Mary-Ann Rich

Objects for Deployment

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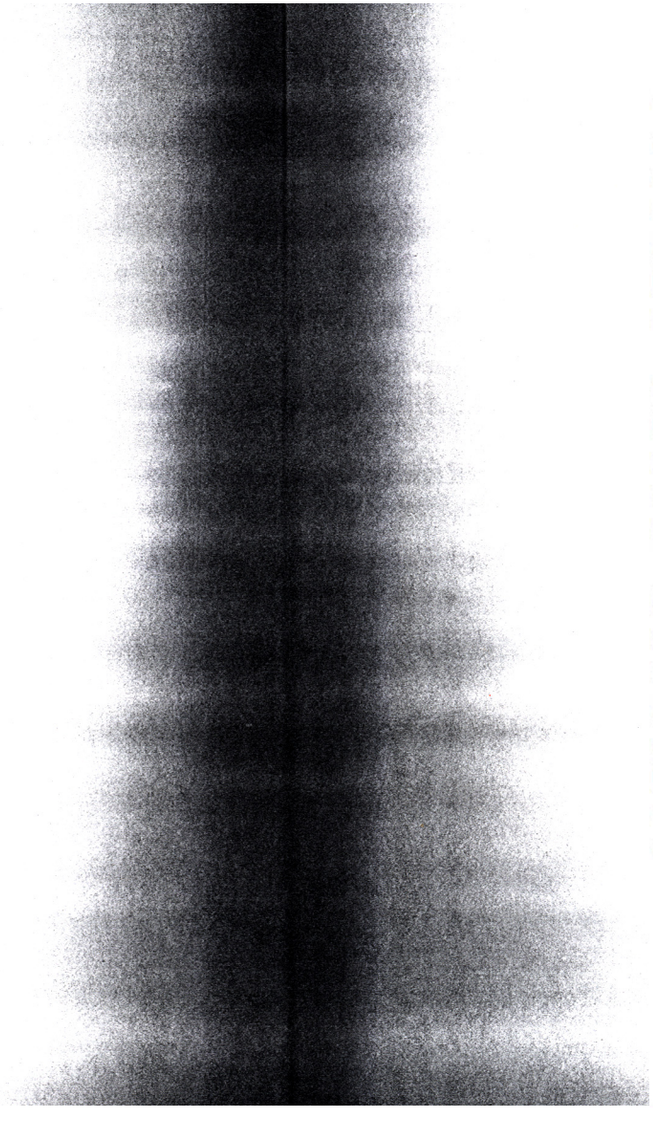
Upon awakening, I felt lumps under my body and slowly turned over to get comfortable. Reaching out, I felt a warm arm that wasn't mine. As I opened my eyes, I saw that I was covered in blood, lying on a pile of severed limbs tumbling out of black trash bags. Panic. Horror. I jumped out of the mass of bloody flesh. Standing on my bedroom floor, I realized that it was another nightmare. Drenched in sweat, heart pounding, and trembling, I began to cry. It's been two years and still no relief in my sleep or waking hours. I'm haunted by nightmares, intrusive thoughts and flashbacks. Before going to Iraq, I thought I was immune to getting PTSD. By God I was a nurse.

Despite being an unwanted child, who was neglected and abused, I achieved anything that I set my mind to. My adult life continued with drama: married with three children, adventures in a wealthy lifestyle, then an ugly, expensive divorce. Some of it has been pure horror - the abduction of my daughter, and her subsequent battle with bone cancer. There were many highs and lows, but I always managed to come out on top.



When I received the call informing me of my activation to Iraq, I thought, "okay, just another dramatic period in my life. I can handle it." After all, I went through an Army nursing academy during Vietnam and trained for the last 34 years in preparation for war. I was ready.

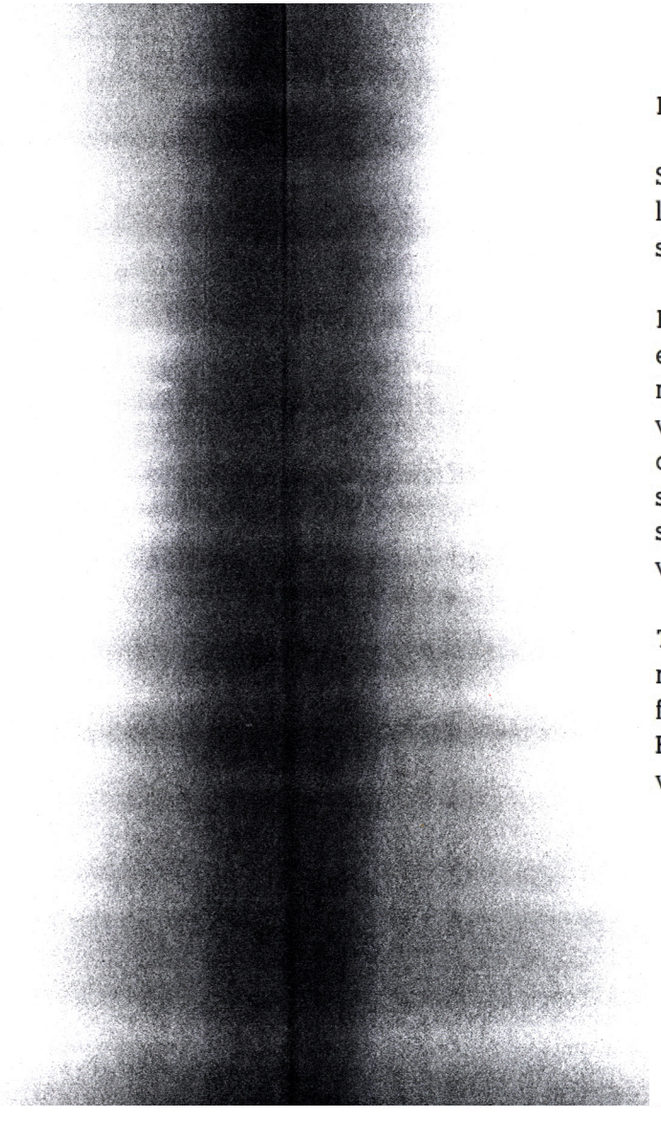
Nobody is ever ready for leaving a safe world to go to war. I was in charge of the operating rooms and worked alongside each of my soldiers. Long days and nights, always ready to do surgery. It never stopped.

Not only did we treat patients from the U.S. military and Coalition forces, we also treated Iraqi children, women, babies, the elderly, and detainees. Known targets and suspicious characters came in day and night. You never knew if we'd find a bomb under the clothing. We operated under mortar attacks. Each day was a different horror.

I witnessed some of our soldiers abuse the Iraqis. How can some people just go with the flow and join the harsh mentality of war?

When I first came home, I had a few vivid dreams every couple of weeks. But, I didn't let them stop me from getting on with things. I took on a new prestigious position at a private university hospital, and put all of my energy into it. I didn't go out with friends, I turned down dates, parties and anything to do with other people. Instead, I drank alone to relax from work, to get some sleep and to not think about the war. I had never had a problem with drinking, but in those days I was finishing a bottle or a bottle and a half of wine each night.

About 18 months after returning from Iraq, following a rave review and a raise at work, I had my first flashback. I was in the operating room and we were amputating a child's leg. The doctor was yelling and the room smelled coppery, like blood. Suddenly, I was back in Iraq. I have no idea what I did or said, nor how long it lasted. But, when nothing looked familiar, I panicked and ran out of the hospital. I sat in my car and cried for two



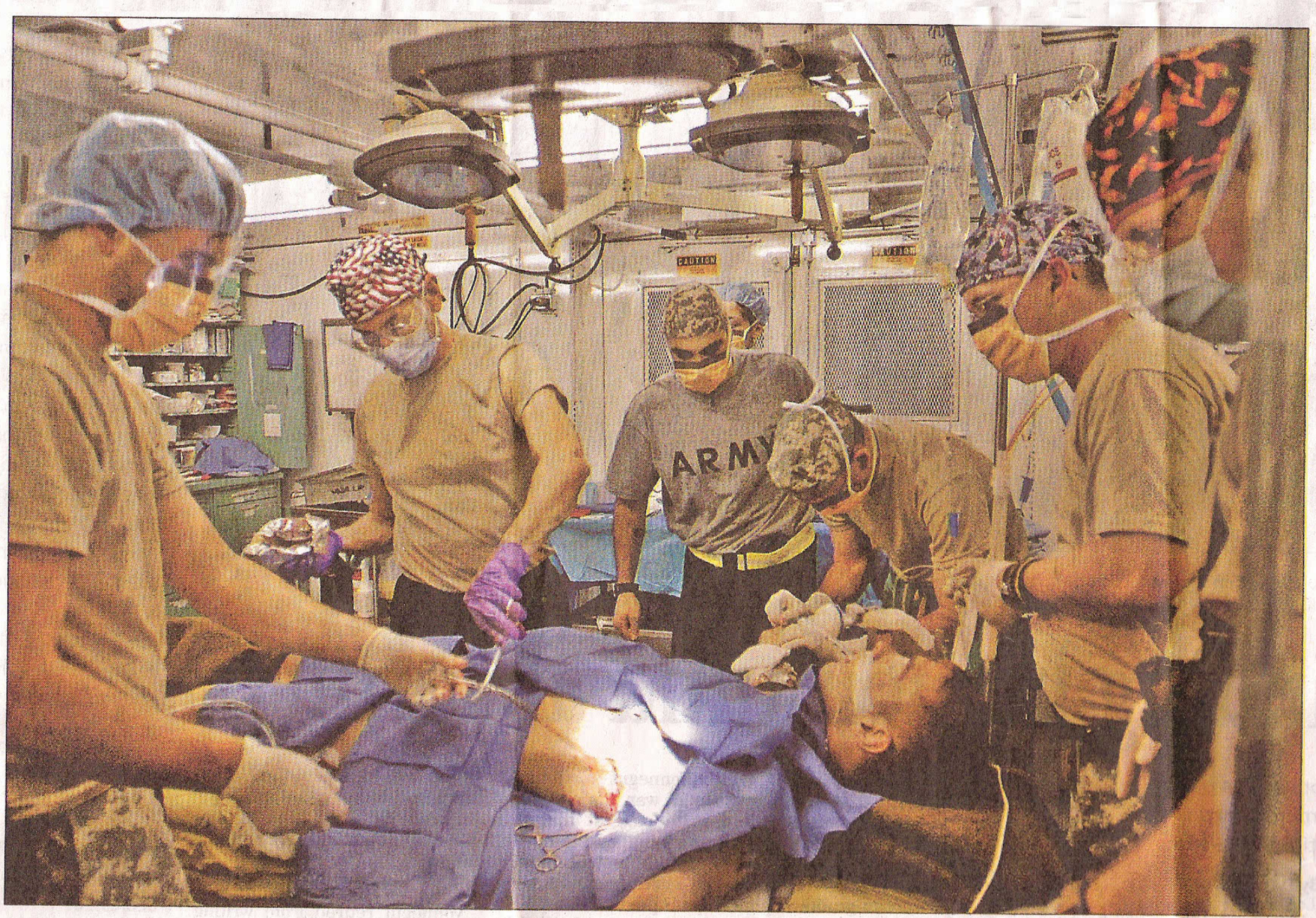
I was no longer coping.

Shortly after that experience, I was asked to leave. I felt like those doctors and nurses just swept me under the carpet.

I seem to have nightmares constructed from every hour in Iraq. I don't feel like the medications work. But being around other veterans - regardless of age, type of service, or particular war experience - brings a source of energy to my formerly very social self. The others give me hope and I feel valuable when I can help them.

This book is an art form meant for evolution, not therapy. I see it as my transformation to go forward in life with a new spiritual existence. Here is a beginning; the reader will progress with his or her own interpretation.

ASSIGNMENT IRAQ: **HORROR A WAY OF LIFE**

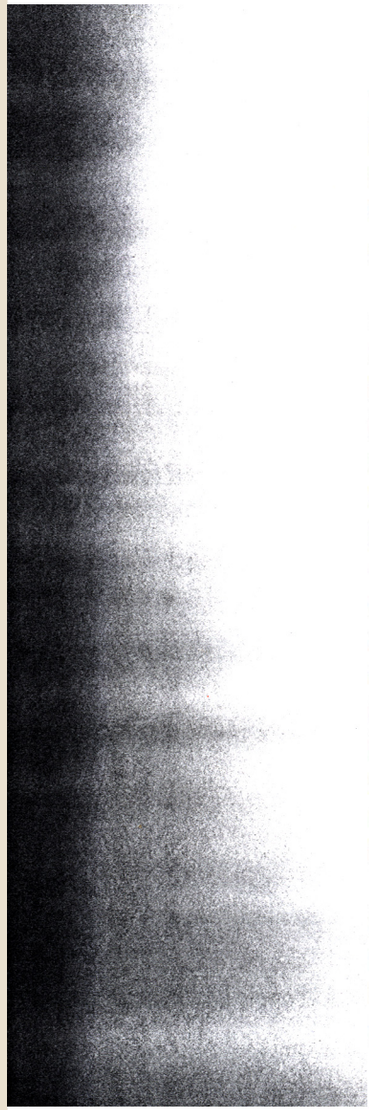


Staff photos by Shawn Patrick Ouellette

A medical team, including anesthesiologist Sgt. Michael MacArthur of Presque Isle, second from right, cares for a wounded soldier in the operating room at the 399th Combat Support Hospital in Tikrit. The hospital's staff includes about 20 Army Reservists from Maine.

Whether friend or foe,

DEPLOYMENT:



I wasn't afraid of going to Iraq. I was afraid of being dropped into a group of people from Boston. A native Californian, I don't identify with the East Coast types. From the start of my deployment, I felt like an outsider.

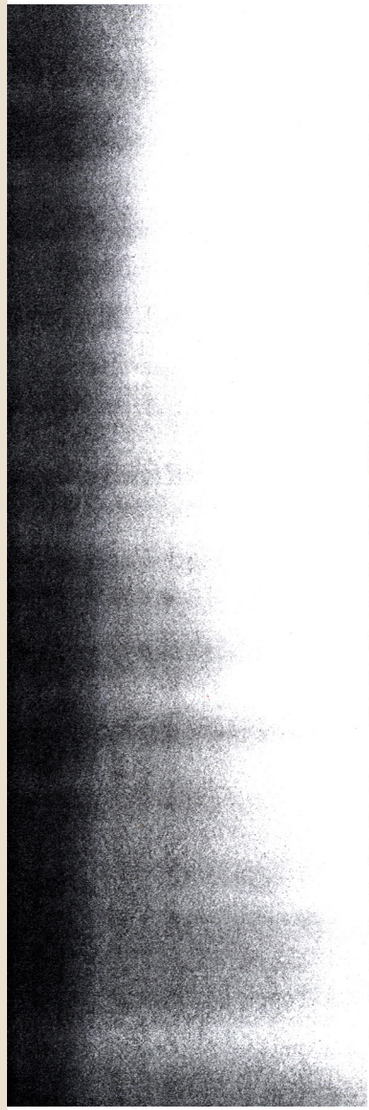
Three-and-a-half months with no days off at Fort McCoy, Wisconsin: I should have taken this as an omen. The training about war fighting and defense was interesting. Because we were a medical unit, we had little prior training for combat. They called it "force protection"; we had to know how to use weapons, toss grenades, low crawl, react to enemy fire, clear buildings, perform tactical driving, retrieve damaged vehicles in a convoy, act as vehicle gunner, and participate in night fire. Some of the things they taught us to do seemed to conflict with the Geneva Convention, but when we questioned this, our trainers said, "You don't want to learn on the fly when you are over there."

I learned how to search for bombs, qualify with an M-16 and protect myself in hand-to-hand combat. I was taught how to kill without a weapon.


Live Fire Exercise

Summer at Ft. McCoy was hot and humid.
This was my homemade ceiling fan.

MEDICS PLAYING WARRIORS:

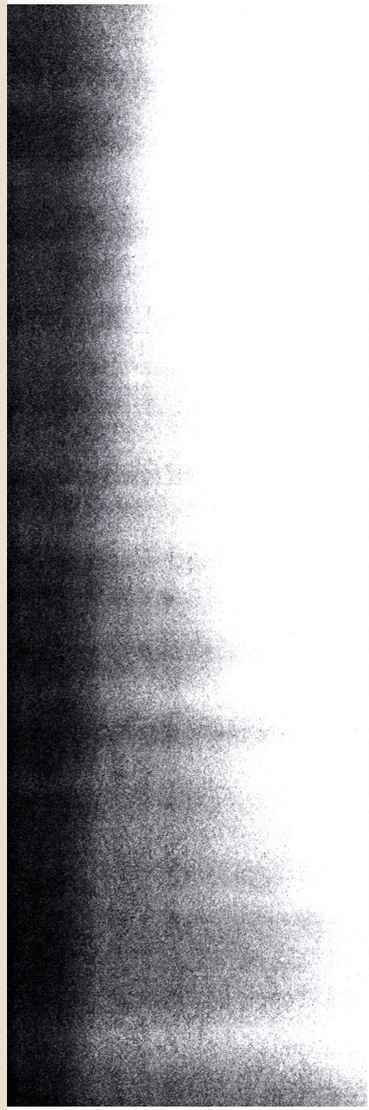


I was the gunner in the convoy using live ammunition. We drove into a staged ambush. The vehicles stopped, my team members exited the vehicle and began firing from covered locations. I remained in position, perched on a sling in our humvee.

I was blasting away at the pop-up targets, hot brass falling all around me ,when I saw someone out of the corner of my eye waving for my attention. My vehicle was rolling backwards, down a hill, and no one was at the wheel to stop it . "Oh my God, I gotta get out of this sling," I thought. This was part of my training for "quick exit from the vehicle." Placing the weapon on safe, I dropped down and yanked the parking break. The vehicle kept moving.

Fortunately, another soldier ran over, jumped in, and with his strength, engaged the parking break and stopped the vehicle before it went over a cliff. Terrified and angry (my life was put in danger during a training mission), from that point on, I was determined my driver would never leave the vehicle when it was parked on a hill.

MOCK HOSPITALS:



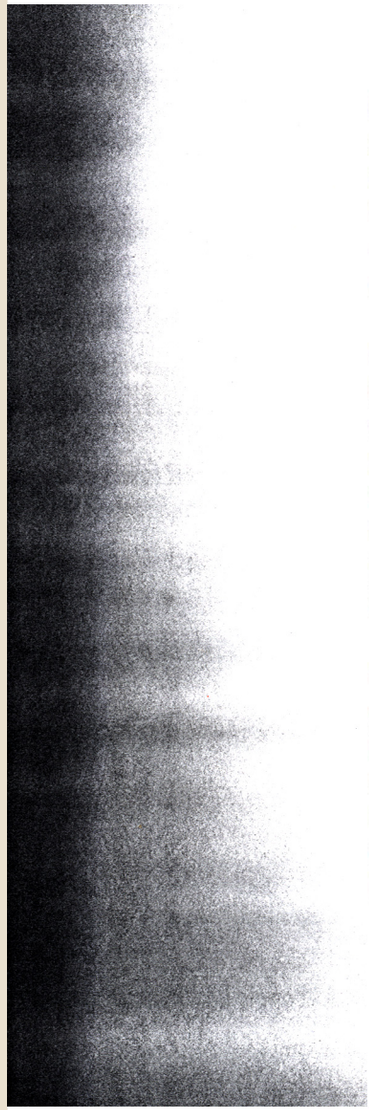
Things got pretty crazy and tempers often flew when we had to simulate running a hospital without doctors. When my staff was asked to play the part of surgeon, I protested. Why did my staff have to act the part when we could simply simulate having a surgeon? This situation developed into a horrible conflict between the chief nurse and myself. Her refusal to support me, coupled with her assertion that a two-star general wanted to "have me removed from my position," convinced me that I could not trust her. Of course I knew that a two star general would not micromanage in this way. This was the first of many controversial situations between the two of us while we were deployed together.

Our conditions were terrible in the "mock hospital" at Fort McCoy. Either there was not enough toilet paper or the toilets would overflow with paper and human waste. The smell was especially intolerable in the August heat. No sinks to wash our hands meant many people suffered intestinal ailments.

