

Wednesday, October 3, 2007

On Monday, I visited several wounded soldiers at the Walter Reed Army Hospital. I believe that if you are going to make policy decisions affecting the lives of individuals in war, you have a profound obligation to see first-hand the very real consequences of your decisions.

Patient A - respect for their privacy prohibits me from sharing names - is a Long Islander who was injured near Baghdad. His voice is weak and his breathing seems labored. His wife sits nearby and on his bed is a stuffed animal sent by his sister. He tells me his care at Walter Reed has been fine.

"Is there anything you need?" I ask.

"Yes sir. Can you please get me out of here?" he says with a smile.

"I have one important question for you."

His face grows serious.

"Mets or Yankees?"

He smiles again. "Definitely Mets sir," he says, with a low chuckle. We talk about how the Mets season collapsed the day before my visit. Now he grows more animated, describing how he was able to watch them play on television from his base in Iraq. Today, he has more important concerns than baseball.

Patient B, another New Yorker, had a foot amputated. His parents hover over his bed as I enter his room. He is groggy and it takes him several minutes to become fully alert. But then, he is engaged. He shows me a picture of his unit in Iraq - a group of soldiers standing in front of a tank. "Those are my boys," he says proudly. "I'm missing them." The picture is taped to the wall just above his pillow.

"What do you want to do after you leave the hospital?"

"I want to be a cop." He has taken the police exam. He has given a limb in service to his nation. I think he'd make an excellent police officer.

Patient C is one of fourteen children from Wisconsin. His brother is at his bedside - he returned from duty in Afghanistan as soon as he heard his brother was injured in Iraq. His arm is

wrapped in bandages, and he tells me it is infected.

"How is your care?"

"Fine, sir."

"Is there anything we need to improve?"

"There aren't enough nurses," he says. Later, my military escort tells me that Walter Reed faces the same nursing shortage that is impacting hospitals nationwide. (Although my visit is accompanied by military escorts, they stand outside the room while I speak to patients).

Patient D is only hours away from discharge from Walter Reed and beginning outpatient treatments. He is from Pittsburgh, and we talk about the Steelers. He tells me his care has been "excellent" and he wants to return to Iraq.

Patient E struggles to lift his head from his pillow when I arrive. We shake hands and in a voice so quiet I have to lean towards him to hear, he tells me his care has been "outstanding" and he is grateful to the hospital personnel. Then he says this:

"America is pro-troops. They may not be pro-war, but they are pro-troops."

I tell him I agree and how proud I am that Americans have learned that they can dissent with a policy but honor the troops. I give him - as I have the other patients - a military history book I have just published. "When you get bored, read this and it'll put you right to sleep," I kid. As I put it on a table, he asks me to hand it to him. "I'm going plunge into it right now, sir."

I visit a state-of-the-art facility for physical therapy. It will help soldiers learn how to use their prostheses. It uses exercise equipment, simulators, computers and cameras for advanced training with the new limbs that soldiers will wear.

Recently, the House passed the largest increase in veterans' health care in the 77-year history of the VA. It was a critical reversal of Administration policies that didn't adequately keep pace with the rising needs of veterans - particularly the newest generation of combat veterans returning from Iraq and Afghanistan. It's about time we reconciled ourselves with the obligation to take care of those we send into battle. They will wear the consequences of our decisions, literally, for the rest of their lives.