AoW **Name:** _____

Directions:

1. Highlight your confusion, and be ready to discuss it in class.
2. Show evidence of a close reading of the **entire** text: make connections, ask questions, summarize, **interpret**, or express confusion.
3. Write a **one-page or 250-word** reflection of your thoughts or argument--**not** a summary of the article--on your own sheet of paper. TIP: Use *They Say, I Say* templates.

fickle: easily changes **gregarious:** fond of social gatherings; a social butterfly **singular legacy:** a unique hand-me-down or result	**neurological:** having to do with the brain/nervous system **pulverized:** smashed to bits

Struggling Back from War's Once-Deadly Wounds

Source: Denise Grady for *The New York Times*, January 22, 2006

PALO ALTO, Calif. - It has taken hundreds of hours of therapy, but Jason Poole, a 23-year old Marine corporal, has learned all over again to speak and to walk. At times, though, words still elude him. He can read barely 16 words a minute. His memory can be **fickle**, his thinking delayed. Injured by a roadside bomb in Iraq, he is blind in his left eye, deaf in his left ear, weak on his right side and still getting used to his new face, which was rebuilt with skin and bone grafts and 75 to 100 titanium screws and plates.

Even so, those who know Corporal Poole say his personality - **gregarious**, kind and funny - has remained intact. Wounded on patrol near the Syrian border on June 30, 2004, he considers himself lucky to be alive. So do his doctors. "Basically I want to get my life back," he said. "I'm really trying."

But he knows the life ahead of him is unlikely to match the one he had planned, in which he was going to attend college and become a teacher, get married and have children. Now, he hopes to volunteer in a school. His girlfriend from before he went to war is now just a friend. Before he left, they had agreed they might talk about getting married when he got back.

"But I didn't come back," he said.

Men and women like Corporal Poole, with multiple devastating injuries, are the new face of the wounded, a **singular legacy** of the war in Iraq. Many suffered wounds that would have been fatal in earlier wars but were saved by helmets, body armor, advances in battlefield medicine and swift evacuation to hospitals. As a result, the survival rate among Americans hurt in Iraq is higher than in any previous war - seven to eight survivors for every death, compared with just two per death in World War II.

But that triumph is also an enduring hardship of the war. Survivors are coming home with grave injuries, often from roadside bombs, that will transform their lives: combinations of damaged brains and spinal cords, vision and hearing loss, disfigured faces, burns, amputations, mangled limbs, and psychological ills like depression and post-traumatic stress.
Dr. Alexander Stojadinovic, the vice chairman of surgery at Walter Reed Army Medical Center, said, "The wounding patterns we see are similar to, say, what Israel will see with terrorist bombings - multiple complex woundings, not just a single body site."

[American deaths in Iraq numbered 2,225 as of Jan. 20. Of 16,472 wounded, 7,625 were listed as unable to return to duty within 72 hours. As of Jan. 14, the Defense Department reported, 11,852 members of the military had been wounded in explosions - from so-called improvised explosive devices, or I.E.D.'s, mortars, bombs and grenades.]

So many who survive explosions - more than half - sustain head injuries that doctors say anyone exposed to a blast should be checked for **neurological** problems. Brain damage, sometimes caused by skull-penetrating fragments, sometimes by shock waves or blows to the head, is a recurring theme.

More than 1,700 of those wounded in Iraq are known to have brain injuries, half of which are severe enough that they may permanently impair thinking, memory, mood, behavior and the ability to work.

Medical treatment for brain injuries from the Iraq war will cost the government at least $14 billion over the next 20 years, according to a recent study by researchers at Harvard and Columbia.

Jill Gandolfi, a co-director of the Brain Injury Rehabilitation Unit of the Veterans Affairs Palo Alto Health Care System, where Corporal Poole is being treated, said, "We are looking at an epidemic of brain injuries."

The consequences of brain injury are enormous. Penetrating injuries can knock out specific functions like vision and speech, and may eventually cause epilepsy and increase the risk of dementia. What doctors call "closed-head injuries," from blows to the head or blasts, are more likely to have diffuse effects throughout the brain, particularly on the frontal lobes, which control the ability to pay attention, make plans, manage time and solve problems.

Because of their problems with memory, emotion and thinking, brain-injured patients run a high risk of falling through the cracks in the health care system, particularly when they leave structured environments like the military, said Dr. Deborah Warden, national director of the Defense and Veterans Brain Injury Center, a government program created in 1992 to develop treatment standards for the military and veterans. So many military men and women are returning with head injuries combined with other wounds that the government has designated four Veterans Affairs hospitals as "polytrauma rehabilitation centers" to take care of them. The Palo Alto hospital where Corporal Poole is being treated is one.

"In Vietnam, they'd bring in a soldier with two legs blown off by a mine, but he wouldn't have the head injuries," said Dr. Thomas E. Bowen, a retired Army general who was a surgeon in the Vietnam War and who is now chief of staff at the veterans hospital in Tampa, Fla., another polytrauma center. "Some of the patients we have here now, they can't swallow, they can't talk, they're paralyzed and blind," he said.

Other soldiers have been sent home unconscious with such hopeless brain injuries that their families have made the anguished decision to take them off life support, said Dr. Andrew Shorr, who saw several such patients at Walter Reed.

Amputations are a feature of war, but the number from Iraq - 345 as of Jan. 3, including 59 who had lost more than one limb - led the Army to open a new amputation center at Brooke Army Medical Center in San Antonio in addition to the existing center at Walter Reed. Amputees get the latest technology, including $50,000 prosthetic limbs with microchips.