Plugged Sinks

Now this will terrify any medical person

COPING WITH THE STRESS AND PREPARATIONS FOR IRAQ:

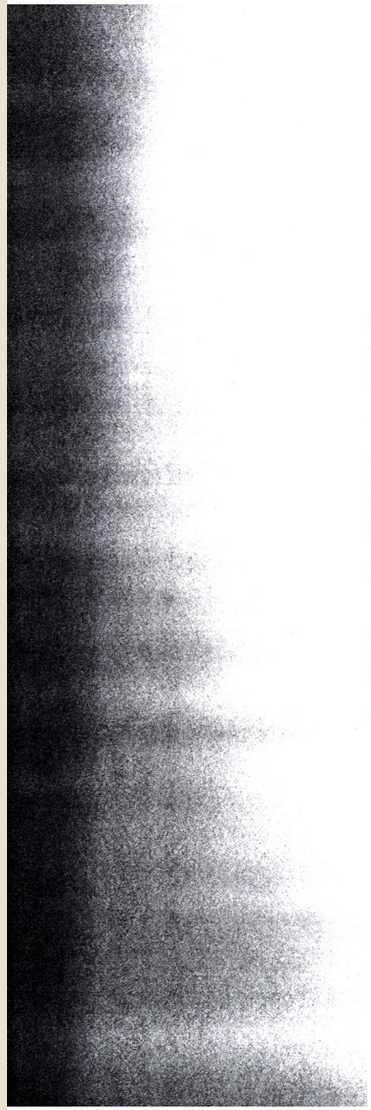


Maybe it was that I was a Californian in the middle of a bunch from Boston. Maybe it was that the facilities were terrible and the leadership was bad, but I could not connect with the people in my unit. I often needed to escape into my books.

During my last month at McCoy, I met an Iraqi language professor and figured out how to write Arabic characters from their sounds. I requested language training, but to begin Arabic lessons, we had to form a group. Few others were interested. Still, I was excited. Arabic moves right to left, and maybe because I am dyslexic, this feels oddly normal to me.

My desire to learn paid off. I often had to communicate without interpreters because of the OR's fast pace. By memorizing a few Arabic words, I could greet my Iraqi patients. My accent must have been good because some patients would address me as if I were fluent.

LEAVING THE UNITED STATES:



They got us up early to fly to Kuwait, yet we sat around at the Air Force hanger all day. "Hurry-up-and-wait."

We left in the late afternoon. All the seats were filled with people and military weapons. My LTC rank gave me no first class privileges.

It seemed strange to fly a commercial flight with weapons on board while liquids and creams were prohibited.

ARRIVED IN KUWAIT:

On our trip from and to the airfield, we rode in Mercedes buses with curtains. Quite posh, I might have thought we were on a casino ride to Reno. We were instructed not to look out the windows and to keep the curtains closed.

I couldn't resist the temptation; I peeked out and saw men driving vehicles with women in the back. Some women had their faces covered while others did not. It was obvious that the people of Kuwait did not want to see us. Didn't we fight a war for them? "Where's the love?"

We were told that it was Ramadan and that, by law, everyone must fast during daylight hours - visitors included. If we wanted to eat, we could only do so in the military dining facility or in our tents. If we were caught eating or drinking outside of these spaces - including walking with water or chewing gum - we faced Kuwaiti prosecution. Clearly, I obeyed. The only time I saw Kuwaitis was through window curtains. The rest of the people on base were from other countries.

We were scheduled to stay in Kuwait for ten to seventeen days, depending on our chalk. I stayed for 16 days. To keep busy, units painted the jersey walls.


28TH COMBAT SUPPORT HOSPITAL
OIF 06-08
"CHINA DRAGONS!"
44TH MEDCOM
FT. BRAGG, N.C.


WW II
VIETNAM
PANAMA
DS/DS
SOMALIA
SFOR
KFOR
OEF
OIF
32nd Multifunctional Med Bn
"DRAGON MED LOG"
FT BRAGG NC.
OIF 04-0
OIF 06-0


2ND GENERAL
CONSTRUCTION PLT
A CO 368TH COMBAT ENGINEERS (H)
ROCHESTER, NH
SECOND TO NONE!
2ND GEN


130TH ENGR. BN. (C)(W)
USA
PUERTO RICO
OPERATION
IRAQI
FREEDOM
06-07
SKILL &
STRENGTH
LTC.
ANGELICA
REYES
COMMANDER
CSM.
RAMON
BURGOS

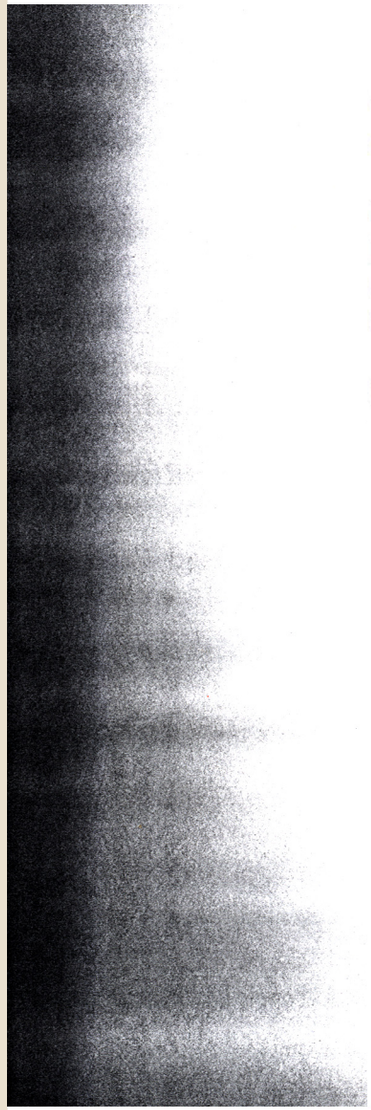
Most people slept in the air conditioned tents during the day. With temperatures up to 120 degrees Farenheit, I was energized and wandered around looking at the art.

MY FAVORITE ART

How often do you run into a 3 star general in the desert?

Under the cover of night, we flew from Kuwait into the war zone of Iraq. Strapped in webbed harnesses next to palates of supplies, for hours in a dark plane, we were the human component of cargo. Our desent was rapid: a combat landing, unlike any commercial flight.

LIVING CONDITIONS:



We were told this would be an austere environment.

Our living quarters were former Iraqi Air Force Academy buildings. "Crack houses," is what people nicknamed the living area, but to me it was an air conditioned home for a year.

Some of us found beauty in this setting.


2501


01/15/2007


12/03/2006

02/04/2007


XRAY


WTF! Find me a real surgeon, Pilgrim!
Combat Support Hospital


02/04/2007

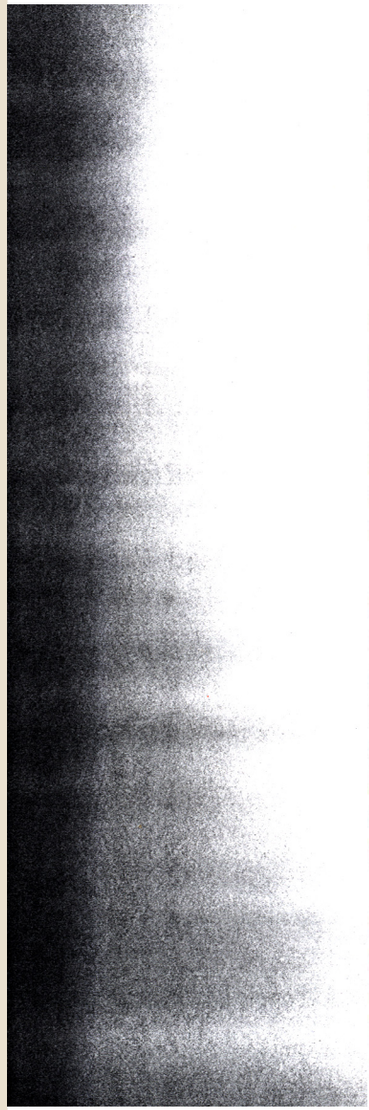

GO
GATORS
41 - 14


02/16/2007

This is an operating room, called an ISO DEPMEDS unit. It is modular with expandable sides. Attached to the ISO were tents.


CAUTION
REMOVE LATCHES
FOR SHIPPING MODE
CAUTION

CONTRACTORS IN IRAQ:



One morning, I went to breakfast and the line was packed. I didn't see any of the familiar Sri Lankan faces who usually prepare our meals. I skipped the hot food line and got cereal and milk instead.

Later, I asked one of the supervisors what was going on at the DFAC (dining facility). He told me that the workers went on strike. I said, "Wow. That's going to be really bad, we'll have to make sure we give plenty of time for meal breaks." He said, "Don't worry, it will be over before dinner."

After that, I talked to an anesthesiologist - an Indian who was friendly with the kitchen staff. He said that the workers were working twelve-and-a-half hours a day with no days off, and that they got paid $300 a month. If they got sick, they were not paid. They decided to strike because they were working for Americans. And that's what Americans do.

Around noon, KBR supervisors (U.S. government contractors) loaded the workers on buses, drove them several miles off the base and, at gunpoint, ordered them to get out. Anyone who wanted to work was told to

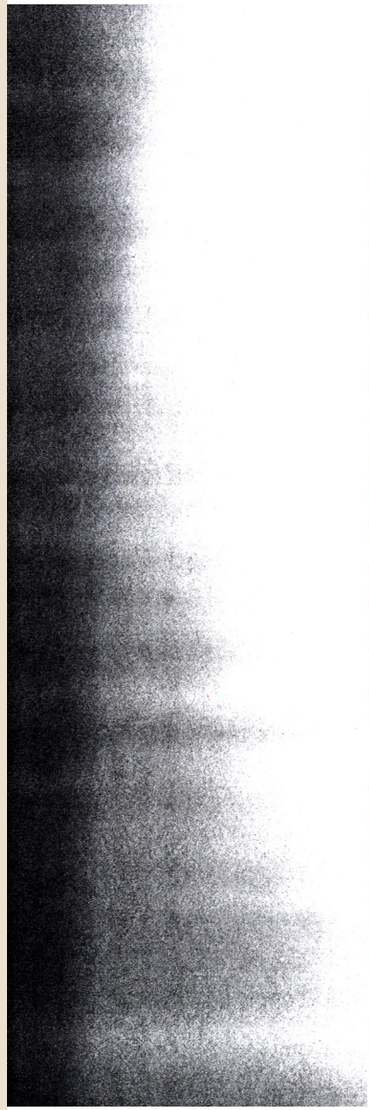
load back up. All but about ten people did. The rest were left to fend for themselves - no food, belongings or money. They didn't know where they were, and no one spoke the language.

By evening, everyone was back to work, except for the ten who'd left the bus. They never showed up again. To this day, I wonder what happened to them.

The Sri Lankan kitchen workers were not considered U.S. contractors, despite the fact that they were paid as such. They were labeled "TCNs" (Third Country Nationals). Their anger towards KBR must have been greater than their fear of being in a war-torn country.

DFAC (military dinning facility)

BLAST INJURIES (MORE DESTRUCTIVE AND BAFFLING THAN WE THOUGHT):



I heard a Vietnam medic once state that when his soldiers called him "Doc," he felt inadequate and scared. He focused on doing anything he could to just save lives. It turns out that no matter how much education and knowledge you have, in the face of it, war humbles us. In my time in Theater, I quietly guided the surgical team to just keep working. During the Surge, we learned that Iraqi snipers had excellent aim. We saw patients with bandages walk into the OR with what appeared to be superficial wounds. Upon further inspection, they turned out to be major injuries. For instance, a soldier walked in with a bandaged neck. Beneath it, we discovered that he'd lost his carotid and jugular arteries. The clot dressing was what saved him.

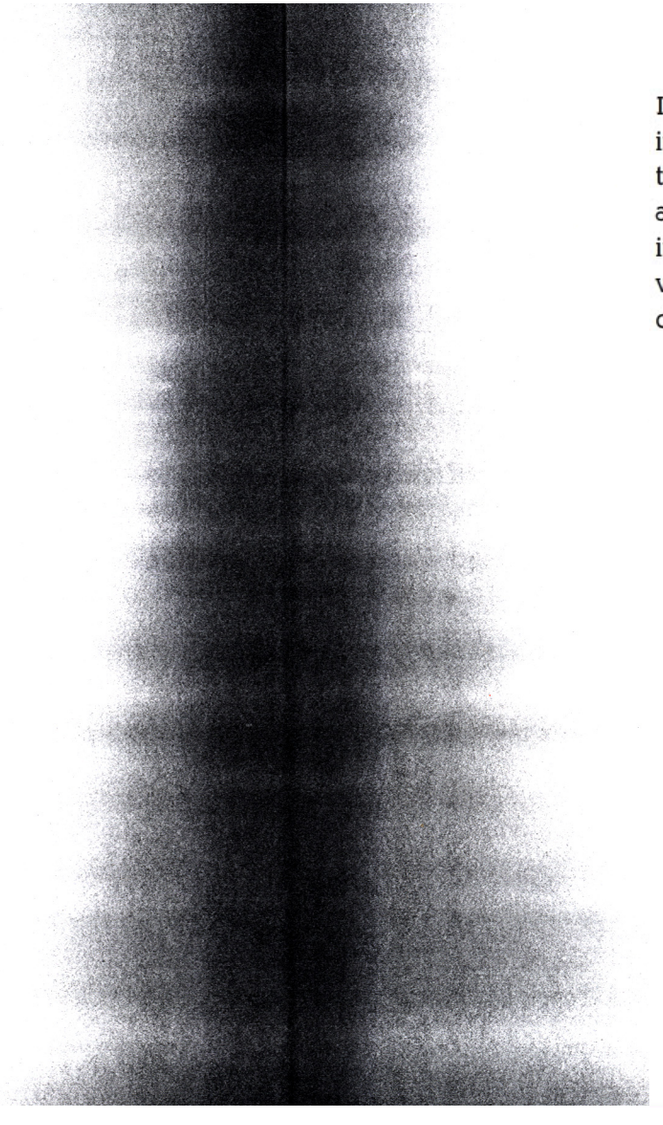
Blast wounds were the most difficult to handle. A patient might come in, awake, talking, with no apparent wounds and a clean CT scan. Yet, within hours, he'd die. In some cases, organs would start spontaneously rupturing in these patients.

Since coming home, I have begun to research blast injuries. It turns out the Oklahoma City

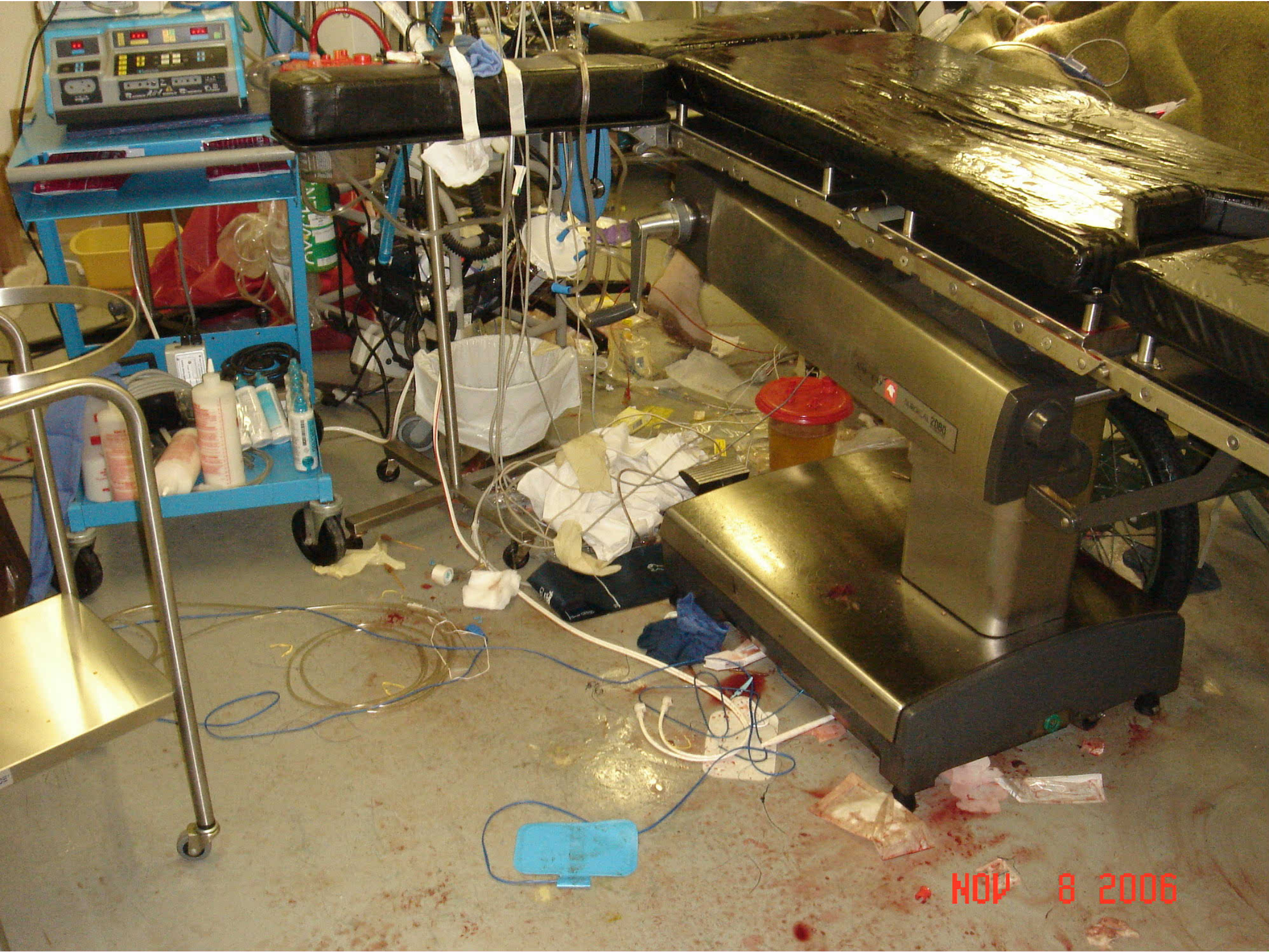
Building bombing of 1995 has helped researchers understand more about blast injuries, including those involved with WWII. Before, it was assumed that sound waves entered a soldier's body through its orifices, causing internal injury. Now, we know that with high order explosives, the blast waves become supersonic, traveling faster than the speed of sound. Damage occurs when the wave compresses tissue, and the pressure exceeds the tensile strength (elasticity or pliability) of the structure.

This explains some of the symptoms of our patients in Iraq.

I learned about "primary blast injuries," which differ from "secondary blast injuries" (projectiles that hit the body from the outside, causing contusions or punctures). With "primary" injuries, victims suffer from the percussion waves of supersonic speed. This causes traumatic amputation, pulverized bone covered by skin in-tact, or internal organ injury.



