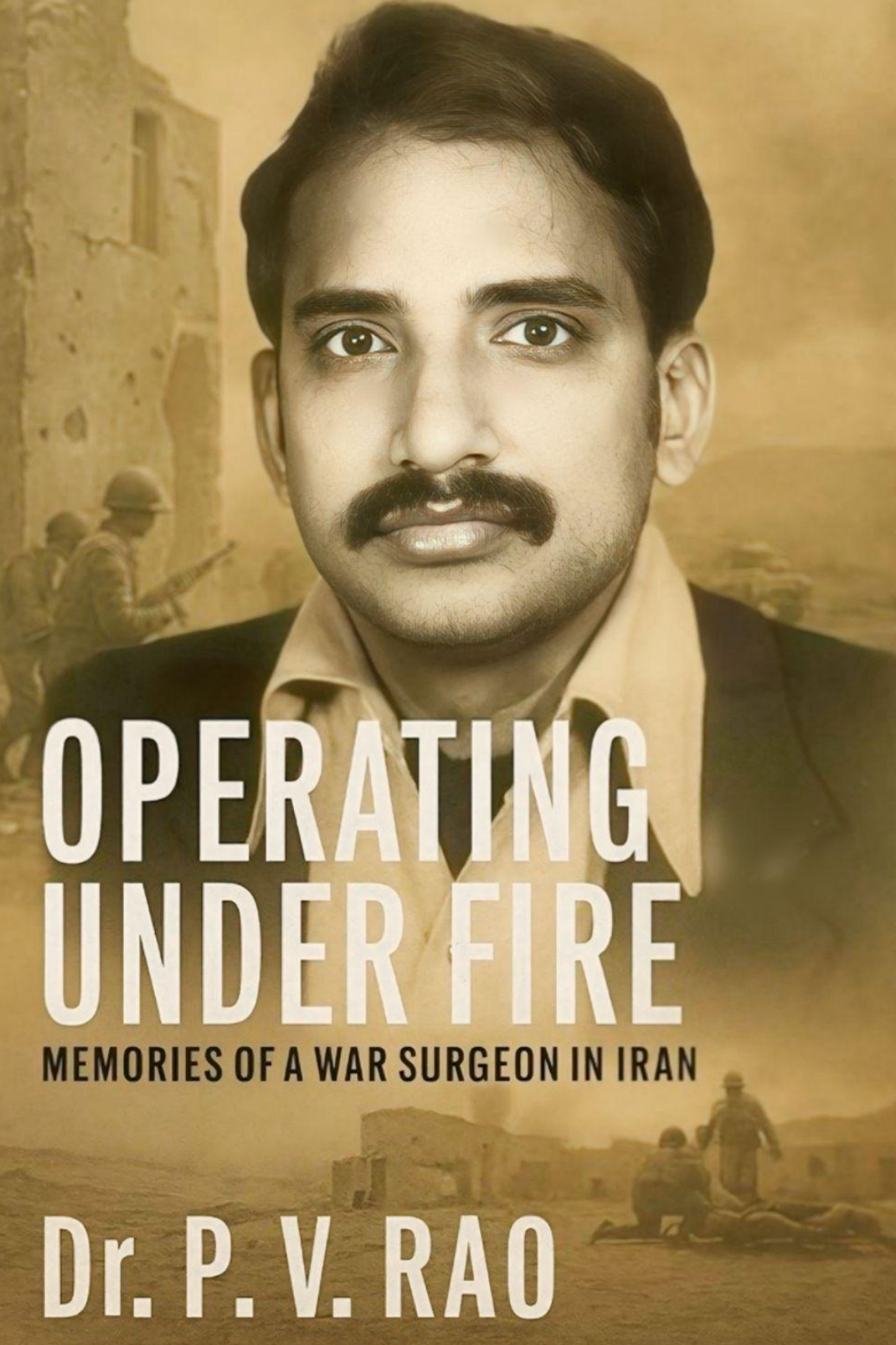


A portrait of a man with a mustache, wearing a light-colored shirt and a dark jacket, looking directly at the camera. The background is a sepia-toned image of a war-torn urban environment with damaged buildings and soldiers in the distance.

OPERATING UNDER FIRE

MEMORIES OF A WAR SURGEON IN IRAN

Dr. P. V. RAO

Author's Note

As I open these pages to you, dear reader, I feel a gentle hesitation. For what I share here are but recollections — the ashes of experiences that once burned brightly in the furnace of life.

Memory is not the living flame but its faint residue. In offering these memories, I am aware that they are not the immediacy of those moments, but only their fragile shadows.

Yet perhaps in these ashes, there remains a quiet warmth — not to glorify the past, but to illuminate the timeless human spirit that flickers beneath every wound, every act of service, every silent prayer in the operating theatre under fire.

It is not my intention to bind you to these memories or invite you to dwell in the past. Rather, I share them as a humble gesture — a mirror that may reflect the universal tenderness and resilience within each of us.

May these words not burden you with the weight of yesterday, but instead point toward the living flame of now, where love and compassion are forever reborn.

Dr. Venkata Rao Potluru

Consultant Surgeon and Author of 'The Timeless Awareness'

Introduction

A war zone is a crucible where the illusions of safety, identity, and control are burned away. In that harsh, unforgiving light, what remains is the essence of our shared humanity — vulnerable, tender, and profoundly sacred.

As a surgeon amidst revolution and war in Iran, I came to see that true healing is not about conquering death, nor about perfecting technique. It is about meeting life wholly, directly — without hesitation, without fear, without the veil of thought.

When bombs fall and sirens wail, there is no space for ego, for ideology, or for the comforting refuge of images. There is only the simple, urgent call to act with clarity and compassion.

