I met a tall, wiry, and soft-spoken Lieutenant Colonel who introduced himself as "Chris." He wanted to apologize for the mix-up. But more importantly, he wanted to take me into the OR where a young Iraqi girl—barely six years old—was recovering from a shrapnel wound to her stomach. Dr. Coppola had just finished cleaning out the wound and the girl was recovering—soon to head to the intensive care unit.

"It's a sad fact that surgery has advanced and benefits from all the tragedies and trials of war," he told me.

On a typical day—particularly during the most violent periods in Iraq—a single patient might arrive with a destroyed eye, shrapnel embedded in his body, a massive chest wound and missing limbs. Chris and the doctors who worked there said the intensity of a week at the Air Force Theater hospital at Balad Air Base was equivalent to a year at a busy trauma center in the United States.

Virtually all of the military doctors who rotate in and out of the hospital at Balad for several months at a time come voluntarily. Like Chris, they are among the finest surgeons and physicians in the United States—men and women who could have pursued a lucrative career in the private sector.

My time at the theater hospital happened to coincide with a visit by the Admiral Michael Mullen, chairman of the Joint Chiefs of Staff. I watched as his entourage flew through the facility to visit wounded troops and praise the docs who saved their lives. “You are all heroes,” Mullen said in brief remarks to a gathered audience in the ER.

Later that evening, I joined a group of doctors on the roof of the hospital as we sucked down cans of non-alcoholic beer. I asked Chris about Mullen’s use of the word “hero.”

“Have you been able to assimilate that notion that you’re a hero?” I asked.

“We’re not heroes,” Chris whispered as we watched tracer fire in the distant black sky. “I’m uncomfortable with that word,” he said. “We are trained to save lives. That’s not heroism. That’s what we do.”