In my research, I found that primary blast injuries are affected by the type of structure that surrounds the soldier. Military body armor and vehicles can actually cause an increase in severe injuries from a blast, yet without the protection, there is a greater chance of death from projectiles.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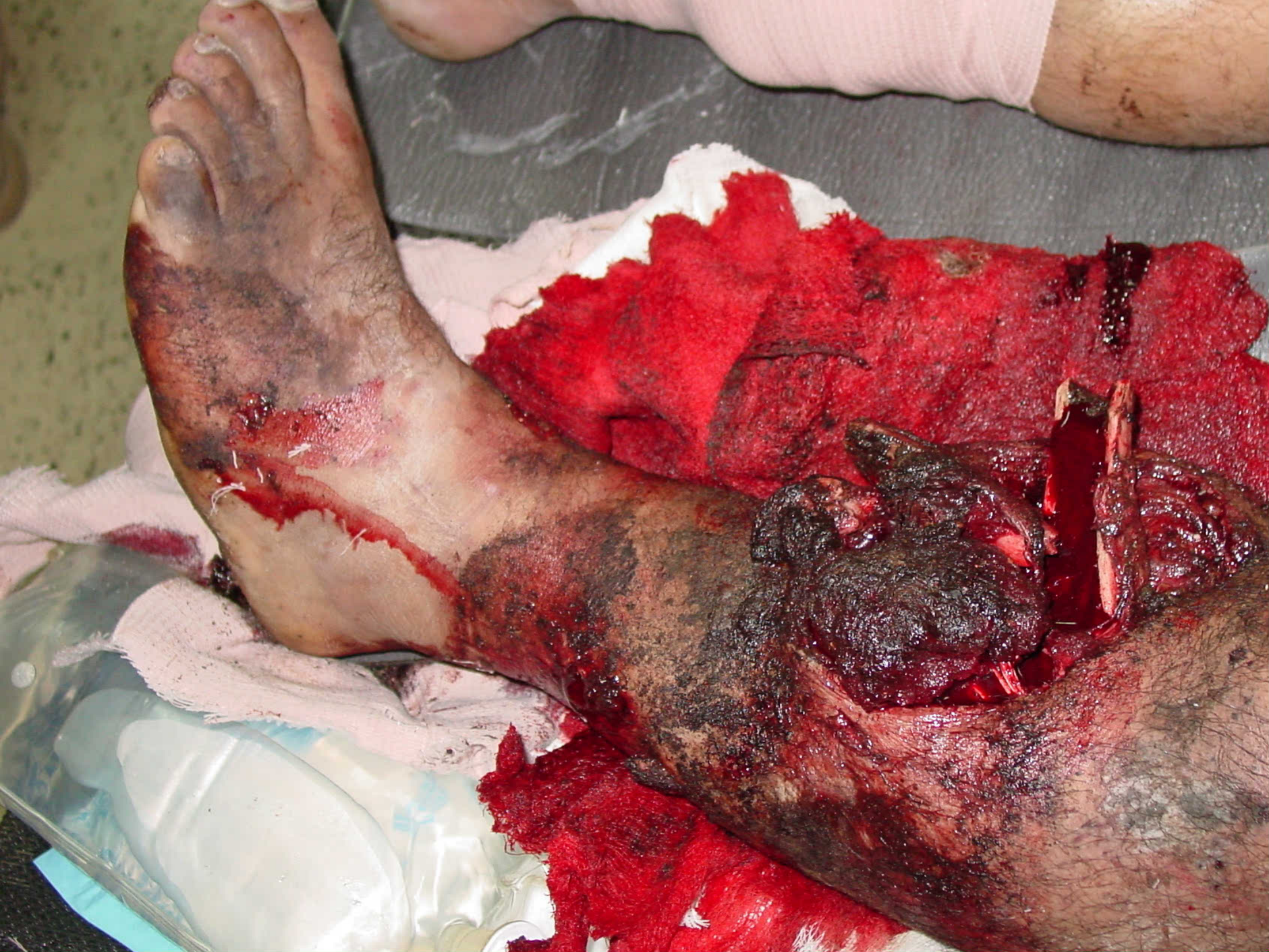
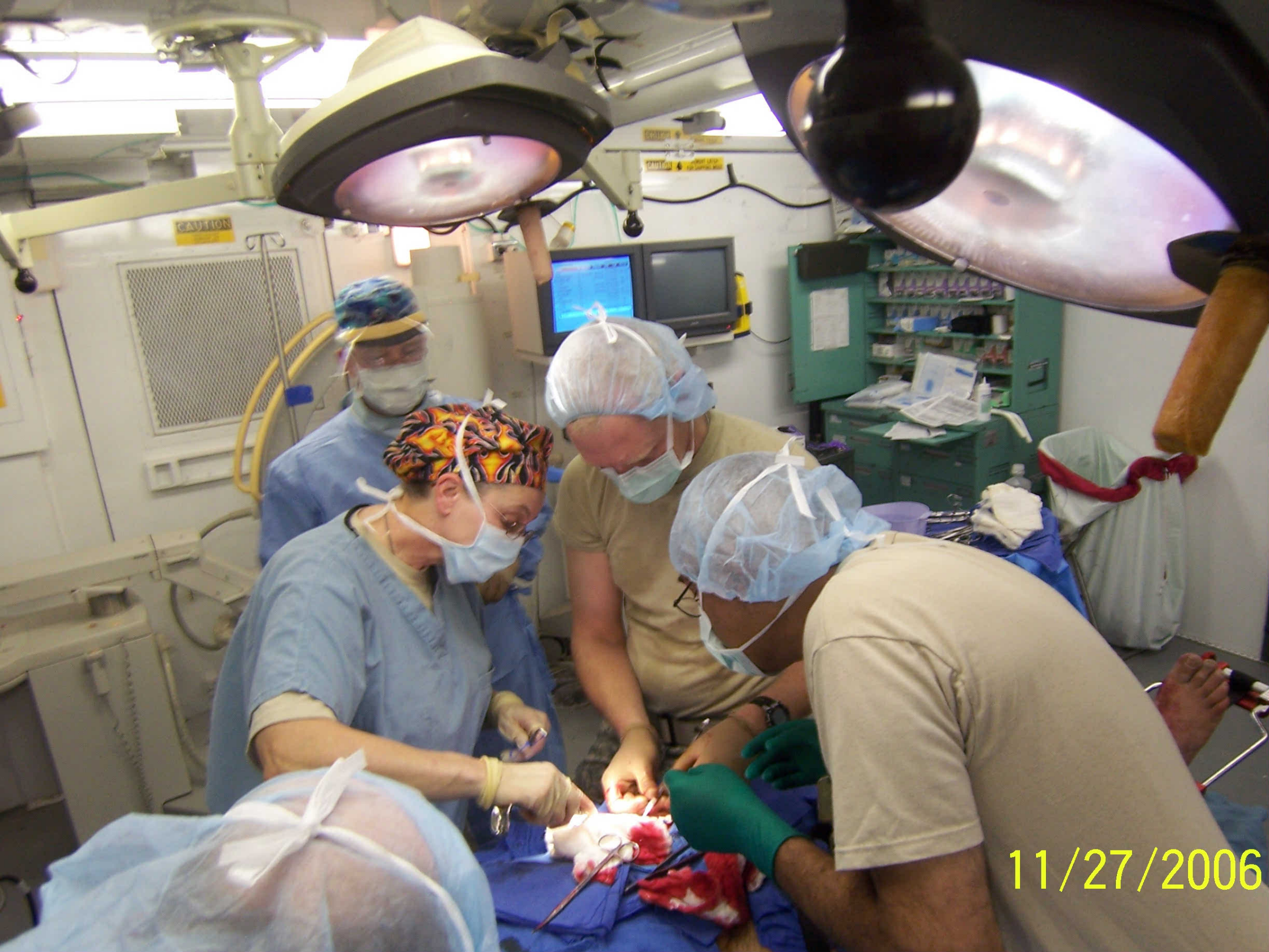
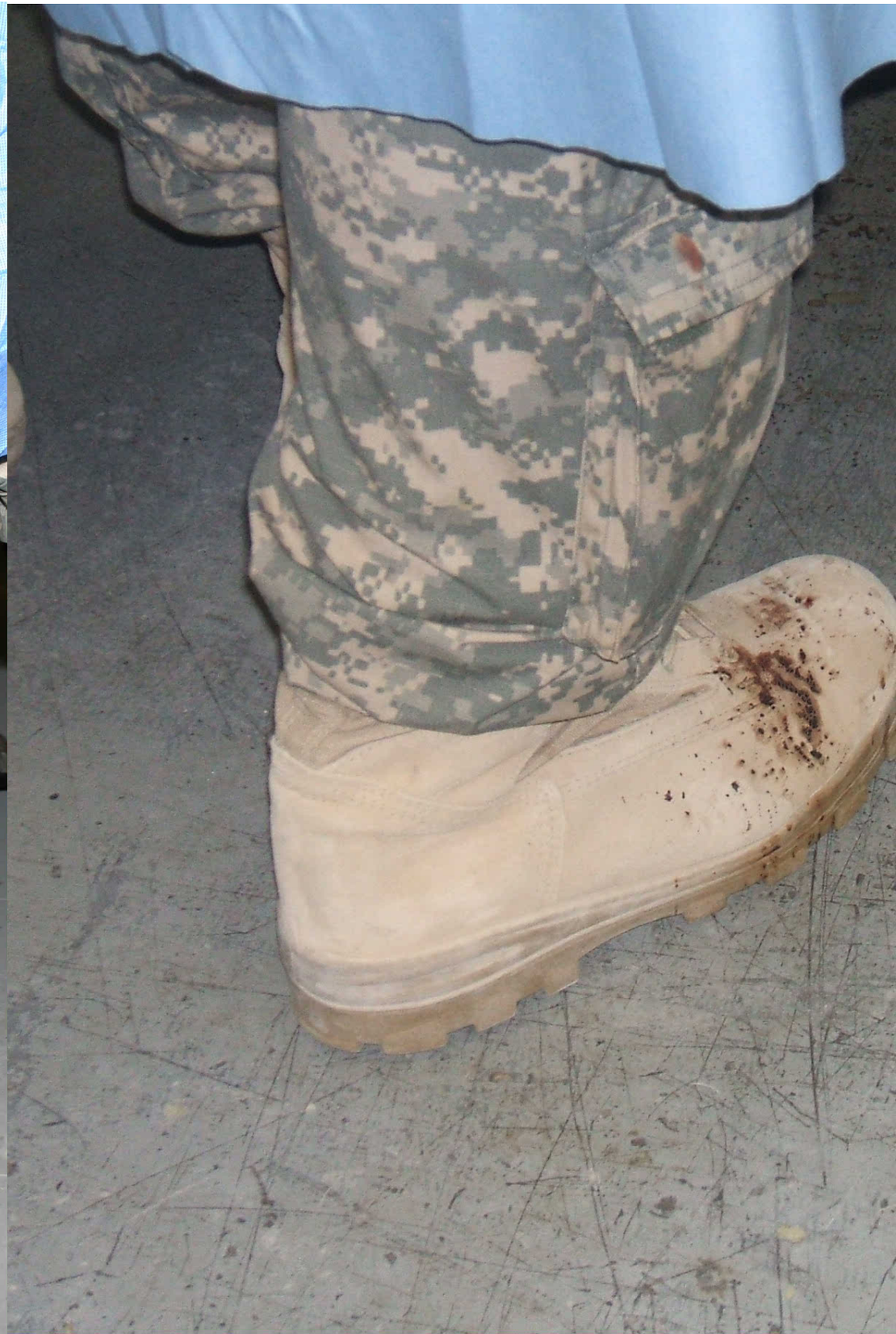



02/18/2007

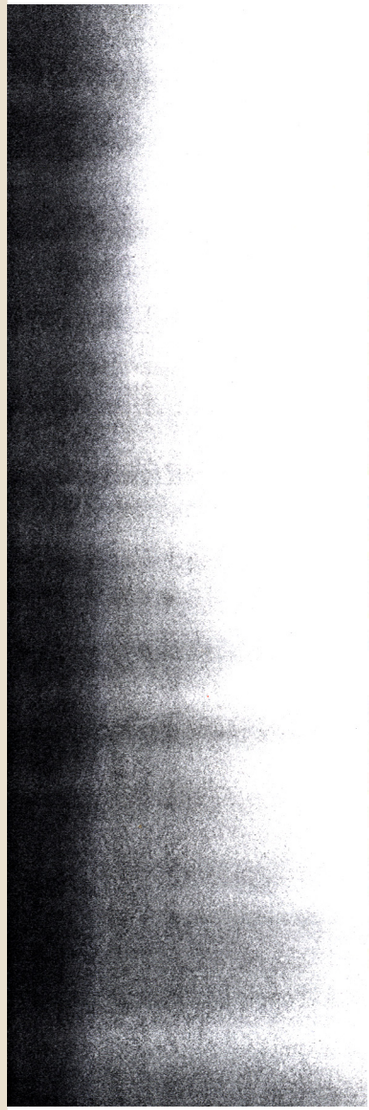

TOSHIBA
Aquilion


CAUTION
11/27/2006


Trained to Save



EXPECTANT:



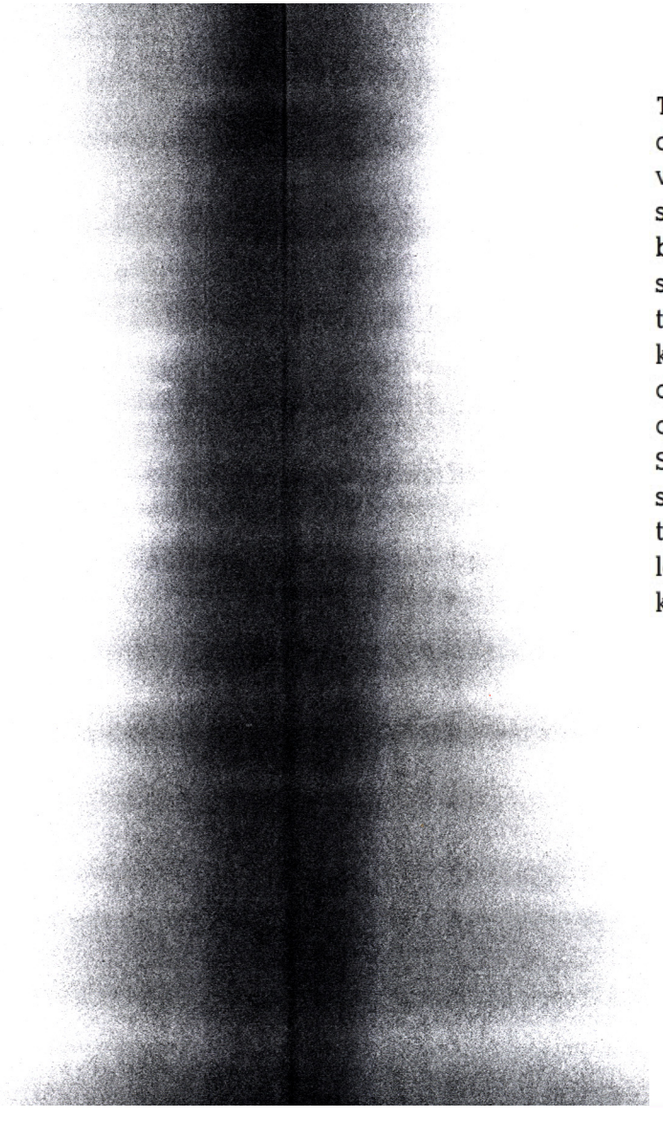
A suicide bomber drove a petroleum tanker into the Iraqi Army building and detonated it. This means Iraqi burn victims. Lots of them. We had to let four die because their injuries were so extensive. One of these severely burned guys held on and when the ambulance was transferring him to a civilian hospital, he begged us to shoot him because he believed the Americans would bury him if he died with us. So the ambulance did not leave to take him to a civilian Iraqi hospital and instead drove around the COB (contingency operating Base) until he died. I thought we could have done better by simply keeping him here at our facility, give him morphine and letting him lie and die on the floor if space was an issue.

Burn victims are very complicated for American doctors and nurses. When someone is over 50% burned, cost of treatment is very high and survival rates are very low. Even the best American hospitals struggle to save severely burned patients. Should a burn victim survive, years of rehabilitation and reconstructive surgeries are needed.

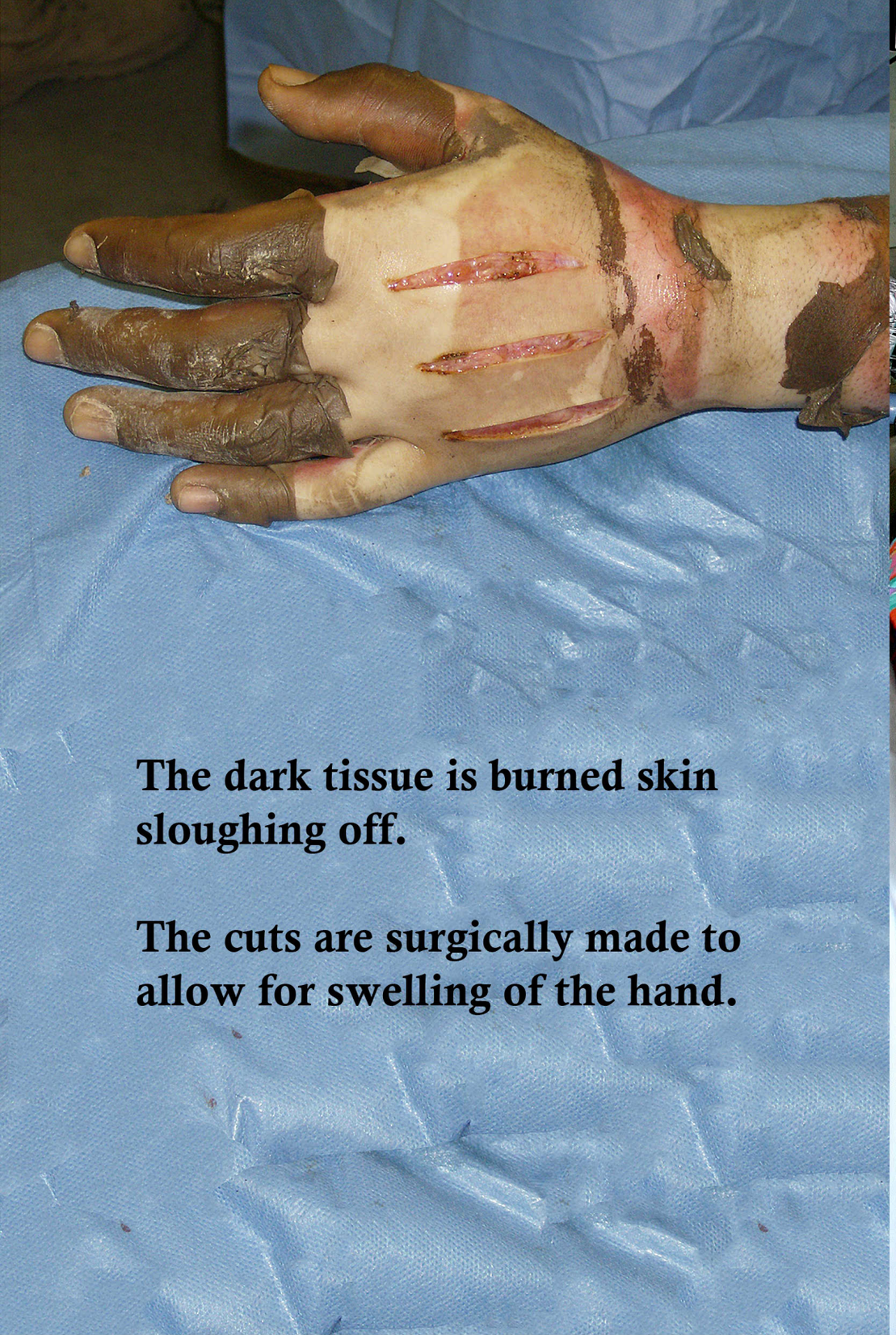
The only facilities and treatments for these kinds of burns are in the U.S. All U.S. soldiers are immediately flown to Texas from Iraq. This is an expense that the U.S. will not incur for foreigners. In the end, the quality of life for severely burned Iraqis is very poor. Survival comes at a high emotional cost due to disability and disfigurement.

For once, the operating room was not busy while the rest of the hospital was inundated. I volunteered my time outside of my department where needed. As a prior hospice nurse, I was prepared to work specifcally with the Iraqi soldiers too burned to survive. We called these dying people "the expectant"—those we expected to die.

Our Chaplain does not do well with these patients. She can't accept that we let these people die. One night, we were operating on an Iraqi soldier who came in with a gunshot wound. We could not stop his Vena Cava from bleeding. The surgeon decided to stop operating. It became clear that almost all of the blood in the hospital had been used for his surgery.