Jiddu Krishnamurti spoke of choiceless awareness — a state in which the mind simply perceives, without interference from memory, desire, or self-interest. In the operating theatre under fire, this was not an abstract philosophy; it was the natural unfolding of attention in the face of life and death. Each moment demanded total presence. Each patient revealed the same silent plea: *See me as I am. Help me live.*

In such moments, action did not arise from motive or calculation but from a space beyond the self. There was no separate surgeon, no separate patient — only life responding to life, a movement of compassion without division. To operate under fire was to move from this space of wholeness, where all images of self dissolve and only pure relationship remains.

This book is not a chronicle of heroism, nor an attempt to glorify suffering. It is a testament to the quiet power of presence — a meditation on the possibility of living and acting without the burden of becoming, without the shadow of reward or punishment.

Amidst the machinery of violence, amidst the roar of war, there exists a profound silence — a silence in which true healing can occur.

Under the continual presence of death, one learns that to heal is to see oneself in the other, to move beyond all barriers and identities. When each incision becomes an offering, and each stitch a silent prayer, healing is no longer a mere act but a way of being — a direct, fearless embrace of life in its most fragile and sacred expression.

Here, beyond thought and beyond self, one discovers that to serve is to love, and to love is to live fully.

Dr. Venkata Rao Potluru

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The Great Escape – Part 1

In the year 1979, I was working as a consultant surgeon at the Tertiary Referral Hospital in Sanandaj, the capital city of Kurdistan Province, Iran. The city, nestled in the mountainous terrains of western Iran, had always carried a quiet dignity—until the winds of revolution swept across the nation.

That year, the ancient monarchy of Iran came crashing down. The Shahanshah—the so-called “King of Kings”—was overthrown by the rising tide of the Islamic Revolution. What followed was not peace, but a deep and restless instability. The Kurdish people, with their long-standing demand for autonomy, saw this upheaval as an opportunity. A revolution within a revolution was ignited. In Sanandaj, the air thickened with the scent of rebellion.

The newly established Islamic regime attempted negotiation, but their efforts were met with resistance and defiance. Talks failed. Tensions escalated. And then the storm broke.

The Islamic Revolutionary Guards began advancing towards Sanandaj, determined to seize control. From the outskirts of the city, government forces launched a barrage of land-to-land missiles, indiscriminately shelling civilian neighborhoods. The city shook—day after day, dawn to dusk—with gunfire, explosions, and chaos.

The wounded began pouring in. Kurdish rebels, government sympathizers, innocent civilians—everyone was caught in the crossfire. And they all came to one place—our hospital.

Ours was the only major medical facility in the region, and it was being run by a team of Indian doctors, with me heading the surgical division. The pressure was unimaginable. But we had no choice. We were doctors. Our duty was to save lives.

Every morning, at 8 AM sharp, our operating theatres would roar to life. We worked tirelessly—four surgeons, myself heading—scalpel to skin, stitching life back into shattered bodies. Day after day, we worked 20 hours a day, often continuing till 4 AM the next morning, with only a brief pause before the next wave of casualties arrived.

It was like this for thirteen days. Thirteen unbroken days of death, pain, and resilience.

Then came the morning of the thirteenth day.

At around 4 AM, as I was finishing surgery on a severely injured young rebel fighter, the Director of Medical and Health Services for Kurdistan province entered the operating theatre, his face ashen with urgency.

“Dr. Rao,” he said, voice trembling slightly, “we have just received instructions from our central government in Tehran. Your Indian government has officially requested the safe evacuation of all Indian doctors from Sanandaj.”

He paused, his eyes meeting mine with a mix of concern and helplessness.

“But I must be honest with you. I cannot guarantee your safety. Government forces are firing erratically, and the shelling continues without pattern or warning. Even if I arrange an ambulance, there is no assurance that it won’t be hit en route.”

He lowered his voice and added, 'However, there is a two-hour ceasefire planned today from 10 a.m. to 12 noon for the exchange of bodies between the opposing sides. That may be your only window. I advise you to leave during that ceasefire. But please—think carefully.

I stood there, scalpel in hand, the blood of my patient still staining my gloves, heart pounding not from the fatigue of surgery, but from the weight of a choice I had never imagined I would face.

To stay was noble.

To leave might be survival.

But both paths were lined with uncertainty.

What crossed my mind then was this: the Director himself was a trained surgeon, though no longer practicing, and had not been seen actively in the hospital until now. In addition, another Iranian surgeon had been deputed to our hospital in anticipation of the conflict, along with a local Iranian gynecologist and a few Iranian anaesthesia technicians. Though they could not replace the full capacity of our Indian team, their presence offered some degree of continuity. Perhaps they could hold the fort—at least for now.

The Great Escape – Part II: The Night Run

The thirteenth day was ending. I had just completed surgery on the last wounded patient, my hands aching, my body numb. Yet something heavier pressed upon me: a decision I had to make—not with a scalpel, but with my life.

After the Health Director’s warning and the urgent directive from our own government, I knew immediate action was necessary. I gathered all the Indian doctors—my team, my comrades—and called for an emergency meeting that night within the hospital walls.

I conveyed the message: We have received instructions to evacuate. A two-hour ceasefire has been declared today between 10 AM and 12 noon. I recommend that we depart during this period.

A heavy silence.

Then one of the doctors spoke, “During the day, the local civilians won’t allow us to leave. If we go, they’ll be left without any medical help—and they know it. They will stop us.”

He was right. These people had come to rely on us. And now, we were to abandon them?

Another voice rose in the dim light, “Then we must leave before dawn. While the city sleeps. We’ll move through the narrow lanes, quietly, without attracting attention.”