

Soul Operation

By David Klein¹

“I’m not letting him, or any other gook sonovabitch get anywhere close to me. Especially near my eyes!”

This conversation was going nowhere fast, but he didn’t have the option of choosing another surgeon; it was the only specialist available in this region for the relatively rare ocular condition that was slowly blinding my 80-year-old combat veteran therapy patient. Dr. Kim’s highly respected reputation mattered not. As it were, he happened to be of Chinese ethnicity.

That was all Don needed to know.

He had served with the “Triple Nickel” 555th Military Police Battalion during the Korean War. From the outset, he was clear that he was still filled with rage towards his former enemy. Curiously, he reserved his deepest vitriol not for the North Koreans, but for their Chinese allies who had joined the effort to push the Americans off the peninsula and into the sea.

Don did little to hide this contempt and made it a point to inform all new doctors what they were up against. Before I met with him, he was preceded by a quick and slightly desperate referral from the geriatric psychiatrist.

It simply read, “In great need of continued PTSD treatment.”

During our initial meeting, Don made it clear he was rather hesitant about starting over with a new therapist. He had received some prior treatment at another VA hospital and thought very highly of his previous psychologist. After he was done singing his praises, I was unsure I would be able to meet the great need and tall expectations sitting just behind his piercing blue eyes.

Despite both of our reservations, his crusty exterior gradually parted to reveal a softer, reverent, sharp-witted octogenarian. This silent shift signaled I had passed my first test – he was granting me a chance. His story followed closely behind.

Don had led a hard, but fascinating life. He grew up as an orphan in the St. Louis area on the tail end of the Great Depression. He spent some of that rough beginning

¹ Dr. David Klein is a Veterans Administration psychologist in the St. Louis Missouri VA hospital.

living in a shanty town under the Eads bridge on the bank of the Mississippi River with many others of that hard era who had nowhere else to go. A single black woman from the East side would see him below as she walked across the bridge into the city to work. She later “adopted” and cared for him as if the red haired, chalky skinned boy were her own. He lived with her, went to school, worked odd jobs throughout, and tried to repay the woman’s selfless generosity through his labor and devotion.

When he was of age, Don gratefully bid her farewell and joined the Army. After surviving the war, he went back to school, earned his college degree, fell in love, married and had several children. His working life was a disjointed mosaic of interests and talents; along the way, he became an ordained minister, served as a well-respected mayor of his sleepy rural town, and finished his working life as a senior instructor at a technical college teaching automotive engineering.

Though quite accomplished, he was not without challenges. Like many combat veterans, he tried to drown the ghosts of war in alcohol but had given up the bottle long ago. Several years before I met him, he suffered a disabling stroke and was confined to a motorized wheelchair. As a result, he carried a diagnosis vascular dementia though I could detect not the slightest bit of cognitive decline; to the contrary, he was a voracious reader, intellectually sharp as a tack, and the only geriatric patient in my caseload who was utterly competent with computers; I never saw him without his thumb drive worn on a lanyard around his neck.

Don had weathered a lot of uncertainty, but at this stage of his life, he knew exactly what he wanted out of therapy. He had only one goal – he was trying for a “smooth landing.” He went on to explain his terms:

“I just want to take care of my wife and my family like they deserve and try to find some peace from that damn war before I die. That’s it.”

He had woefully admitted during our first session that he had “been a captive of the North Koreans ever since the war ended.” I later learned what that meant. Once he figured I could tolerate it, Don eventually revealed some of the horrors he had witnessed. It came out in a trickle, then a torrent.

Though he had known squalor and been raised hard, Don was not prepared for the underworld of that frozen hell. He admitted the killing eventually became easier once a man got used to the idea. Before long, his insides matched the cold, craggy landscape as he hardened to the stench, the gore, and the ceaseless death surrounding him.

His sleep was haunted by nightmares of various battles he had survived, but one vision was especially relentless. His incubus always ended the same way – with the image of the screaming teenage North Korean soldier who charged at him with a fixed bayonet until Don pumped enough of the underpowered .30 caliber M2 carbine rounds through his filthy quilted overcoat to drop him in his tracks. His lifeless body fell only feet from where the stunned American was making his stand. He would then awaken, bathed in sweat, screaming.

That terror of the dream never relented. While awake, the fear vanished and the encounter became a matter of survival logic.

“It was him or me. Simple as that” he offered.

But it was the atrocities of the Chinese troops against the South Korean civilians that breached Don’s calloused sensibilities. The evil he witnessed greatly dimmed his view of humanity and ignited a glowing hatred for the Chinese people which he vowed neither to forget nor forgive.

“You wouldn’t believe what people would do to other people...” he whispered with haunted eyes.

He was right. The details of what he saw was hard to fathom for one uninitiated by the perfidy of men in war. As he recounted the horror, tears spilled over weathered checks into his grey stubble.

The crisis arrived some months after he had emptied most of his war burdens – his eyesight began failing. He kept that a secret for a while too, hoping it would somehow uneventfully pass like so many other scares during his eight decades of life. Only this one didn’t.

We found ourselves at a critical crossroads and it became the central issue in his therapy. He had looked into his medical options but he had few. It was either surgery with Dr. Kim or perpetual darkness. Beyond the medical solution itself lay his dilemma; his hatred for everything Chinese collided with the only thing that was worth wanting – his smooth landing.