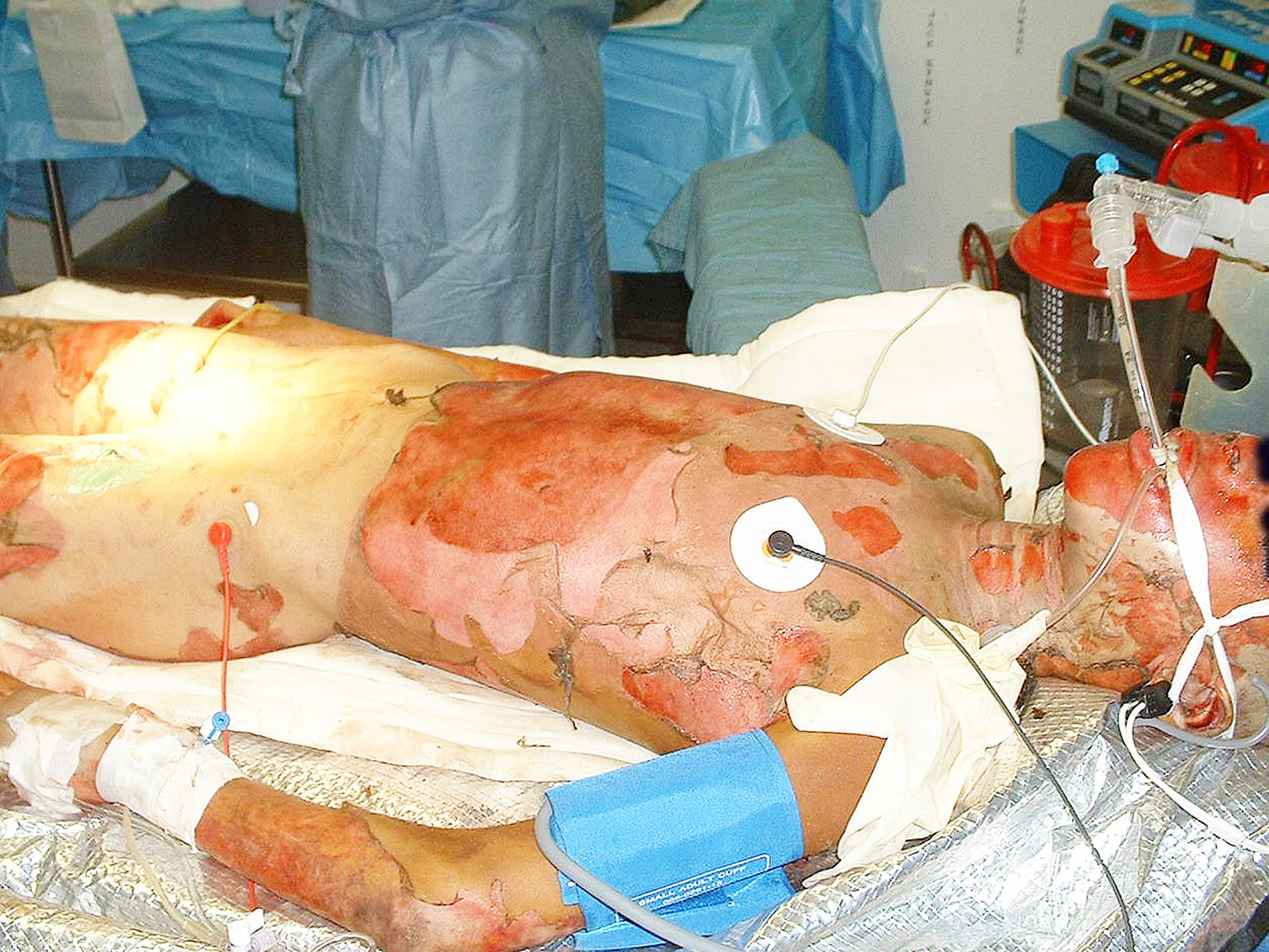


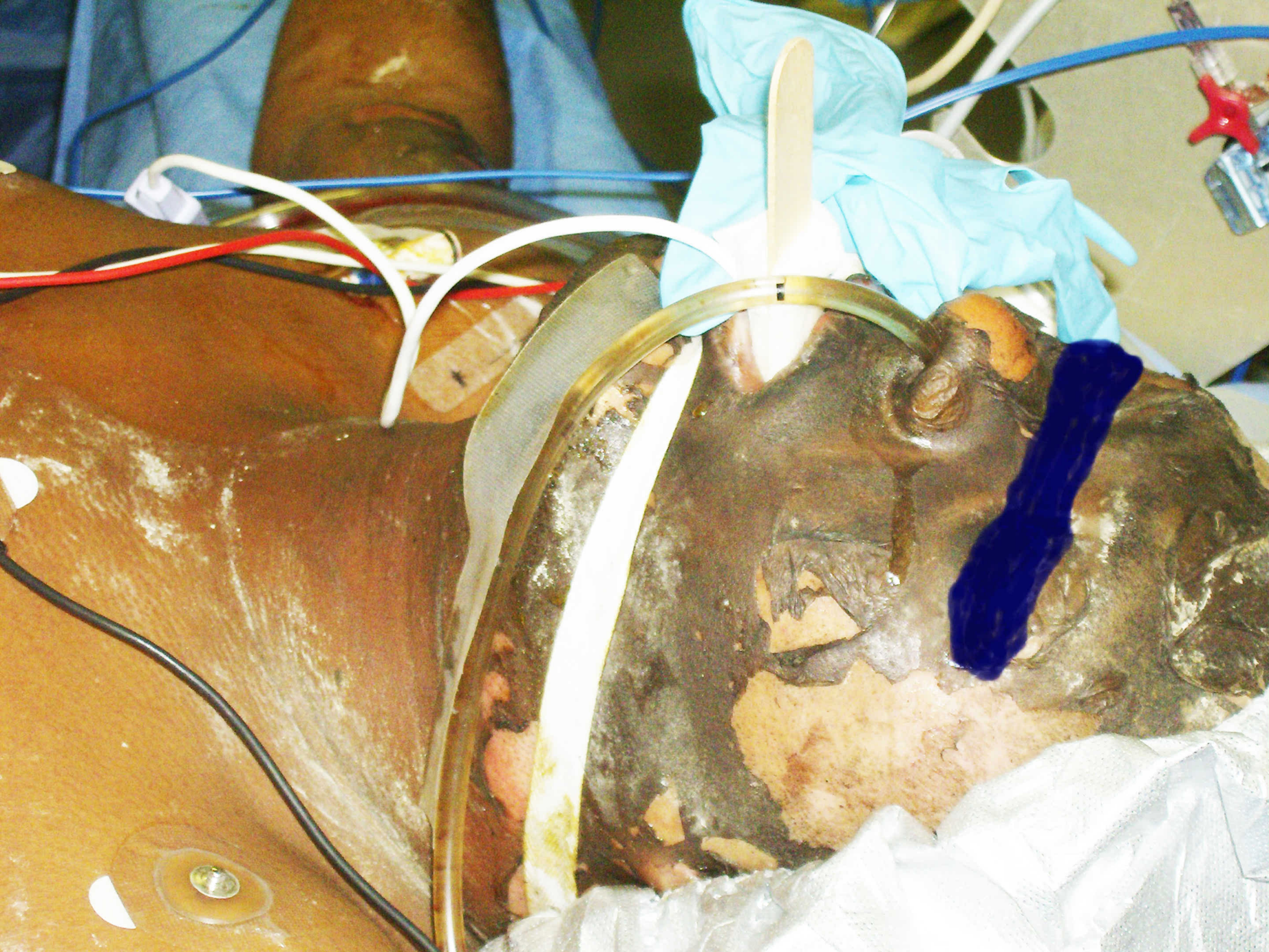
The anesthesia team chose to let this patient die in the OR instead of moving him to a ward where he would be with all of his buddies. I still had a patient and to continue with care, I bathed this man. Knowing that the last sensation to leave a person is hearing, I tried to talk to him in Arabic (with the few words I knew). Comfort was what I could give. After dressing him and putting his hands together on his belly, I said in Arabic "See you later. A Shoo Fuk Baa-din"... It must have sounded like something rude to the chaplain praying over this dying man, because she gave me a weird look. Even though she was nearly in tears, she kept anointing him and praying.



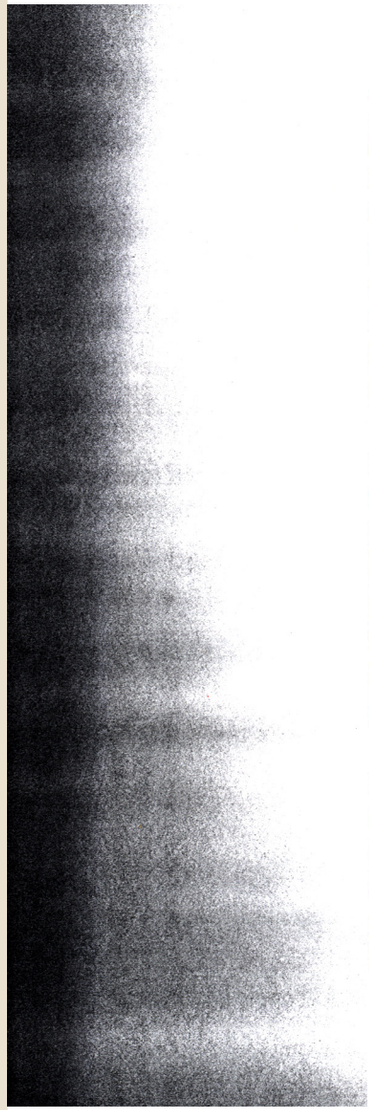
The dark tissue is burned skin sloughing off.

The cuts are surgically made to allow for swelling of the hand.





LIMB SALVAGE:

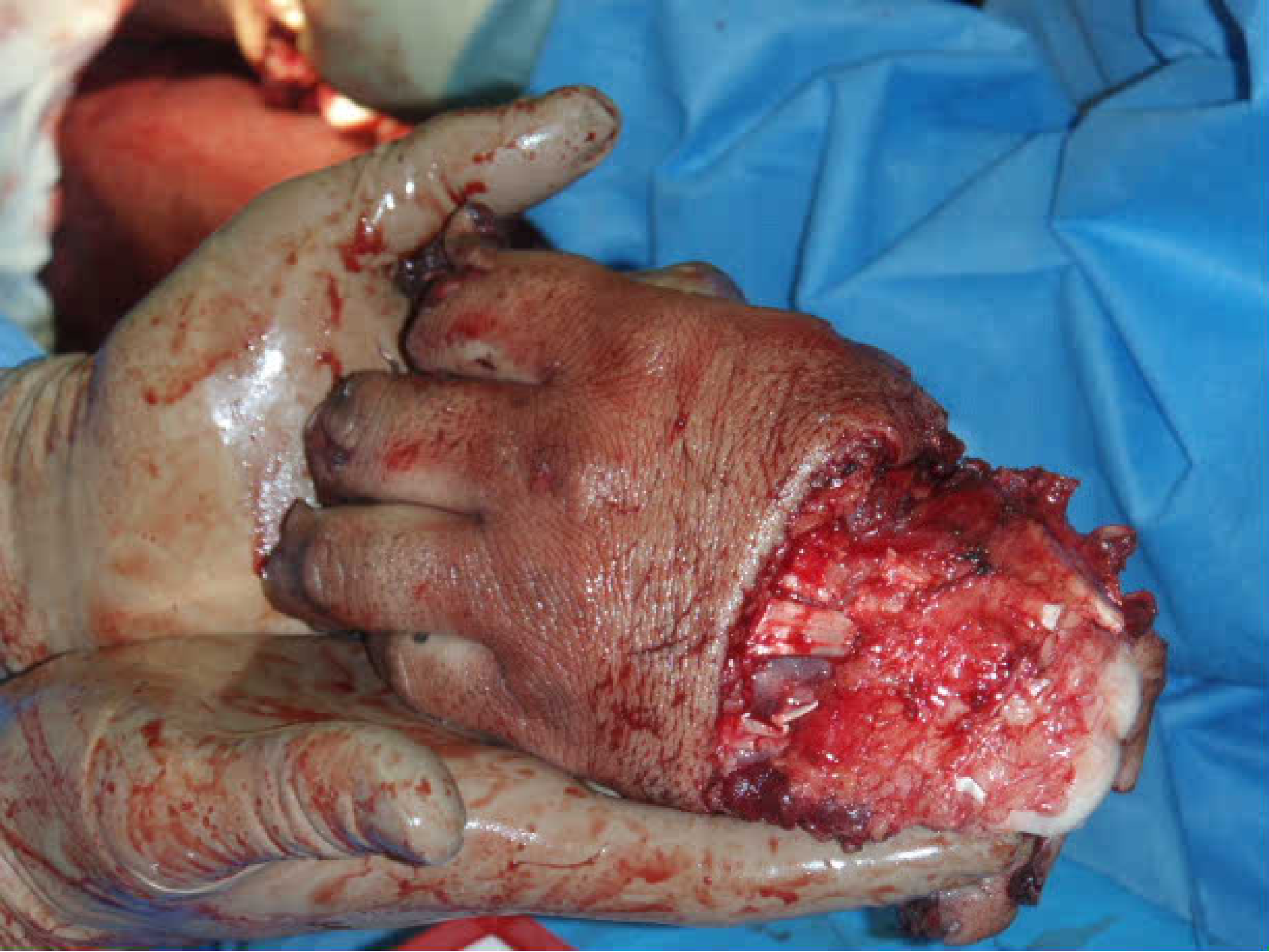


For an Iraqi, loss of a limb is particularly troubling because of poor medical care. With the loss of one leg, an amputee is confined to crutches. With the loss of both legs, an amputee is most likely bedridden, or in a wheelchair (if one is actually available). Without the sort of care we are able to give in the United States, an amputee who loses a leg has no hope of walking again.

I observed that in Iraqi culture, a person's worth is based on his or her ability to participate in society. For example, the right hand is considered the clean hand and the left hand is considered the dirty hand. If someone loses their right hand, they can no longer eat at the family dinner table. During meals, they are banished to a back room to eat alone.

In our OR, we pushed the limits of adverse circumstances. One day, an Iraqi soldier arrived in our operating room with major injuries to both of his legs. When we took the dressings off, we saw that his right foot was barely hanging on.

Although this man's left anklebone was pulverized, his foot below it, and the tissue around the ankle, was still intact. We had already amputated the right foot from the single tab of flesh that held it onto his body, and tossed it into the sponge bucket. As the surgeon began to work on the left ankle, he said he wished that he had a bone bank of donor bone tissue as hospitals do at home. This would allow us to save the patient's left ankle and foot. I immediately took the right foot out of the bucket, began scrubbing it up and said, "I've got a bone bank right here." The surgeon lit up, "Good idea. Let's do it." We successfully prepped the foot, surgically removed all the bones, and placed them in the patient's left ankle. This patient's body knitted a new anklebone with our help, thankfully without infection.

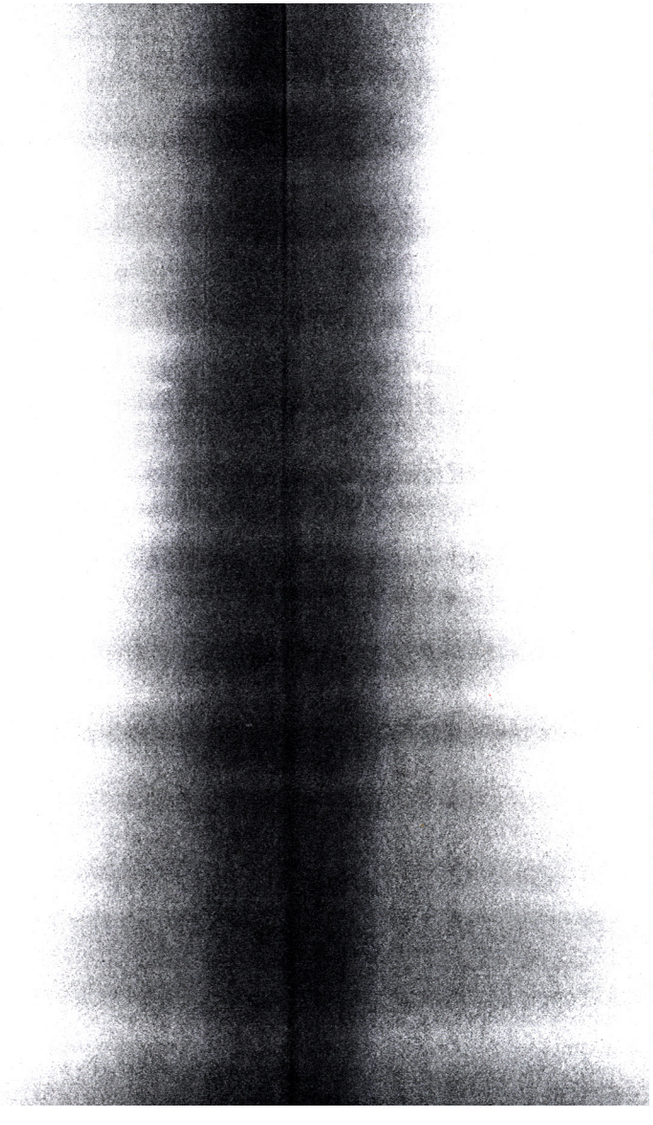


APACHE CAUSED CASUALTIES:


GRAVITY FUEL
FILLER CAPACITY
155 U.S. GAL.

A young soldier—he was about twenty-- came into the OR with his leg de-gloved.

He was awake for a while in the operating room and spontaneously started telling me the story about what had happened to him: a contractor had refused to show his identification at the gate. The soldier told him the policy was no admittance without identification. This guy was swearing, saying that he goes in and out several times a day and shouldn't have to show his ID every time he wants in. The contractor put his truck in gear, and tried to run through the chain that blocked entry. My patient, the young soldier, jumped to the side, but the truck pulled the chain, which in turn pulled the jersey wall (a modular concrete barrier) on top of the soldier's leg. He got pinned under the concrete barrier. As he screamed, the contractor kept driving. He never stopped. The soldier's buddies came running.



The concrete was too heavy to move. Instead of waiting for help, they tugged him out from under the jersey wall. As my patient recounted his story, I remember wishing that we could go back in time to say "Wait! No. Wait! Don't pull, we'll get equipment and get the jersey wall off his leg!" If they has waited to move the wall, at worst the soldier's leg would have been crushed, but we possibly could have saved it.

As he spoke to me he kept saying, "I don't want to loose my leg. I don't want to loose my leg." Then, "Is anybody a Christian here?"

I said yes, and he asked if we could pray with him that he wouldn't loose his leg.

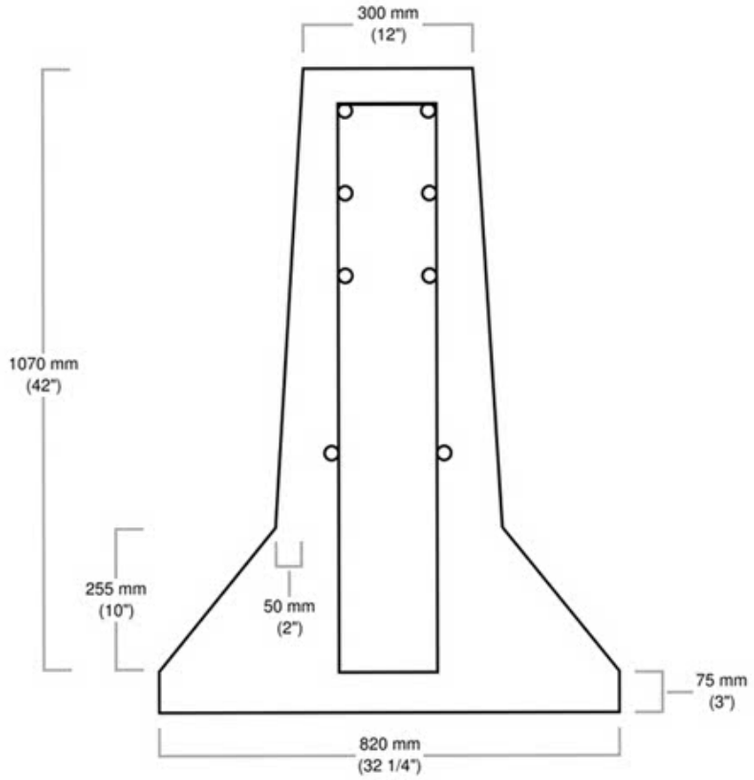
I knew he would lose his leg. There was no saving it. I fumbled with words, making it a quick prayer; I prayed that we would do our best work on him. I nodded my head and the anesthesiologist pushed the Propofol to put him under.

No matter how much we prayed, he wasn't going to be able to keep his leg.

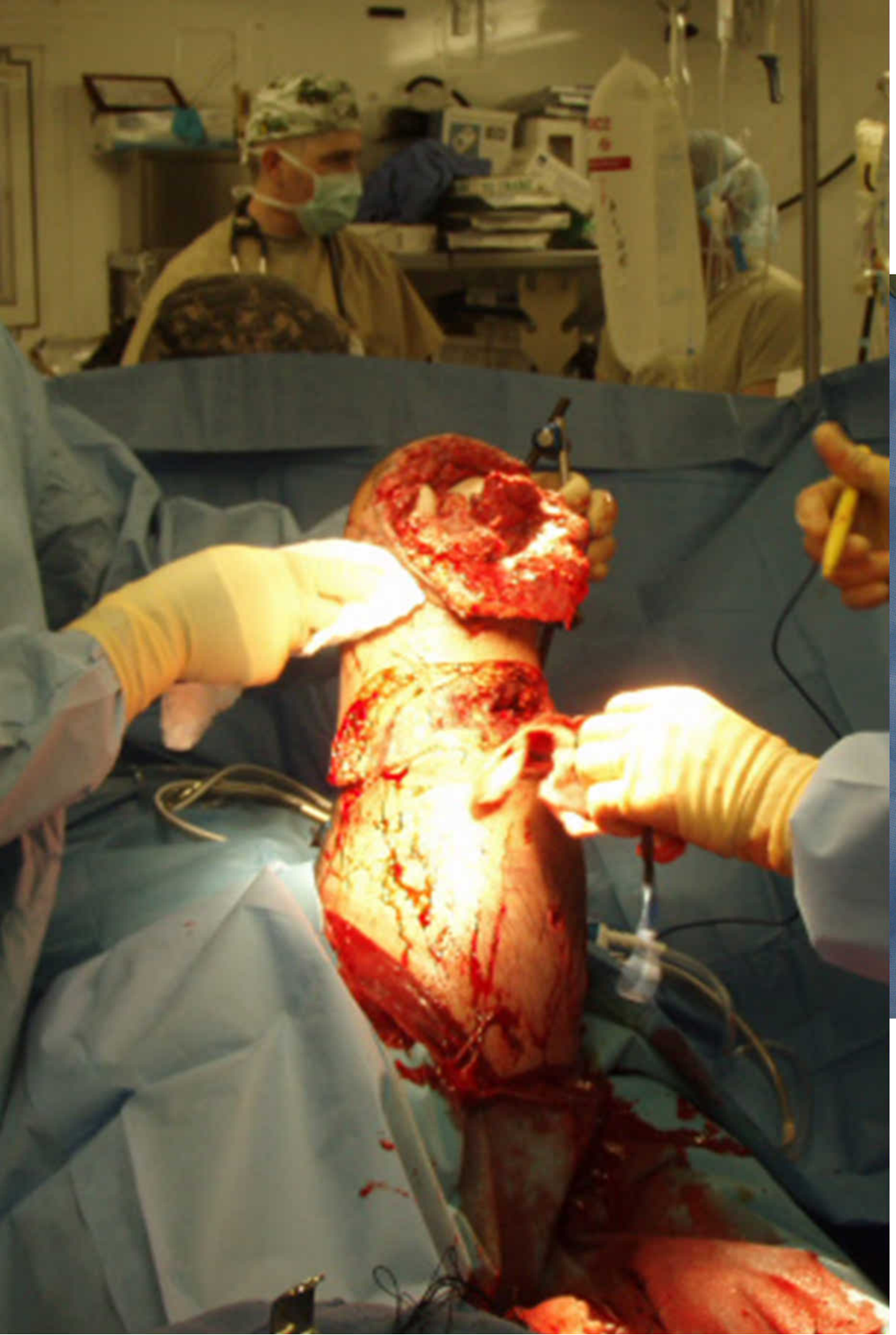
I felt guilty about that. I felt it was deceitful not to be honest. It still haunts me.

