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They Sent Me There to Die

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"They sent me there to die."

He looked up at me, a man of no more than, maybe, 52. He, like many, had been tricked and conned and likely socially pressured into a tobacco addiction before the medical outcry once the long-term effects of nicotine became known and widely publicized. Like so many before him, he had developed complications related to his smoking.

I happened to be on call when he came in. A relatively young man, emaciated from chronic disease, he had a history of prior aortobifemoral bypass by another surgeon. The left bypass limb had become occluded and he was experiencing symptoms of claudication again. His right bypass limb was patent and the leg asymptomatic. For unspecified reasons, he was lost to follow-up, but now, several years later, he had been admitted to an outside hospital for acute right bypass limb occlusion resulting in ischemia.

Unfortunately, attempts to revascularize were unsuccessful at this other facility and ultimately he underwent "an amputation." He was discharged to

inpatient palliative care for reasons unclear to me at the time. I guessed it was because of the chronic wounds, or maybe because his condition at that hospital was so severe. He had been transferred to our hospital because of an elevated white count. But when I saw him, he looked like any other vascular patient except he looked young for this degree of disease burden.

Something about him looked familiar. Maybe his very Arabic name tipped me off. I watched him as he struggled to export his thoughts into a clearly alien formulation, and in Arabic I said, "Assalamu alaikum."

His eyes lit up, as so often happens when I surprise patients with fluent Arabic, especially in a hospital where they least expect it. From here on out, we only ever spoke Arabic to each other.

"Where are you from?" he asked me.

"My parents are Lebanese. How about you, where are you from?"

I had never heard such sadness over one's motherland mixed with a happiness at seemingly finding a blood-brother: "I'm from Yemen."

"God help you and your people." I shared his sadness.

It was the summer of 2018, and the war in Yemen had just made national news. We chatted for a few minutes about how governments wage war, but it's the people who suffer. Then things became serious.

As I began taking a history, I lifted the sheet over his legs. I couldn't tell which side was worse. On the right, he'd had an above-knee amputation

(AKA) that was not healing well, clearly the product of revisions given its proximity to the hip. An associated groin wound was healing poorly, also. On the left, his mid-lower leg and foot were black and desiccated—dry gangrene, with a clear demarcation against his naturally tan skin. I had seen toes like this, but never a whole foot, mummified.

We formulated a plan together. He didn't have many viable options, but we would try an axillary-femoral bypass (profunda femoral through a lateral approach, for the surgeons who are wondering) to maybe salvage a below-knee amputation. This might allow him more mobility compared to a second AKA. He became excited.

"They sent me there to die," he reminded me.

Over the next few months, we became as close as the physician-patient relationship could allow. I debrided his AKA wounds, grafting them with biologic grafts (very expensive—I received several notifications from administration about the expense). I bypassed him as discussed, but unfortunately his disease was too advanced and the vessels too small. His bypass occluded, and we performed an AKA on the left.

He spent the next year in rehab. Once his stumps had healed, I cleared him for prosthetic fitting and gait training. I encouraged him, telling him that it's the young people who walk again. His confidence was inspiring—"I'm going to walk, you'll see."

But this is not a story about ambulation.

He'd come in, mostly I think to chat in Arabic. His family was largely back in Yemen. I'd always

give him a follow-up "as needed," but I'd tell him to come in and show off the day he was able to walk again. I had skeptically signed the orders for specialized prosthetics, and I wasn't sure I'd ever see the day.

He graduated to discharge from rehab but needed a disposition. He was so motivated to find a place to live and move on with life. He kept telling me that I "saved his life." I wasn't buying it, but it made him happy to say it and me to hear it. Clinic visits were always punctuated with hugs and even those kisses on the cheek pervasive in Arab culture. Even his family was grateful—he'd conference them in by phone.

A few weeks ago, my staff told me he was coming back. He was bringing in a video of him walking, and I was excited.

But this is not a story about ambulation.

He showed me a video on his phone. Walking! With bilateral prosthetics and a walker, but independent of any human assistance. He wasn't winning any races, but by God he was walking! Unbelievable.

But then he told me something I truly couldn't believe.

"I'm moving back to Yemen and I had to say goodbye. I wanted to do it in person."

I took a few seconds to process.

"Isn't it still a war in Yemen?" I politely probed.

"Yes."

"But then how are you going back? Why are you going back?"

"My family is all there." He had spent the last four to six months trying to find a place to live,

but he was unable. He was still in the rehabilitation facility. His flight back to Yemen was three days away. He already had a ticket.

"You know you saved my life. They sent me there to die. I just wanted to thank you again."

He was actually happy with all of this. No legs, barely able to walk, and now *choosing* to go live in a war zone. Maybe he had just already come to terms with it all, maybe he was hiding it.

I teared up. "Well, you're always welcome back in my clinic, open invitation, come any time."

"I know," he said, looking up at me from his wheelchair as I stood up. His anabolism now evident in his protuberant abdomen since he wasn't consuming all of his caloric intake in trying to heal.

"And if I'm ever in Yemen, I'm going to come look for you." We both came to that conclusion simultaneously.

Hugs again, and the next thing I knew, I was looking at the back of his wheel chair rolling through the hallway door back to the checkout area, as though the secretary there was the greeter for the next stage of his life. At least he's tobacco free, for the time being.

I couldn't fathom it: after everything he had been through, he was moving back to Yemen? And then it hit me: Despite all of our resources, medical knowledge, technology, social workers, multidisciplinary everything—wound care, inpatient, outpatient, providers and practitioners, and everything in between— this man felt his only solution was to move to a war zone.

We had no way to help him further. His status did not afford him the social benefits that he needed. He was in a class that aspired to be forgotten, for to be forgotten you must have been known once, and in this country, he had never been known. At least in Yemen he might find a home in being known.

Like I said, this isn't a story about ambulation.

And as he left, a thought crossed my mind.

"Are we sending him there to die?"

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