

Publication:Newark Star Ledger; **Date:**Feb 28, 2008; **Section:**New Jersey; **Page Number:**13[[Continuation](#)]

Battlefield doc vividly brings war home to med students

BY WAYNE WOOLLEY
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There was a hush as the pictures from the battlefields of Iraq flashed on the screen last week in a Newark lecture hall filled with future doctors and students at the UMDNJ-New Jersey Medical School.

Each image was more troubling than the last. A botched field tourniquet on the leg of a soldier who bled to death. A body with a severed arm on an operating table. An Iraqi civilian killed by the blast of a suicide bomb.

They were among the scenes of carnage

that defined Army physician Sudip Bose's 15-month combat tour with the 1st Cavalry Division. But the 33-year-old trauma specialist didn't show the pictures to the medical students for shock value alone. He said he wanted them to see the kind of wounds any of them, regardless of their specialty, could face in a world in which a terrorist attack could cause mass casualties.

If they were shocked, that was okay, too.

"If you think this is disturbing on a Power-Point presentation, imagine how it might look to an 18-year-old soldier on the

street in Iraq," he said. "Most of you have already dissected bodies, but if you're 18, it's going to have an effect."

The pictures apparently had the desired effect on the roughly 75 students who gathered for Bose's hour-long lecture.

"You see a car bomb on the news at home and you don't see what it really means," said Joel Park, a 21-year-old first-year student from Toms River. "This was shocking but good to see, inspiring when you consider that many of these patients were actually saved."

Bose served as a battalion surgeon for 1,200 soldiers who saw heavy combat in

Baghdad in 2004 and in a stint in Fallujah during the bloody siege there that year. He left the Army as a major shortly after the deployment ended and now works in the emergency room at Advocate Christ Medical Center in Chicago.

And when he can, he hits the lecture circuit of medical schools.

His presentation is part instruction on the care of trauma, part motivational speaking and part a look at the lighter side of military deployment, including Bose's musings about what chemical compounds could possibly give military rations known

[See **DOCTOR**, Page 17]

Publication:Newark Star Ledger; **Date:**Feb 28, 2008; **Section:**New Jersey; **Page Number:**17[[Back](#)]

DOCTOR

CONTINUED FROM PAGE 13

as MREs a 30-year shelf life.

He also talks about his most famous patient in Iraq.

Bose was the first doctor to examine Saddam Hussein after U.S. forces captured the deposed dictator in December 2004. He said the conversations were conducted through an interpreter and largely focused on Hussein's medical history.

Even in shackles, Saddam was an imposing figure.

"He had a presence. He was tall, maybe 6-foot-2," he said. "His impending fate was clearly on his mind."

Saddam spoke far less English than Bose had expected. His only word seemed to be Doritos, as in the snack food. "He loved them. Could eat half a bag in five minutes flat," Bose said.

Bose said he didn't allow himself to dwell on the fact that the man he was treating had been accused of orchestrating the deaths of thousands of his own citizens. Saddam was executed in December 2006.

"It's not our job to decide who is guilty or innocent," he said. "It's to provide care."

CARE IS PARAMOUNT

Even through some of the most grisly photographs from the battlefield, Bose kept returning to patient care. He stopped at one point to talk about the proper technique to pierce the chest cavity of a pa-



ROBERT SCIAFFINO/THE STAR-LEDGER

Sudip Bose, left, an Army battalion surgeon for 1,200 soldiers during a 15-month combat tour in Iraq, speaks with second-year medical student Kingsuk Ganguly after yesterday's talk to UMDNJ-New Jersey Medical School students in Newark.

tient with a collapsed lung. At another point, he talked about how to stop massive hemorrhages with bandages known as HemCons. The bandages, which are being increasingly used in civilian trauma centers, include material from the crushed shells of shrimp that actually create a hard crust over wounds.

Bose warned the future docs to fight the urge to press the HemCons to a wound for less time than the two minutes the manufacturer recommends. "Two minutes seems like an eternity when someone is bleeding to death," he said.

Bose also used grainy video footage taken from a raid on which he accompanied troops to illustrate that not all of the wounds military doctors treat are life-threatening. The footage shot through night-vision goggles showed soldiers kicking down doors in a house where a suspected bomb-maker was hiding. Suddenly, a man in a white shirt launched through a door and punched a soldier square in the face before other troops wrestled him to the ground.

"Broken nose," Bose said.

Now that Bose is a civilian phy-

sician treating civilian patients, he's often asked how it differs from being a military doctor.

The answer, he said, is that for the military doctor, every patient is like a member of the family. That makes a long tour with many deaths all the more difficult.

"There's no experience like it. You're eating breakfast one day with a guy and pronouncing him dead a couple of hours later," he said. "It's rough."

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