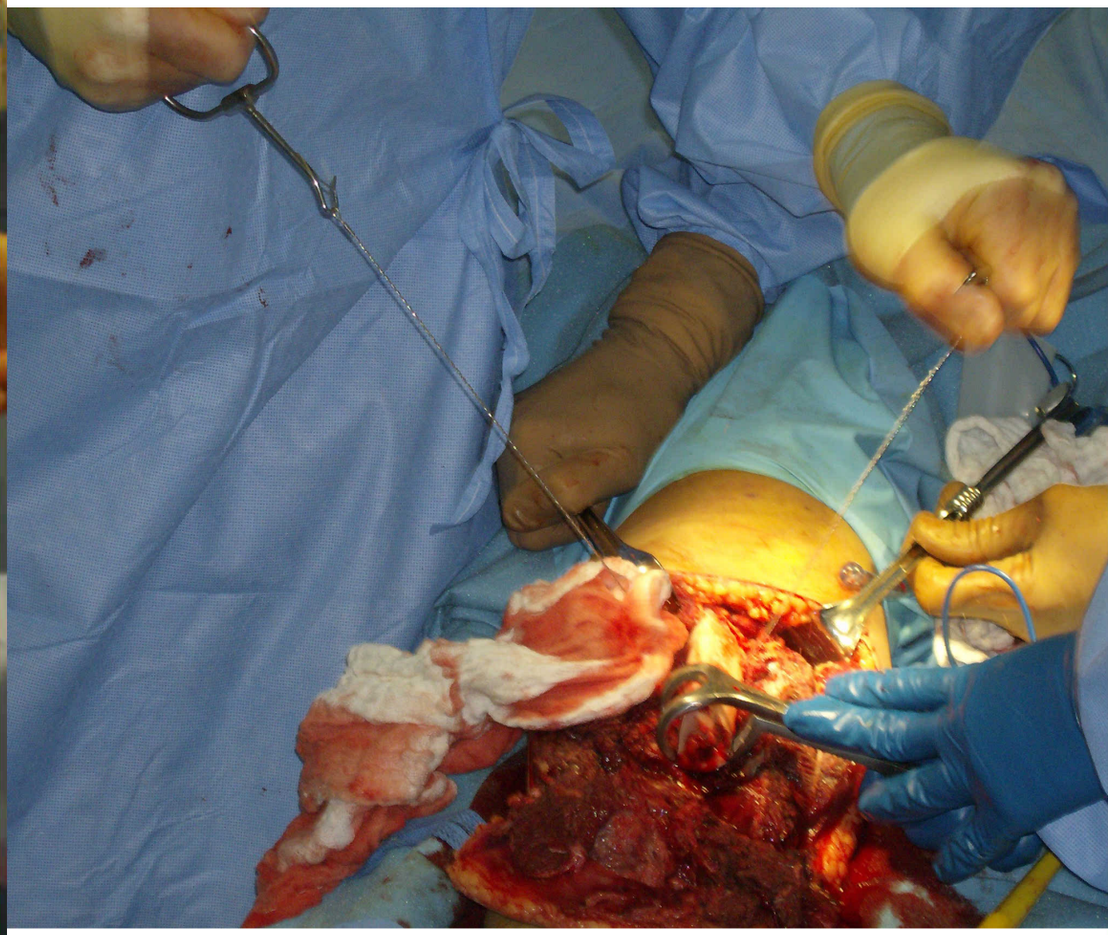
As I followed this boy's case, I found there had been a further amputation of his leg above the knee at an Army hospital in Germany.

I am angry about the contractor. It turns out the contractor was never brought to justice; never even reprimanded. And this young kid lost his leg.

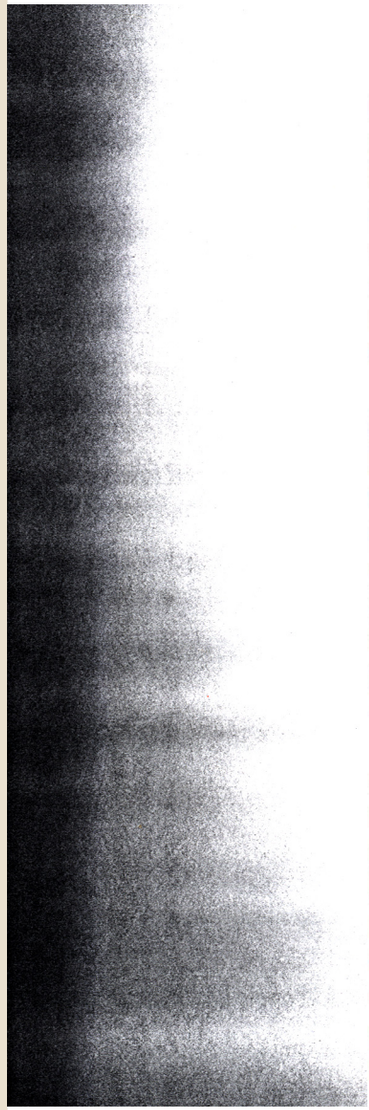


Jersey Wall: a short concrete barrier that serves as a blockade. It is designed to be lifted by crane





FAHDIL, AN IRAQI EMERGENCY MEDICAL RESPONDER:



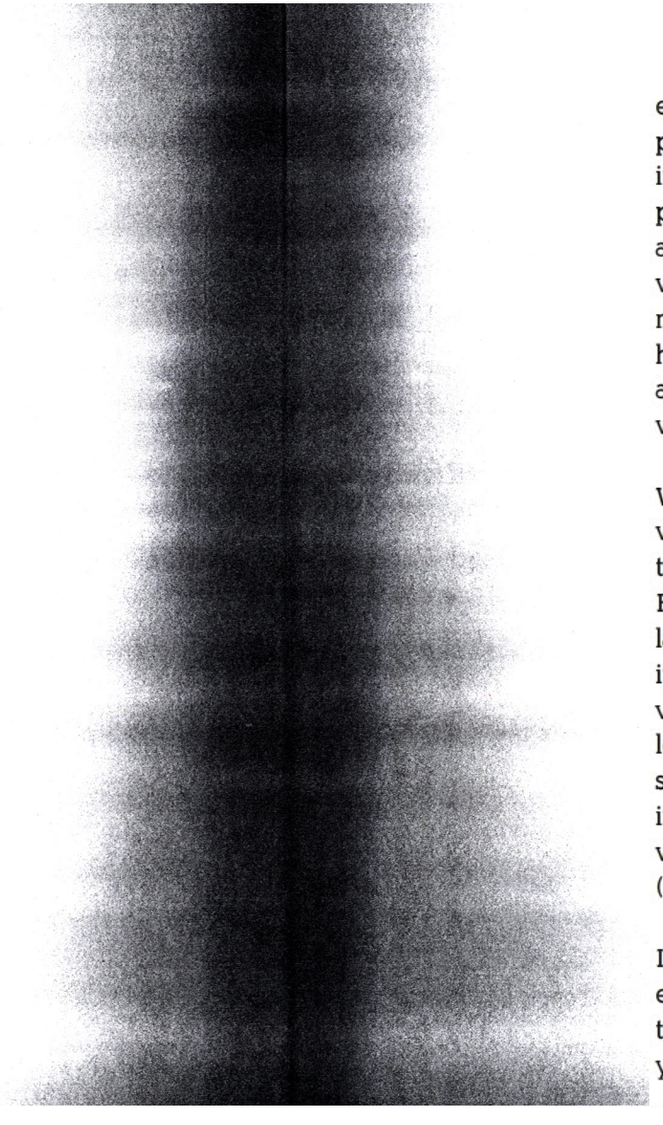
During one of my calls, an Iraqi emergency worker from the Fire Department was brought in. His team had responded to an accidental electrocution case. After resuscitating the victim, his emergency vehicle hit an IED. We later learned that insurgents had been monitoring EMS radio waves and planting bombs accordingly.

My patient needed an amputation of his right leg and was worse off than the patient he went to rescue. We performed a very high amputation above the knee after discussing an even more radical disarticulation from the hip. In the end, we decided to leave as much of the femur (upper leg) as possible so that the patient would have some comfort while he was sitting.

After surgery, I continued to check in with him. The next day, an ICU nurse told me that he was finally resting quietly. I was touched to hear from this nurse that the patient, whose name is Fahdil, had so much concern for others that he worried that his cries of pain may have disturbed other patients. This quality endeared Fahdil to everyone in the hospital.

On one visit, I read Fahdil's chart and saw that he was on Gabapentin, a neurological medication for neuropathy. I am very familiar with it because my daughter used it after limb salvage surgery, following bone cancer. On this visit, Fahdil told me that he knew that he didn't have a right leg, but it felt as if we had sewn it back on crookedly. Using the interpreter, I explained that he was experiencing phantom limb pain. I assured him that Gabapentin had good results, explaining my daughter's experience with it. It affected me profoundly when Fahdil asked about my daughter's story and offered sincere prayers for her recovery. I walked away deeply touched by his genuine words and deep sentiment.

I shared this experience later in an email to my son, Wes, who was also impressed with this man's concern for his sister. Wes brought Fadhil's story to a class he was taking in the Psychology of Compassion. In class conversation, Wes' teacher described an



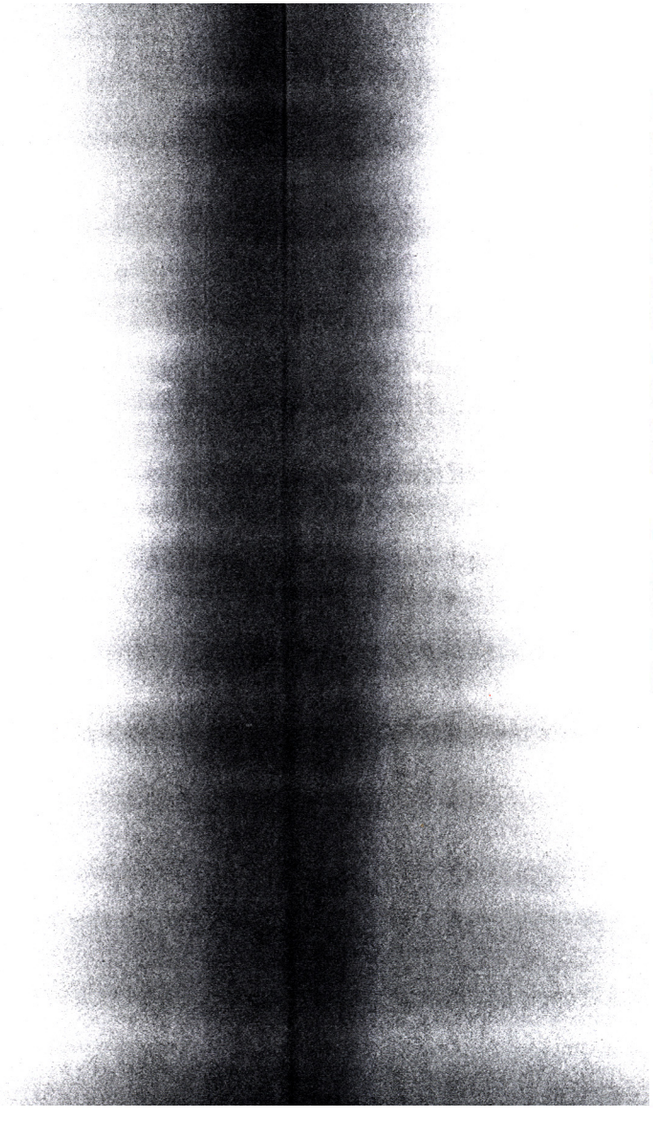
experiment performed by a psychologist on a patient who experienced a fist-clinching pain in his amputated hand. "With a mirror, the psychologist was able to have the patient feel as if he was opening and closing both hands while he watched a left hand, and that mirrored the image as if it were the right hand. The patient succeeded in relaxing his amputated hand and released the pain, " Wes wrote to me in an email.

With the help of an interpreter, I soon shared what I had learned from my son about treatment for phantom limb pain. I asked if Fahdil wanted to try, and he agreed. Taking a large mirror out of the bathroom and placing it next to Fahdil's left leg, I helped him visualize both of his legs. As he moved his left leg around, his face lit up and I knew something healing was happening. The interpreter smiled too as he translated Fahdil's words, telling me that he could feel his (missing) right leg, right down to the toes.

I went back several times each day to do these exercises. One day, a new interpreter was totally confused about this therapy. "What are you doing?" he asked me. I told him to ask

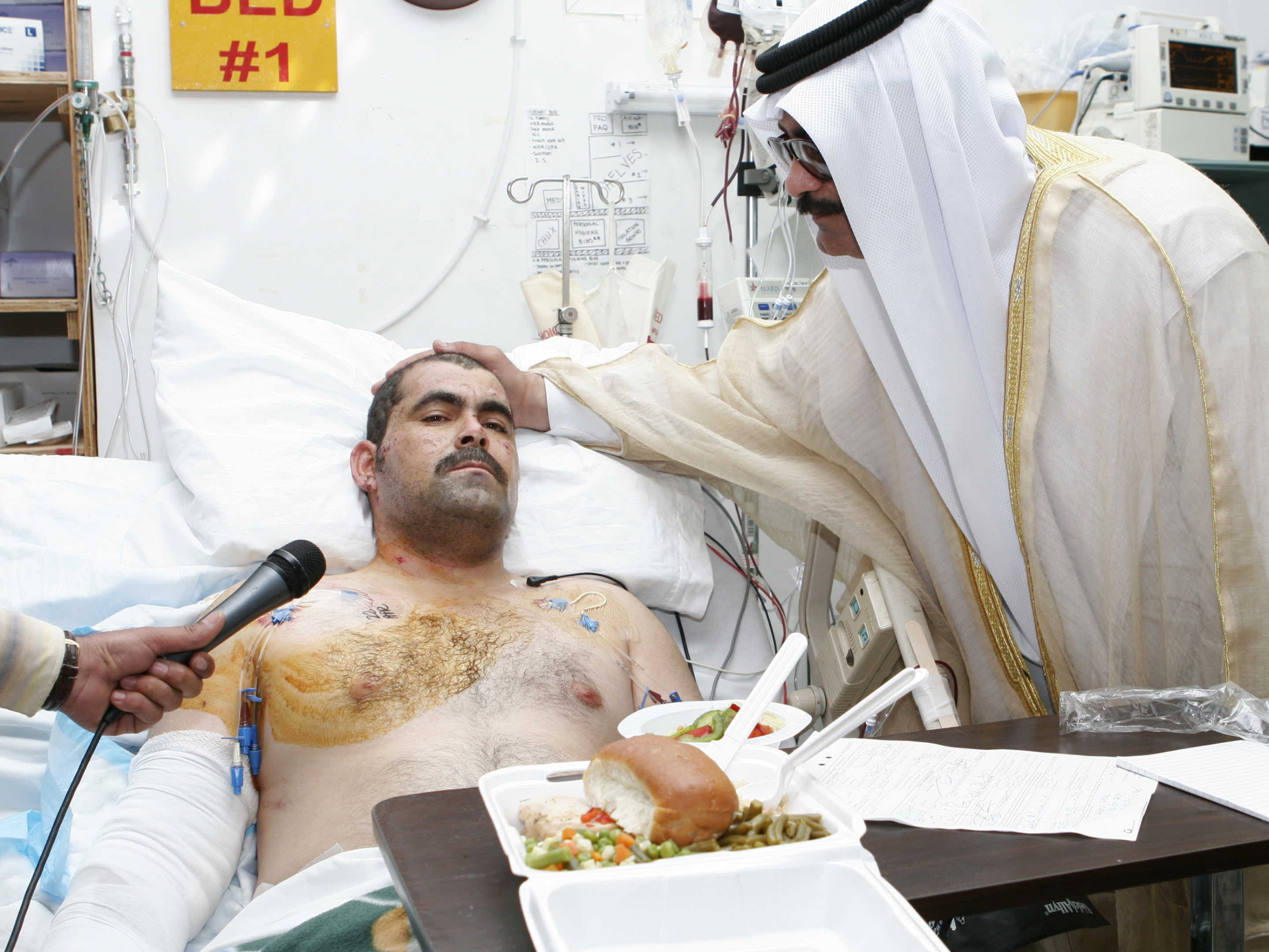
Fahdil to explain. " My brain thinks that I still have my right leg," Fahdil said, " and I am going to trick my brain into thinking that I can fix it." Fahdil and I both laughed as we saw the look of total confusion on the interpreter's face.

After two weeks of this therapy, Fahdil was free of pain. Not sure how long the effects of our therapy would last, I wanted to make sure that Fahdil had a mirror to take home. I took an afternoon to shop at the Turkish bazaar and found a large mirror in a pink plastic frame. I bought it as a gift for Fahdil. I wanted to make sure that others knew it was his by putting his name on the frame, but didn't want anyone to know that an American had given it to him. I figured out how to phonetically sound out the Arabic characters and wrote them on the frame. "To Fahdil from Mirree 'Am" (my name in Arabic). He had to correct only one character in his name and was thrilled that I had worked to write my message in Arabic.

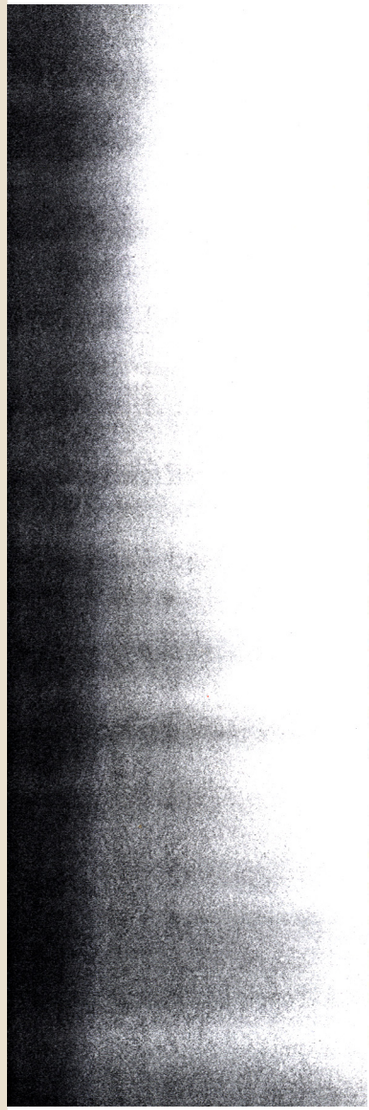


I wrote an email to Wes explaining how successful the therapy had been. "Honey, You just made a difference in the world. I am so proud of you. This was a man who was on the Emergency Response Team and went out to rescue a man who had been electrocuted by a high-voltage wire. The insurgents monitor the emergency radio system and set up an IED to hit this team. But they did not destroy this wonderful man. He will become more of a hero."

Months later, when I was away in Baghdad, Fahdil was discharged from the hospital. Through an interpreter, I learned that he cried when he left because he could not say goodbye to me. He took his mirror.


BED
#1

CHAPLAIN:



We changed out our operating rooms, and before we took our first patient in, I asked the chaplain to bless them. With holy water my friend sent me from a cathedral in San Francisco, we sprinkled it in all four corners of the room. All of my staff showed up for the ceremony.

Later that week, the task force commander came down to see the new operating rooms. I gave him a tour, and explained that as part of the change, I asked the chaplain to bless them. He asked me if I had noticed a difference. I answered, "Yeah, I sure feel the presence of Jesus now!" The task force commander, a psychologist in civilian practice, turned red and mumbled, "I meant, did you notice the difference between the old operating rooms and the new?"