Though I had great empathy for his dilemma, I also found Don’s navigation of this conflict intriguing. I had never faced a situation where a person was willing to give up something as precious as their eyesight in order to hold on to hate for someone whom they had never met. The veteran had already given up so much; the stroke had confined him to the wheelchair and he wore hearing aids in an effort to reclaim some of what the

deafening roar of war had taken from him. And yet he remained, for several months after learning of his choices, steadfast in his decision.

His disabilities notwithstanding, the impending consequences did not in the slightest dampen the fight in him. If anything, it enhanced it. He was fond of reminding me that no wheelchair was going to keep him “whipping someone’s butt” and he had many stories to prove this was no bluff. His warrior spirit was defiant even as nearly all of his physical and sensory systems were in various states of decline or outright failure. I marveled at both the unassailable level of conviction and the vexing self-destructiveness that lay before me.

“You’d rather go blind than give this surgeon, who wasn’t even alive during the war, a chance to save your eyes?” I asked with both genuine and tactical incredulity.

“Damn right I would” he stated without hesitation as he cocked one side of his mouth to punctuate his declaration.

He had made his choice. But I was struggling.

Therapists often walk a fine line with respect to their patient’s decisions; our ethics guide us to respect patient autonomy and yet we are also tasked with the duty to put their best interests above it all. The art of benevolent persuasion is generally the clinical play here while respecting their right to make a poor decision if that is indeed their wont.

I soon came to accept the struggle was not mine to have – I had to let it be his. It was a high stakes standoff between his anger-driven will on the one side and his dimming eyesight on the other. Don needed to come to his own conclusion and time was not on his side; he was noticing an acceleration in his deteriorating vision. A smooth landing would soon be beyond his grasp. He was the one that needed to come to terms with the what remained of that cratering hourglass.

In a race between you and reality, bet on reality, or so the quip goes. Our sessions looked at his choice to let his world go dark. He explored how this decision would impact him and, most importantly, those for whom he cared for the most. Although suffering many impairments himself, his beloved wife was showing unmistakable signs of advancing Alzheimer’s Disease and her expected care needs had to be considered in his calculus. He turned the issue from one side to the next, methodically examining its every facet.

One day, he came into session, his face twisted in reluctant surrender. He stared at the floor for some moments in silence before lightly squinting to get my form into focus.

"I'm going to go talk to that Doctor. My wife has taken care of me all of these years and I am going to need to step up and take care of her and I can't do that if I can't see. It's that simple. So I will give him a chance but I'm not making any promises."

The logic was uncomplicated, but the emotional shift was profound. In that very moment, I witnessed love overrule a lifetime of hate for the ghosts of his former enemy. I exhaled slowly, nodded and smiled.

Don went to that consultation with Dr. Kim. Instead of confirming his expectations, he found a skilled, soft-spoken, caring, and compassionate man. We studied how his experience was colliding with his war template for "Chinese" and how he was going to incorporate this seismic shift in his belief system. He came to understand this change as an advance rather than a retreat. Somewhere during that re-ordering process, this nascent idea took shape, and then cemented into a plan.

Don had the surgery, his eyesight began to improve, and though his wife would gradually succumb to her illness, this was not before he was going to do everything in his power to provide the care for her that she deserved. And he delivered on that promise.

As he approached his last post-op visit, Don had an idea. He consulted me about coming clean with Dr. Kim; about his prejudice, where it came from, and how much their brief, but critical, relationship had helped him release a half-century of mistrust and hatred. Handled well, we agreed this risk could be a healing gift, perhaps for them both.

Don came back to session on the heels of his final appointment with Dr. Kim.

"Well, I did it." Don said without betraying any hint of the outcome of his effort. His mouth cocked to one side again, as if in a playful feign. This time, however, it broadened into a million-dollar smile.

"So, tell me... what happened?" I beckoned with naked impatience.

He explained how he asked Dr. Kim to partition the appointment into the medical and personal time – Don had something very important to tell him. The surgeon graciously agreed and after getting the good news about his salvaged eyesight, Don took a deep breath and began to speak.

He confessed his hatred against the Chinese people, an explanation of its relationship to his experiences during the war, and told Dr. Kim of the monolithic trust barrier he had to overcome to acquiesce to his operation. Don expressed his deep gratitude for

helping him in ways that he had not anticipated. Dr. Kim offered him respect for his pain, honored his war burden and thanked him for his honesty. They parted ways as friends, each with a piece of them ever-changed by the serendipity that brought them together.

I could immediately see the change in Don. There had always been a softer and affectionate side underneath his gritty exterior and that part of him expanded in response to the healing. Looking into those blue eyes, I saw a peaceful calm not visible before. And I saw a man gracefully coming in for a smooth landing.

Soon thereafter, I asked him what he had learned about himself and his life because of his brief relationship with Dr. Kim. His words were so profound, I didn't need to write them down that day to remember them verbatim:

"Well, I'll tell ya. When you get to hating someone, spend some time with them. If you do, you'll fix something in yourself that you were trying to fix in them. And, that Dr. Kim... well, he didn't just operate on my eyes. He operated on my soul."