Dr. Mark R. Bagg, head of orthopedic surgery at Brooke, said, "The complexity of the injuries has been challenging - horrific blast injuries to extremities, with tremendous bone loss and joint, bone, nerve, arterial and soft tissue injuries."

It is common for wounded men and women to need months of rehabilitation in the hospital. Some, like Corporal Poole, need well over a year, and will require continuing help as outpatients.

Because many of these veterans are in their 20's or 30's, they will live with their disabilities for decades. "They have to reinvent who they are," said Dr. Harriet Zeiner, a neuropsychologist at the Palo Alto veterans center.

No Memory of the Blast

Corporal Poole has no memory of the explosion or even the days before it, although he has had a recurring dream of being in Iraq and seeing the sky suddenly turn red.

Other marines have told him he was on a foot patrol when the bomb went off. Three others in the patrol - two Iraqi soldiers and an interpreter - were killed. Shrapnel tore into the left side of Corporal Poole's face and flew out from under his right eye. Metal fragments and the force of the blast fractured his skull in multiple places and injured his brain, one of its major arteries, and his left eye and ear. Every bone in his face was broken. Some, including his nose and portions of his eye sockets, were shattered. Part of his jawbone was **pulverized**.

"He could easily have died," said Dr. Henry L. Lew, an expert on brain injury and the medical director of the rehabilitation center at the Palo Alto veterans hospital. Bleeding, infection, swelling of the brain - any or all could have killed someone with such a severe head injury, Dr. Lew said.

Corporal Poole was taken by helicopter to a military hospital in Iraq and then flown to one in Germany, where surgeons cut a plug of fat from his abdomen and mixed it with other materials to seal an opening in the floor of his skull.

A New Face

"Jason was definitely a ladies' man," said Zillah Hodgkins, who has been a friend for nine years.

In pictures from before he was hurt, he had a strikingly handsome face and a powerful build. Even in still photographs he seems animated, and people around him - other marines, Iraqi civilians - are always grinning, apparently at his antics.

But the explosion shattered the face in the pictures and left him with another one. In his first weeks at Palo Alto, he hid behind sunglasses and, even though the weather was hot, ski caps and high turtlenecks.

"We said, 'Jason, you're sweating. You have to get used to how you look,' " Dr. Zeiner said.

"He was an incredibly handsome guy," she said. "His twin sister is a beautiful woman. He was the life of the party. He was funny. He could have had any woman, and he comes back and feels like now he's a monster."

Gradually, he came out of wraps and tried to make peace with the image in the mirror. But his real hope was that somehow his face could be repaired.

Reconstructive surgery should have been done soon after the explosion, before broken bones could knit improperly. But the blast had caused an artery in Corporal Poole's skull to balloon into an aneurysm, and an operation could have ruptured it and killed him. By November 2004, however, the aneurysm had gone away.

Dr. H. Peter Lorenz, a plastic surgeon at Stanford University Medical Center, planned several operations to repair the damage after studying pictures of Corporal Poole before he was injured. "You could say every bone in his face was fractured," Dr. Lorenz said.

The first operation took 14 hours. Dr. Lorenz started by making a cut in Corporal Poole's scalp, across the top of his head from ear to ear, and peeling the flesh down over his nose to expose the bones. To get at more bone, he made another slit inside Corporal Poole's mouth, between his

upper lip and his teeth, and slipped in tools to lift the tissue.

Many bones had healed incorrectly and had to be sawed apart, repositioned and then joined with titanium pins and plates. Parts of his eye sockets had to be replaced with bone carved from the back of his skull. Bone grafts helped to reposition Corporal Poole's eyes, which had sunk in the damaged sockets.

Operations in March and July repaired his broken and dislocated jaw, his nose and damaged eyelids and tear ducts. He could not see for a week after one of the operations because his right eye had been sewn shut, and he spent several weeks unable to eat because his jaws had been wired together.

Dr. Lorenz also repaired Corporal Poole's caved-in left cheek and forehead by implanting a protein made from human skin that would act as a scaffolding and be filled in by Corporal Poole's own cells.

Later, he was fitted with a false eye to fill out the socket where his left eye had shriveled. Some facial scars remain, the false eye sometimes looks slightly larger than the real one, and because of a damaged tear duct, Corporal Poole's right eye is often watery. But his smile is still brilliant.

In a recent conversation, he acknowledged that the results of the surgery were a big improvement. When asked how he felt about his appearance, he shrugged and said, "I'm not good-looking but I'm still Jason Poole, so let's go."

But he catches people looking at him as if he is a "weird freak," he said, mimicking their reactions: a wide eyed stare, then the eyes averted. It makes him angry.

"I wish they would ask me what happened," he said. "I would tell them."

Response Options:

- In your opinion, when is war worth this kind of thing happening to soldiers?
- Do you have any experiences with injured war veterans? Write about them.
- Some would argue that it is a worse fate to survive a blast and live with polytrauma than it is to die in a blast. Based on the economic and social costs of surviving a polytrauma, do you agree or disagree, and why?

*Use some or all of the template below to support your thinking.**

Title: _____

The general argument made by author X in her/his work, _____, is that _____. More specifically, X argues that _____. She/he writes, " _____." In this passage, X is suggesting that _____. In conclusion, X's belief is that _____.

In my view, X is wrong/right, because _____. More specifically, I believe that _____. For example, _____. Although X might object that _____, I maintain that _____. Therefore, I conclude that _____.

** This template was created by Dr. Kathy Birkenstein and can be found in Clueless in Academe, by Gerald Graff.*