The chaplain was a familiar person in my OR. I called on her frequently and often she came on her own to anoint the patient and pray for us all. I gave her initial instructions to be present and then escorted her to the head of the bed so that she could lay hands on the patient.


JOHNSON
U.S.ARMY


I made this
stain glass
cross for
the Chapel
27.07.2007


early Sunday morning
Chapel cleaning
Surprise
Chaplain!
Tikrit, Iraq
'06-'07


ARMY
CHAR

While I was on my tour in Iraq, one of the chaplains took me on a tour of a Christian monastery in Mosul. It had been built in 495 AD. I was in awe of its rich history. It hasn't even been fully excavated yet.

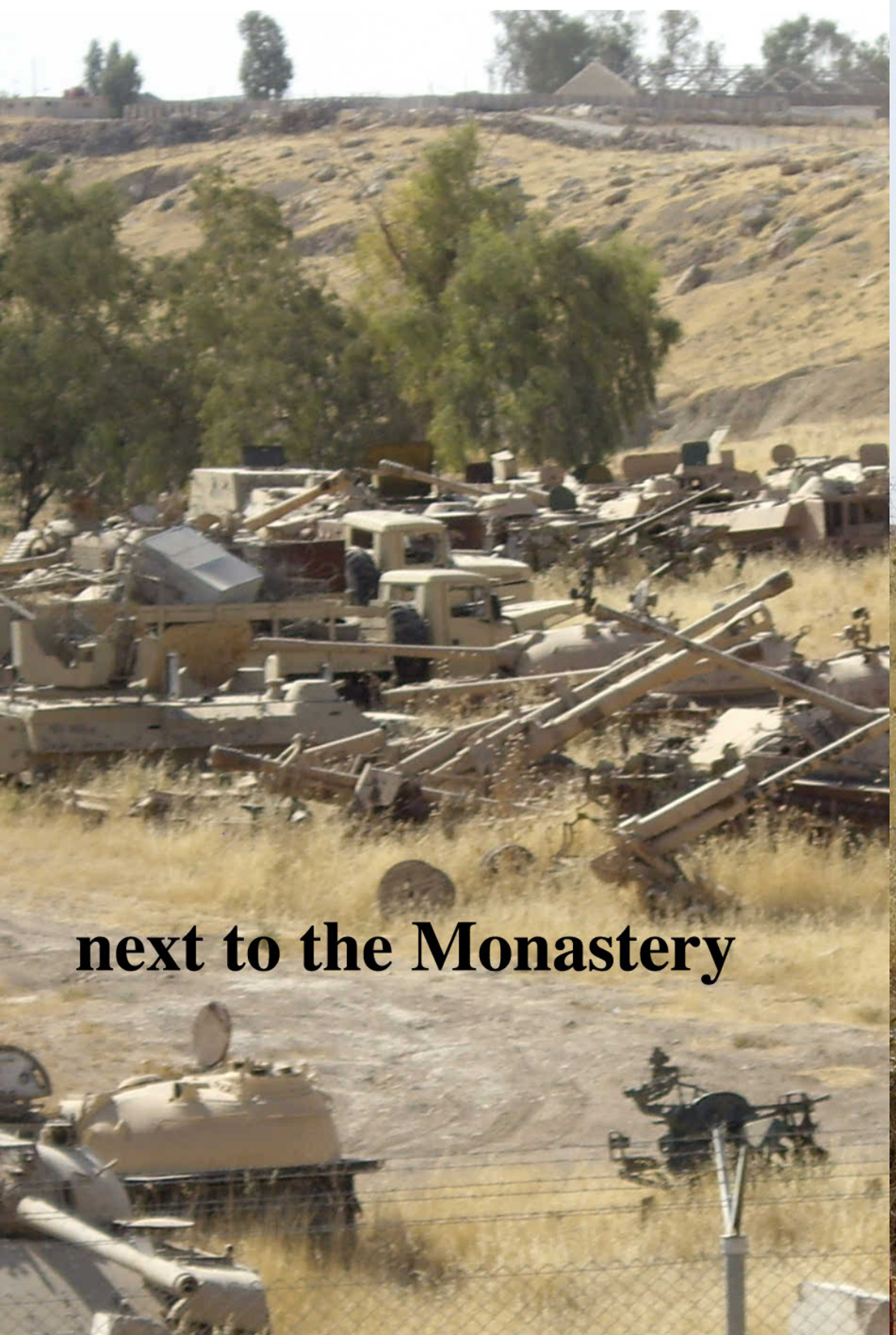
When he led me to the hillside that overlooked the city of Ninevah, I stood on the hill where it is believed that Jonah once stood and felt so proud to be a Christian.

St. Elijah's Monastery

FOB Marez

Mosul, Iraq

Over looking the City of Nineveh


next to the Monastery


CAUTION
FOB MAREZ ASP
ENTER AT YOUR OWN RISK!
* UNEXPLODED ORDANANCE
* LIVE FIRE RANGES
* HEAVY VEHICLE TRAFFIC
REMAIN ON ROADS
AT ALL TIMES
PROHIBTED ITEMS
PROPANE CYLINDERS-ANY TYPE
FUEL CANS-ANY TYPE
AEROSOL CANS
PAINTS
FUELS/OILS
CHEMICALS
AMMUNITION
COMBUSTIBLES
MEDICAL WAST
METALS
BATTERIES
TIRES
ANY OTHER
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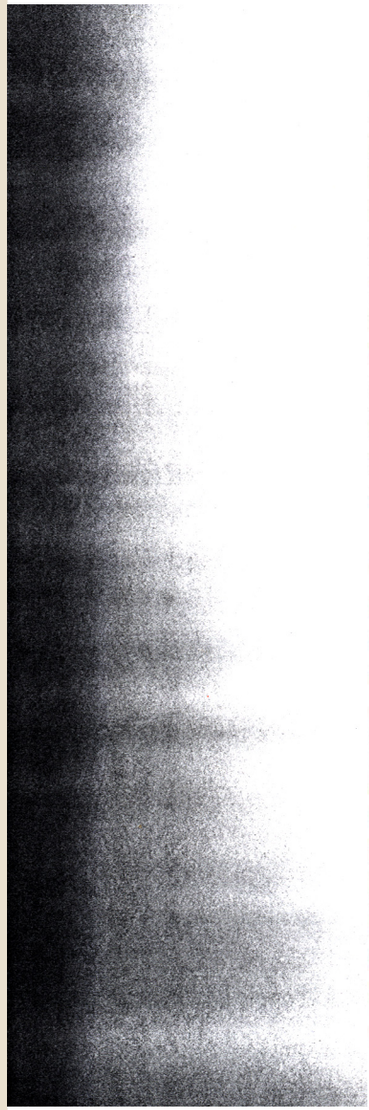
MATERIALS
FOR QUESTIONS CONTACT KBR THROUGH
THE MAYOR'S CELL


U.S. ARM


ELEVEn
®

TRUST:



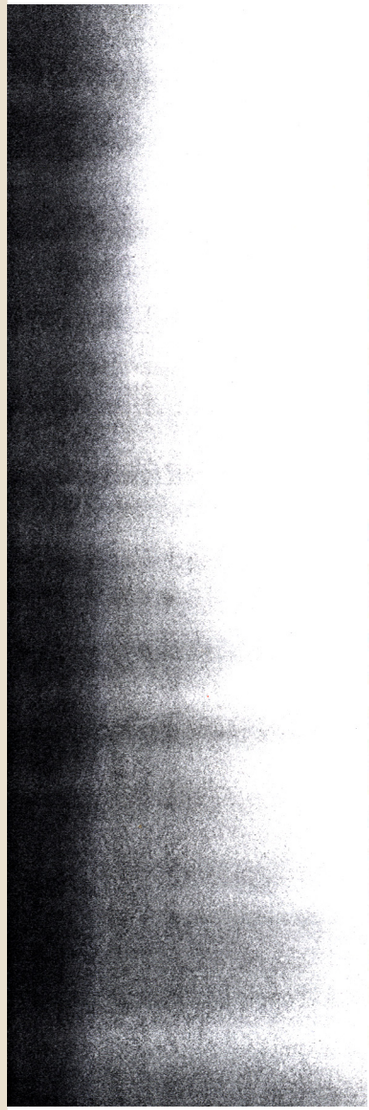
I was horrified when I realized that one of our physician's assistants did not have a license. He was deployed even though his license had been revoked for criminal sexual activity. This man was court-martialed for committing sexual misconduct of a patient. At his trial, this fact became known. Clearly, this was a failure of the mobilization process. I am so angry that female soldiers were no doubt humiliated at the hands of an assistant they should have been able to trust. Heads rolled as a result of this case.

Well, not really. The hospital commander and his executive were relieved of duty, but allowed to remain in theater (war zone). They continued to "work" (obviously not very much) while receiving a military paycheck. They even received Bronze Stars for things that they did not do, as far as I could see... Others received Bronze Stars for just doing their job, like packing up a hospital. I tried to have an award given to one of my staff—an NCOIC, (head enlisted soldier in charge of the Operating Room techs) who pulled a soldier to the safety of a bunker and then left under mortar attack while rendering aide to a

wounded Peruvian guard. My staff member didn't get the award for his "heroic acts " because only a certain number of Bronze Stars are allowed to be awarded. It just isn't right.

On the opposite page is the picture of my NCOIC, the hero.

PAYBACK'S A BITCH:

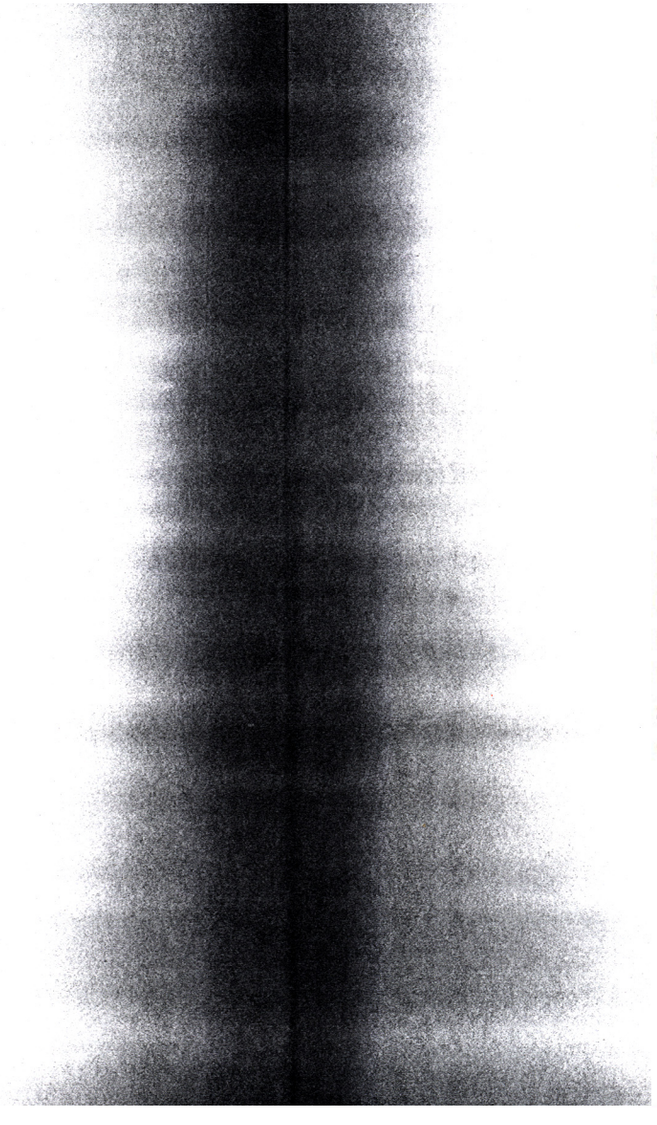


I had a hard time with the Chief Nurse (CN). She was a staff critical care nurse in civilian life with no management experience. I didn't feel she was equipped for the job. Because our CSH was to be split-based operations (i.e. two hospitals run out of one command center), this woman became the chief nurse of one of the hospitals by default. This placed her as my senior in the chain of command, although I had been promoted to the rank of LTC ten years ahead of her.

Since I was involved in management in my civilian life and had taken hospitals through the accreditation process, I developed high standards in the workplace and wanted to continue with those standards while deployed. When I got to the hospital in Iraq, I cited a number of violations, including the lack of infection control plans. The Chief Nurse didn't believe our hospital needed them. According to her, "every nurse knows about infection control. They all wash their hands. We don't need a plan." Nevertheless, I put together a process and found an assistant to help us correct the deficiencies in our procedures.

My assistant was the community health nurse whose civilian experience was as a school nurse. My assistant and I were a kind of "secret society" that benefited the hospital in spite of the Chief Nurse. When the news broke about the scandal at Walter Reed Medical Hospital (where facilities were inadequate, substandard, and didn't pass accreditation), all military hospitals, including the combat support hospitals, were targeted for inspection and accreditation.

In an emergency nursing meeting, the Task Force Deputy Commander Chief Nurse (TFDCCN) asked about the standards. His first concern was infection control because it's so critical in any hospital. Our Chief Nurse said, "We really don't have standards for this. Every nurse knows infection control." As the TFDCCN responded with, "not good enough," I immediately stood up and passed out packets on the matter, saying, "the community health nurse and I put together an entire infection control plan, not only for the hospital, but for the entire COB and its satellites." I have to say, I felt pretty smug and I'm sure I looked it. My assistant was grinning ear to ear. The Chief Nurse was



point, complained. "At least I never did that to you", she said. I responded by saying, "I didn't do it to you... you did it to yourself."

I had to laugh as she watched me receive an award for superior leadership in improving working conditions in hospitals. I was in charge of the leanest, yet busiest section.

At the time, I simply could not be nice to this woman after all she put me through. Of course, my distain for her bothered her. I believed that she relied on most people's basic politeness and goodwill to get by. At best, I am brutally honesty and have no tolerance for brushing incompetence under the rug. In a hospital, I do this for humanity's sake. Often, in retrospect, I am pained with guilt for the ugliness of it all and my part in it.


U.S.ARMY
U.S.ARMY

DEPARTMENT OF THE ARMY
TASK FORCE 399TH COMBAT SUPPORT HOSPITAL
COB SPEICHER (TIKRIT, IRAQ)

REPLY TO
ATTENTION OF:

FICI-MCB-CHC-OR 19 March 2007

MEMORANDUM FOR: MG [redacted], 3rd Medcom
THRU: LTC [redacted], Deputy Commander of Operations for TF 399th, Tikrit
THRU: COL [redacted], Deputy Commander of Clinical Services

SUBJECT: **The perioperative Nurses in Tikrit QUIT!**

JUSTIFICATION:

1. We have requested a replacement nurse since Dec when [redacted] was sent home due to a permanent neck injury from training at Ft. McCoy. To date he has not been replaced

2. The tempo of the CSH has increased since one year ago and continues to increase.

3. Although the other half of the 399th TF was rarely doing surgery, they could not send a nurse to support us. At the end of February 2007, we were tasked to send a nurse to Baghdad because the other half of the TF was too busy. It is the middle of March and the other TF has not opened their hospital.

4. Here there are currently 3 nurses in the OR each working 12 hour shifts with no days off. We do not get breaks if there are surgeries, our meals are swallowed down without chewing in less than 10 min. because we don't have time to eat.

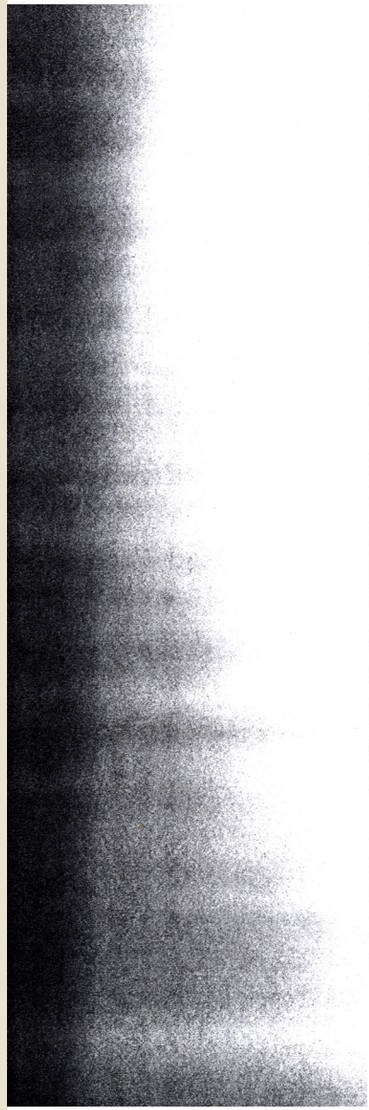
5. The nurses are not sleeping well due to the Stress of over work, and GERD from not chewing their food.

6. We are also becoming soft and unable to maintain our military bearing since there is no time for the Gym.

7. Now today, I find that when we were told that the other half of the TF could not send one of their nurses for the Baghdad mission because they had 2 out on leave, it was incorrect. They had not sent their nurses on leave at that tasking. Not one of the OR nurses in Tikrit have gone on leave to date.

8. POINT OF CONTACT empty OR

K-9 CORPS:

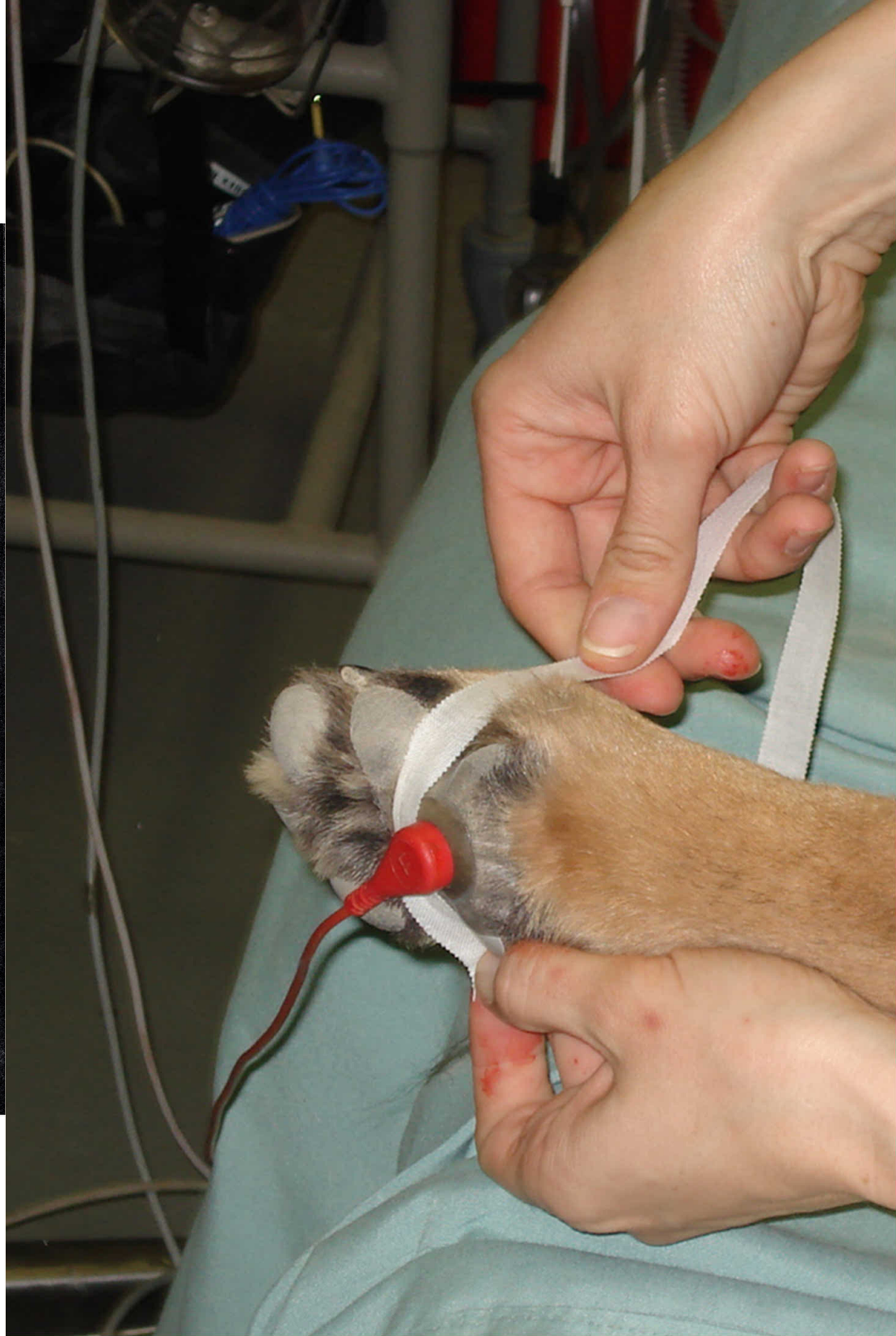


Regulations demand that military hospitals treat U.S. soldiers before Iraqis and detainees. So when a Sgt First Class U.S. soldier came into my operating room, I treated him before the other patients. The surgeons were upset that I made Iraqi patients wait until after the U.S. soldier was operated on. It caused a big battle, but I stuck to the medical rules of engagement and its mission to treat U.S. soldiers first and return them to duty. I showed the doctors the regulations and was supported by the commander. Okay, this particular SFC was a dog. After his surgery, I had to take an extra twenty minutes to clean the entire OR because of his fur. This dog was a great soldier and his human handler-- one rank subordinate to him -- was in tears during the surgery. It was quite a sight to see this big muscular Staff Sgt crying while his SFC underwent a surgical procedure.

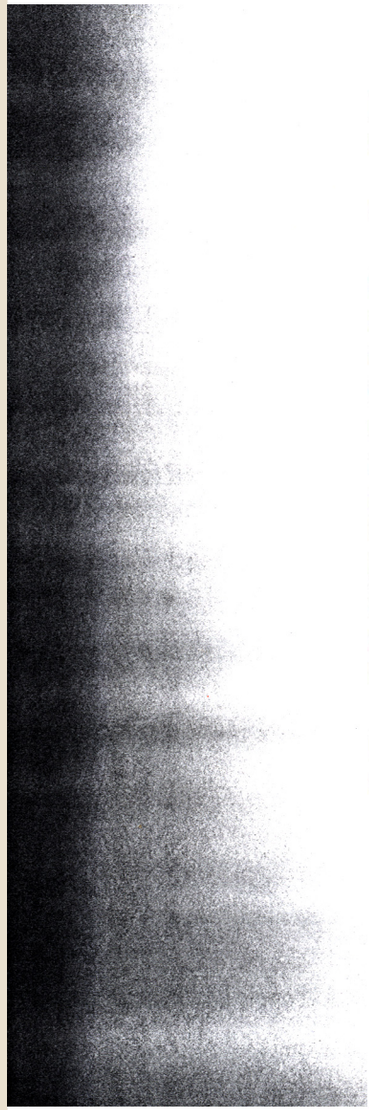
It wasn't until we had a soldier go into surgery for "bowl obstruction" that I discovered the first profession of our vascular surgeon. The dog soldier had swallowed

a ball, and when the veterinarian came to do the surgery, our vascular surgeon assisted. He was a licensed veterinarian who later went to medical school to add another "species" to his practice.

Looking back on my time in Iraq, I realize that the service dogs were our most unique patients. They saved many lives by sniffing out bombs. That may well have saved more than our hospitals did. I mean that honestly.



BIRTHDAY:



I was in Iraq on my 53rd birthday.
My oldest son sent me this email:

Dear Mom,

So I thought it was a once in a lifetime thing that happened on your birthday and you couldn't see it because you were in Iraq. So I spent all last night taking pictures of the lunar eclipse that happened on your birthday (From about 1:30am – 5:00am)! I got some neat pictures and I thought it was awesome that it happened on your b-day since it won't happen to most people in their lifetime. Sorry I didn't have time to finish picking out the good ones (and doing adjusting to the format) but I hope you don't mind.

Love,
Dylan


U.S. ARMY

TRAUMA:

I had been in Iraq for six months the day that the following events took place.

My staff and I were exhausted by the long hours with no days off or vacation. On this particular day, it was quiet all morning and looked like we were finally getting a break from mass casualties and reconstructive surgeries. At 11:00 am, I told my staff to take a long lunch break and return at 1500 hrs. I kept one enlisted person. We would page the others if we needed them. My nurses said they'd come running if they heard a chopper. I sat down to catch up on data entry and paperwork. My scrub technician went into the back storage area to lie down and take a nap.

It was late March and the temperature outside was 100 degrees, reminding me of my youth in Sacramento. I was thankful for the relative quiet without TV or the voices of the staff. Of course, the air conditioner was noisy as usual, but at least it maintained a constant 78 degrees for our pre-op/ lounge tent.

I had been working for about thirty minutes when I heard many voices along with shuffling feet outside the tent. I peeked out to find a large group of soldiers from another unit still in full battle rattle (gear). Not good. Anxiety in the air with worried looks.

"Odd, I didn't hear choppers. What's going on?" I ran into the Emergency Department to see what was happening. As I opened the door, this group craned their necks trying to catch a glimpse inside. I saw the ED techs carrying a soldier on the litter and the doctor was shouting for someone to call surgeons. "God, not another U.S. soldier," I heard. Apparently, there was only one casualty from an IED.

Going into automatic, I went to work. My mission was to get the OR up and running. I woke my tech from his nap. "One trauma. Use the C-Arm Room." Then, I ran through the Central Processing and the vestibule into the Anesthesia tent. All three CRNA's (nurse anesthetists), one woman and two men, jumped up knowing that we were "a go" for surgery.

I told them, "only one, U.S. and IED." I was thinking, "thank God, they've been here two weeks and I don't have to tell them what to do."

Back to the OR tent, I logged onto the computer and began paging my staff and the surgeons. I couldn't count on the ED doing it. Grabbing fluids from the warmer while I snapped on a mask, I ran up the ramp into the OR trailer. My tech had opened the supplies, scrubbed, and was preparing the back table as I tied his gown. Taking less than a minute, I opened the prep trays and poured the betadine. I remember smelling the strong iodine and watching it splash into the container. I popped up more laps (sponges), readied the surgeons' gloves and poured the saline. Back to the tent, I picked up the phone. "Damn, out again!" So I ran to the TOC, (Tactical Operations Command). TOC had to be alerted that I had no phone and that my staff was still at lunch.

On my way back, I ran through the ED to listen in about the patient's injuries. "He's got his arms and legs, no obvious wounds." I'm surveying my equipment needs; the docs were putting in a central line; the gastro specialist and orthopedic surgeon were checking the patient. I heard one the of the doctors say "We'll open the belly. There's no time for a CT scan. Let's get to the OR." They asked me if I had seen the other surgeons and I said "No, but I paged them." As I began to leave, the orthopedic surgeon said, "No broken limbs."

Because the OR tent was adjacent to the ED back door, I saw most of the soldiers had grounded their gear as I hurried back. Acknowledging their concerned looks, I spoke loudly: "Clear the path. He's going into surgery." Continuing to run into the tent, I shouted, "We'll take good care of him." I had no idea his rank or status. But god, those troops cared about their buddy.

Lifting the flap to the tent, I was stopped in my tracks. There was a woman in uniform crying and two male soldiers. Before I could leave, the chaplain introduced me to our patient's wife. "This is the LT's wife's (a captain)."

"Oh shit! Who the hell told them they could come into the OR?" My mind was racing and I knew that I had to clear them out of the way. Within seconds, the murmurings outside grew louder and a a parade of shuffling feet sounded outside the tent. Reaching my arms out, I gently shoved the three out of the way. I told them "the patient is coming into the OR." As kind as I could be in my rush, I grabbed the patient's wife by her shoulders, looked into her eyes and firmly stated, "You can not come into the OR. We'll do our best." And I left following the litter up the ramp to the OR bed.

I slipped my mask back over my face and donned some purple gloves. No one was talking; we all just moved into position to lift our patient onto the table. One of the ED techs started to take the bloody litter away as he departed. I threw a blanket to him. " Cover it, his wife is outside." Everybody looked up as if my words were shocking. I just shrugged. Someone said "Good idea." I really didn't want this poor woman freaking out when she saw her husband's blood soaked into the canvas litter.

One CRNA began to put an A-line (a pressurized intravenous line for an artery) in his right wrist. I removed the blanket just as the surgeons came in with their freshly-scrubbed hands dripping. I donned my sterile gloves and covered the LT's sides with sterile drapes. I quickly scrubbed the belly three times, splashing brown soap all over my shirt. After blotting off the scrub, I painted, pulled away the drapes and removed my gloves.

Turning to the Foley tray, I quickly put new sterile gloves on, noting that one of the CRNAs has already tied up the gowns for the two surgeons. I could see that the orthopedic surgeon was going to assist. They were squaring off the belly as I prepped the penis and inserted the Foley. "Good, I got dark yellow urine. This is a good sign." I blew up the balloon just as the surgeons were spreading the drape over his hips. I dropped the Foley bag off to the side, and pulled the rest of the drapes down over his feet.

I thought, "SHIT! I forgot the bovie pad again." Running to the head of the bed, I snapped off my gloves, wiped my damp hands on my pants, pushed the scrub table in closer to the team and grabbed a pack to tear it open. At this point the surgeon was making the first cut. It glistened yellow where the brown tinted taut skin opened. I make a mental note to run to get more blood as I see the slight delay in bleeding.

I ran back down to the foot of the bed, got on my knees and ducked under the drapes looking for a spot on the patient's leg where I could place my gel pad for the bovie. Right then I heard the surgeon say "Bovie! Suction!"

"I'll get it," running back to the head of the bed.

One of the CRNAs had plugged in the bovie as I got there and I hooked up the dispersing pad and the suction. Immediately as I turned on the generator saying, "bovie's up", I heard the buzzing, snapping and crackling of cauterization with the distinct smell of burned flesh filling the air. The CRNA flipped the switch to turn on the suction. "God, I hate that sound." The surgeon was shouting requests over the loud noise of the compressor. I told the scrub we needed to count sponges. "That's all we can do. There's no time for an instrument count." I turned and opened the bookwalter as I saw the surgeon going deeper in the patient's belly. "

Oh God. I saw blood pooling on the floor at the foot of the bed. Looking under the drapes, the patient was oozing from his heels. I told the surgeons. They wanted me to put compression dressings on the patient's feet to try to stop the bleeding. I ran to the cabinet, snatched some towels and tossed them on the floor to soak up the blood. I gathered Kerlex, dressing and Coban.

The surgeon shouts, "suction off.' Someone turned off the compressor as I began to dress the feet. Hearing the sound of the air conditioner, I thought it seemed like the echo of that compressor.

The GI doc was setting up the bookwalter, causing me to run to the side of the bed. Squatting down to the floor, I pushed aside the blankets hanging around the table. Then, I screwed on the clamp as it was passed down to me. When I stood up, the orthopedic surgeon was attaching the ring. They needed bowel staples. I ran down the ramp feeling the tent's cool air on my damp neck.

This moment of cool bliss stopped as I flushed at the sight of the patient's wife and the chaplain. She jumped up and questioned me with her pleading eyes. I slowed my pace, took a deep breath and told her, "we're still operating." She cried out, "Oh God, he's alive." She began to ramble, "he's a good man... " I excused myself and told her that I was needed in the OR and only gathering supplies.

Glancing at the clock as I hurried back with the staplers, my staff was still not back. "Where are they? They should've been here by now. It's 1150."

I'd only been out a few minutes, but while I popped up the staplers, I could see that it had gotten warmer in the operating room. I told the surgical team, "I'm going to page my staff again." I logged onto the computer and paged everyone once more. When I ran back into the OR, it seemed like it was 90 degrees.

Sweat was beading up on the surgeons' foreheads. While blotting them, the orthopod asked me to tape his glasses in place. I got the tape out of the prep drawer, wiped his head again and placed the tape from his forehead onto the nose piece of his glasses. The CRNA gave me blood slips and asked me to get RBC's. By now, I was so used to being the "go-for" that I didn't even suggest that one of them run. One of them should've, but they were still new. Plus, my focus was on getting the job done, not on battling the typical mindset of anesthesia being stuck at the head of the bed.

I ran out of the OR tent and saw a crowd of about thirty soldiers looking ill at ease, standing, sitting, and some smoking.

A voice bellowed out to me, "Are you from the OR?"

Obviously, me still wearing my mask and bloodstains on my uniform had to be alarming. Plus, I was running around with a frantic look. He showed terror in his face as I responded, "we're working on him."

I didn't break my pace running. It was a long corridor, a hundred feet to the lab. The A/C was on. "I wish the OR could be this cool," I remember thinking. I handed over the blood slips, and was given four units of blood and some platelets. After signing my name in the blood logbook, I headed back to the OR. No one tried to talk to or stop me, I guess because they saw that I carried so many units of blood for one patient. Scary. I handed over the blood to the CRNAs. I threw more towels on the floor, kicking the bloody ones to the side. I didn't care about blood on my boots. They're ruined with splattered blood from all over the world. I blotted the surgeons' foreheads again. They were shouting over the sound of the compressors. They needed more instruments. The GI shouted for more staples. I could smell feces, burnt flesh and the strong coppery odor of blood. I scooped up the bloody towels. Tossing them into the trash along with my gloves, I ran down the ramp to get more staples.

"Ahh, the cool air in the tent feels good."

The patient's wife again asked. "Is he OK?"

I responded, "We're still working on him." I thought to myself, "who brought her here to wait? Every time I bring supplies she is terrified. Who wouldn't be?" After getting the staples, I went back up the ramp. As the doors opened, I was hit with hot, humid air. The air conditioner had gone silent.

I popped up the staples and went to the head of the bed.

The CNRA said, "The A/C has crashed again."

It got really hot with all our sweating. It was humid, almost tropical. But it was no paradise. I saw sweat running off the surgeons. I tried to catch it as I wiped, but it was too late. It dripped into the patient's belly. I reported the contamination, but he was too busy to respond. A bit of contamination from sweat was the least of our worries now. There was so much filth in the air with the dust and high temperatures, not to mention the flies caught in the fly strips above my head. I could remember thinking it was surprising that we've had so few infections thus far. Probably our soldiers' bodies are strong and could fight it off. The Iraqis? That's a mystery.

I looked up; the walls and ceiling had condensation. It seemed like it could rain in here. I told the team that I would be out of the room, as I saw they were set with supplies and laps. My plan was to get the wife to move out of the OR tent. I'm not sure what I'd say, but I knew I had to be kind, honest and handle it with real sensitivity. Also, I couldn't make her any promises. I've always hated when people say, "It's going to be OK, right?" I walked out of the OR and down the ramp - not in a rush, but not showing any hesitation.

With purpose, I walked up to her. I sat down. I took right her hand in both of mine. She brokedown, sobbing hysterically, "Oh God, no. Oh God."

I told her "They are still working on him. There is no other news. What would be helpful" I explained, "is if you and the chaplain went to the chapel to pray."

She wailed even louder. "You want me out of here because he's not doing well, he's going to die!"

I responded calmly, "I don't know that he will die. He needs your prayers and it would be better to focus in the chapel where it's quiet instead of getting startled every time I come out of the OR." I knew I'd continue to run in and out and, at some point, I'd have to ignore her.

I reminded her, "My job is there in the room with him." Your job is to pray."

I was blessed that the words came to me. I think I must have said a quick prayer on my way to talk to her. Otherwise I'm not sure I would have told her to pray. It was good that the Chaplain was there. It helped. I had a quick flashback at that moment, remembering the soldier who grabbed my arm and asked me to pray for him before he lost his leg. I snapped back into the moment and heard the chaplain say, "That's a good idea." Holding the tent flap up for them to leave, I saw all the other soldiers standing up, alarmed and looking at her.

They were so concerned. I addressed them: "I'm having her go to the chapel. We're still operating."

Then I saw a member of the hospital staff and quietly asked him to get the Chief Nurse. As he left, I yelled after him, "That's his wife and the chaplain. He's taking her to the chapel." I just wanted to get back to the OR. Hopefully the Chief Nurse would come and help.

Once I got back, I saw that the anesthesiologist had arrived. I asked if he had seen my nurses or any of the other surgeons. He said he had just come from the DFAC. He hadn't seen anyone. He complained, "Why didn't you page me?"

The CNRA's said, "We did!"

I was confused. Looking back on it, I see what happened. The soldiers who had gathered outside, waiting for news about their LT, must not have turned off their warlocks (a signal-jamming device). If I had known, I would have made them turn them off so our paging system would have worked. That is why my staff hadn't returned to duty. They never got my pages.

I didn't know this at the time. I just kept paging my staff again and again. I popped up three more lap packs. I threw more towels on the floor, and kicked aside more bloody ones. I picked up the bloody towels and threw them into the trash. Over and over, the only change was increasing piles of trash bags. Like a leaky faucet, blood continued dripping off the end of the bed.

The room was upwards of 110 degrees. Hard to breath. Everyone was saturated with sweat. To avoid being the human windshield wiper, I tied Kerlex sweatbands on their foreheads. It was all I could do to stop the dripping into their inflamed

and red eyes.

Being pulled by the anesthesiologist's tug, he barked, "Blood Drive." The message in his eyes and shaking head was more than just a demand.

We had a pleading concurrence as our eyes briefly locked in helplessness. "Wrong surgeons!"

On the mission run to the lab, I accosted another hospital soldier, "Get the Chief Nurse and Ward Master and report back to me immediately!" My anger was boiling to the surface as I pondered, "Why the hell is she not checking in on us?"

The committee in my head told me that she wasn't going to come. She had been in over her head from the start; she wasn't about to take directions from this subordinate, even with my proclivity to be on target.

Picking up more blood and platelets, I blurted out, "Blood Drive!"

The attendant responded: "We're on it."

Amidst my errands of procuring supplies and attending to the team, the surgeons had excised the patient's spleen and left kidney. Time could be measured in many ways. Here it was displayed by organs out, sweat saturation, empty drink bottles with no pee output.

We were out of water. "I'll request the next soldier that I see to go on a water run." It's hard to believe now as I write this, but I recall thinking that last time I asked the Chief Nurse for water during a mass casualty, she brought a pitiful six bottles and set them on the desk. What a bitch. Incompetent.

I got word that the Chief Nurse and the ward master would not come. Apparently, they were just too busy. Pressing the soldier who broke this news, I asked, "What they are doing?" As I suspected, the Chief Nurse was in her office "working" on the computer. The ward master was in the ICW. Unbelievable. He was just talking. I blasted, "I knew it!"

In my rage, I didn't think to ask him to find someone else to help. I did managed to request more water for us, restock the refrigerator, and find the hospital commander, though. He returned several times with cases of cold water. Note to self, "Search out this soldier and acknowledge his contributions."

Then the hospital commander walked in. Letting out an exasberated sigh, I motioned for him to hold on. Back in the sweat box, I re-supplied the back table, threw more towels on the floor, kicked away more blood-saturated ones, and scrutinized the lack of

viscosity from the blood spilling off the end of the bed.

Reporting in layman's terms to the commander - he wasn't medical - I brought him up to speed. " No response from pages, blood drive, wife in chapel and most importantly WE NEED THE VASCUALAR SURGEON!"

Entrusted with confidence, he designated me to brief the LT's unit commander just outside of the OR tent.

It was about two thirty and the unit's soldiers were no longer present as I reported to the unit LTC. Directing him to the chapel, I suggested that he check on the wife.

Then, it was back to the lab for more blood. As I emerged, the vascular surgeons casually strolled in. My storming presence and earnest command to "Get in the OR, don't bother to Scrub!" hastened them up the ramp.

It wasn't enough that my adrenaline was pumping. The constant barrage of hot, humid, dry, cold, fetid, pungent, noisy, quiet, crowds, voids from each space transition was amping up my psyche. Not one part of my existence was spared a disturbing jar.

Seconds later, as I entered the vestibule towards the bloodbank, my earlier mental query was answered. A long line of blood donors backed aside to let me pass.

Cradling the whole blood, remembering the consistancy change of the trickling blood, I'm thinking this is what he really needs. "I wonder why we didn't run blood drives immediately since whole blood seemed to work better than the packed cells. Our blood drives were amazing. It only took twenty minutes to get the first unit." My rambling mind: "Wow, this might be another new discovery that comes out of this war. Just like the Vietnam War gave rise to chopper rescues with trauma centers."

I got back to the OR and handed off the whole blood. A CNRA spiked and hung it. Then, all of a sudden, the room went quiet. Stunned, I looked up.

Catching the piercing eyes of the anesthesiologist, he declared. "I called it."

Everyone except the vascular surgeon quietly backed away from the operating table. Heads hung with non-focused gazes.

Complete quiet. Death, always the same sense.

Kind of like a door kept open briefly by a spiritual breeze.

That vibration of silence in my ears gave me pause to take in the scene. Blood splatter on the floor. Wet walls from the humidity. Instrument sets open everywhere. Piles of trash. I had been running so much, so fast. Then, abruptly, it was all stopped.

With blunted emotions, I puzzled over why the vascular surgeon continued looking around in the patient's belly. "Was he trying to still save him?" "No," he was conducting a brief autopsy.

I stuck my head out of the OR to inform the commander. At that moment, two of my nurses arrived back from lunch.

"Wow," one of them said jokingly "it looks like you were busy." Then, "why didn't you page us?"

Too exhausted to even give an eye roll, I didn't reprimand him for his insensitivity, or cockiness. "Go relieve the scrub!" I commanded.

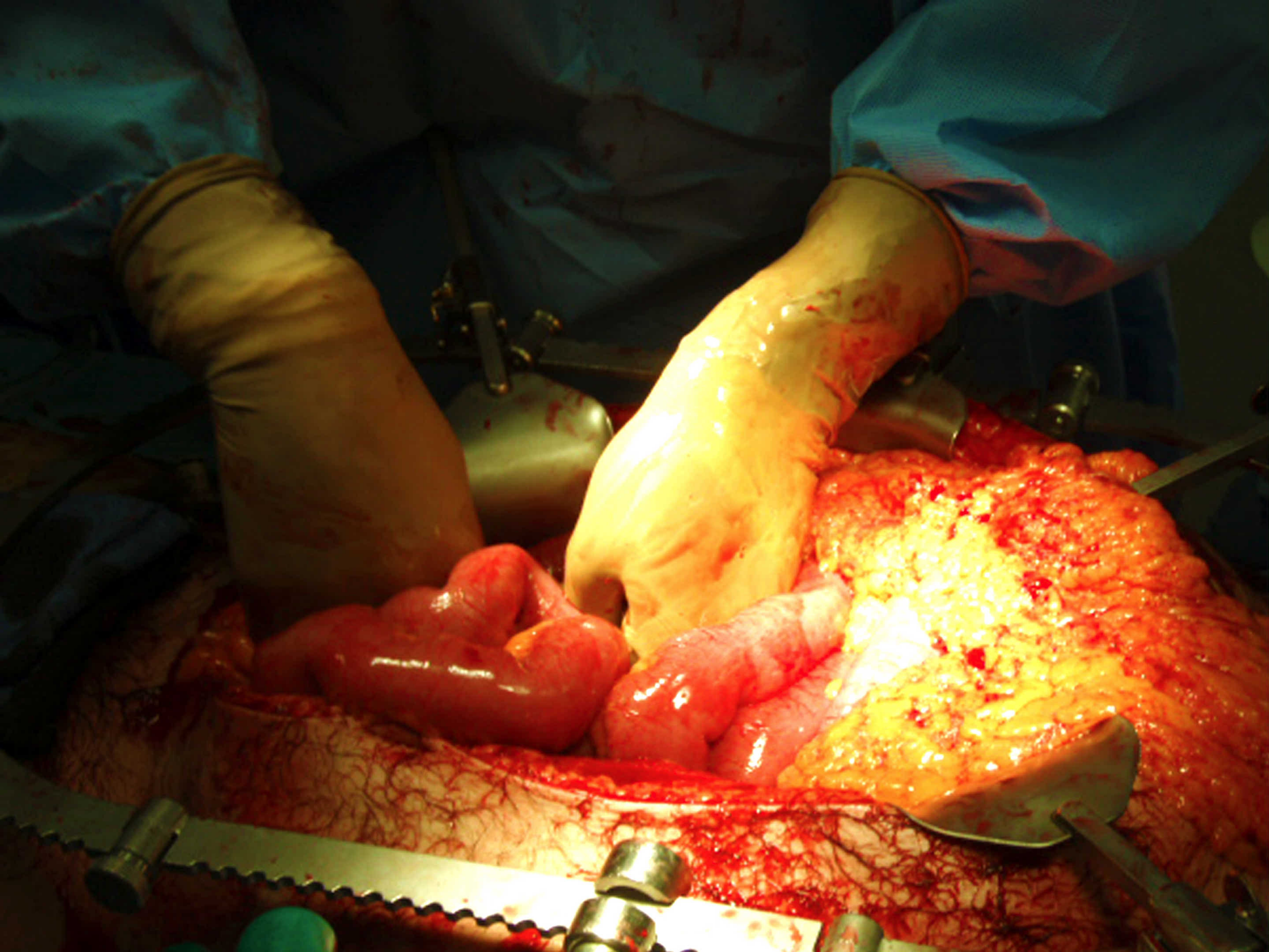
I went back to wrap the body and prevent dripping on transport. Keeping busy using only movement to communicate, we all tenderly lifted the soldier back on to a litter.

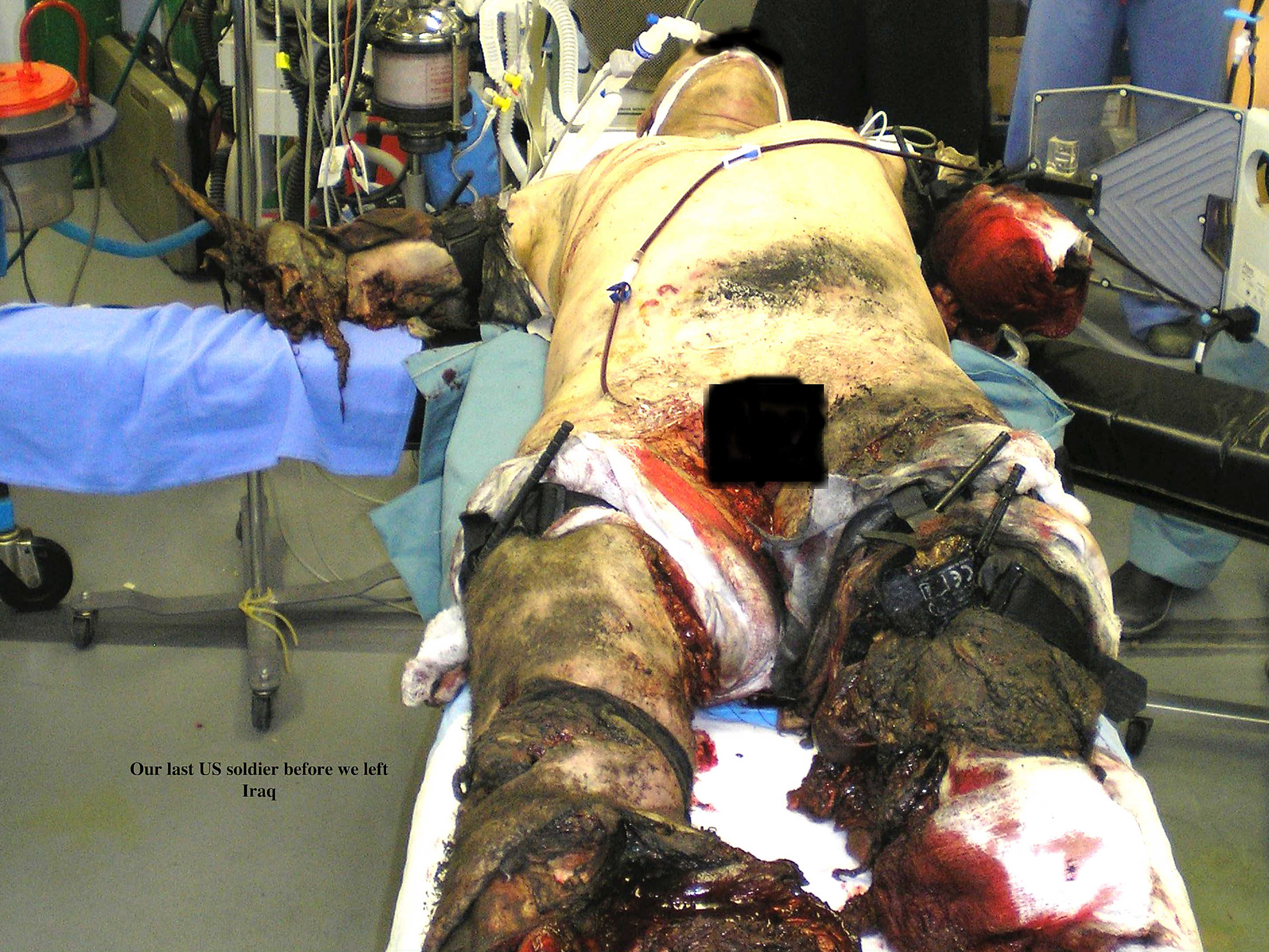
The vascular surgeon broke the silence by announcing, "He had some lacerations in his aorta."

I remember that I was sitting down at the table in the lounge across from the anesthesiologist, drinking cold water. From the loud speaker I heard the broadcast, "ALL AVAILABLE HOSPITAL STAFF OUTSIDE FOR THE MEMORIAL." The female CNRA started sobbing and rushed back to the anesthesia area. My staff put on their jackets, took up their weapons, and went outside.

" I can't go," I said in a dull monotone voice.

The anesthesiologist mumbled back to me, "wrong surgeons." He too was pissed and stayed back from the ceremony.





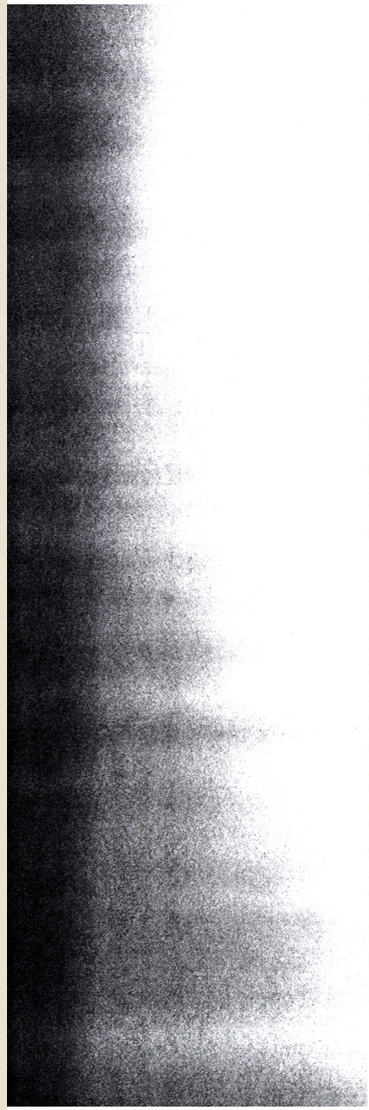
Our last US soldier before we left Iraq

POPULAR ARMY NURSE IS THE FIRST KILLED IN COMBAT SINCE VIETNAM

Captain Maria I. Ortiz died July 10, 2007, in Baghdad, Iraq.

While walking back from the gym, a bus took a direct hit from a mortar. She was wounded by shrapnel resulting in a lethal tear to her aorta.

ACTIVE DUTY:



Early in our deployment, I often heard my staff in the hospital complaining that they were "just reservists," as if that gave them an excuse to do a bad job. I kept saying to them "You have been activated. You are no longer a reservist."

I think they really hated me. They started to use my last name as a slur by calling themselves "Rich's Bitches." In time, though, they began to use this as a term of endearment as my staff came to appreciate my strict adherence to protocol. In fact, my staff gave me a custom-made calendar entitled "Rich's Bitches" for Christmas in 2006. As we worked together, our sense of camaraderie and support for one another grew, while it seemed other hospital units were falling apart. Members in my team showed up at work even on their days off. They would check in to see if they could run out to pick up meals for those who were on duty or they would cover for someone on duty who needed to grab a quick bathroom break. At a certain point, in my OR section, work stopped feeling like "just a job" and it became a passion.

RICH'S 2007 BITCHES

399TH
OR TEAM

TIKRIT
IRAQ

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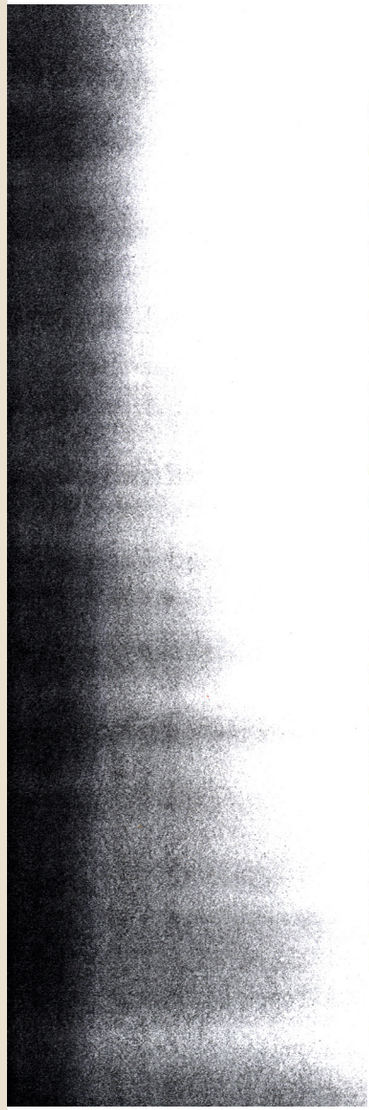
CHRISTMAS TV INTERVIEW:

less than 15 min of fame

PROVINCIAL RECONSTRUCTION TEAM:



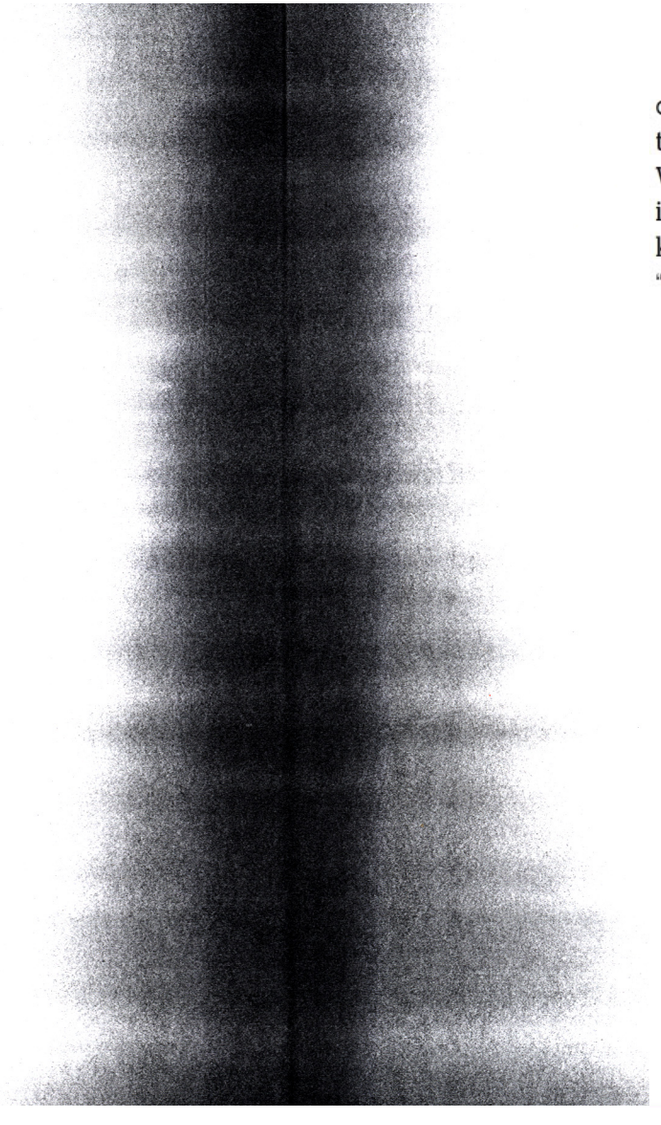
My hospital commander invited me to attend the Provincial Reconstruction Team (PRT) meeting with him. He explained that he wanted me to be the hospital liaison with this team because he knew that I saw the value of networking across agencies that where involved in the war and reconstruction efforts. The PRT was perfect for this as it consisted of Military Civil Affairs personnel, people from the State Department, USAID, and contractors that supported the province of Salah ad Din in developing economics, rule of law, health and education, finance, agriculture, and infrastructure.

I met two officers in the Medical Division of PRT. They were nurses from Puerto Rico. My commander said that they really needed my help because they spoke little English, had heavy accents, and needed help translating the local language. I worked with these nurses to develop a local nursing school and to build a plan to bring the young women from the region to the Combat Support Hospital for training.

A representative from USAID had five

fire trucks donated to the local province. He needed my help putting together a training program of medical emergency care. He wanted me to make a plan for our unit to train the civilian medical emergency care trainers. It took a while to bring the firemen on base for training. Red-tape paperwork: the usual hold-up. In fact, the program didn't get going until a few weeks before I left Iraq.

I might have "blown off " this responsibility. It seems so many people deployed in Iraq had a "short timer" mentality and slacked off toward the end of their duty. I have never been a quitter or someone who leaves things undone. I am glad that I worked with these Iraqi firemen. The training itself wasn't very interesting, but during our breaks I was able to talk and connect with these men. I was pleased to find that the firemen knew my former patient Fahdil who had been injured in his work as an emergency medical technician. Apparently, Fahdil had spent time in the north to heal from his injuries and his leg amputation. Now he was back working as a dispatcher. I wasn't expecting to hear the firemen talk about the wonderful care that



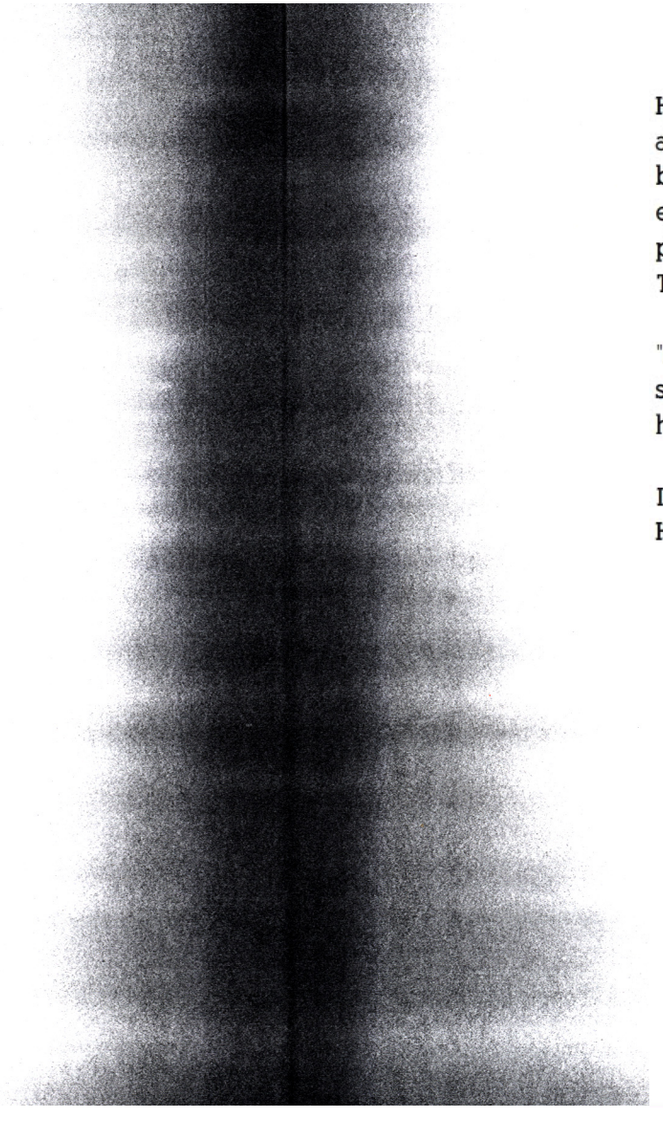
our hospital had given Fahdil. They told me that he spoke often about his nurse, Miree 'Am. With tears welling up in my eyes, I told them in my best Arabic, "I am Miree 'Am." I sent my kindest regards to Fahdil through these men. "Please tell him that I think of him often."


EXPORT ONLY

Once I got back from Iraq, I went to San Diego and visited the Balboa VA. A physical therapist invited me to a presentation with a neuro-psychiatrist using physical therapy and MIRRORS. There were soldiers there who may have been my patients.

It made me think of Fadhil. I wondered what was next for him. Would he go farther with that experience we had together? Will he hear about these new studies? I know he will continue helping other people. Will he inspire the support of others?

This story is about Fadhil and how we changed each other's lives. He contained a different kind of compassion, one I had never experienced before.



He opened my heart. With him I saw we are all connected in this life together, doing our best to survive, to outlive our fear and love each other. I experienced this through a person whose country was being destroyed. This ,when we were at war.

"How can people do this? How can people be so cruel?" He asked this as if he were losing his innocence by what he saw.

I think we both lost our innocence in this war. He left me with an ache for more humanity.

ACCOMPLISHMENTS IN THEATER:

- Obtained Intramedullary Nail System for both hospitals in Iraq (limb-salvage equipment)

- Revamped the liquid biological waste management process at the CSH

- Established infection control for Contingency Operating Base (COB) clinics and its satellites

- Created networking system in theater hospitals to support shortages and cross training

- Procured refrigeration truck for Information Technology Department

- Provided benchmarks in preparation for increased wounded warriors during the surge missions

- Formulated "Exceptional" rated policies for accreditation

- Authored By-Laws for the Task Force

COLOPHON

A PROJECT BY
Monica Haller

BOOK BY
Mary-Ann Rich

PHOTOS
Mary-Ann Rich
Many photographers are unknown. Various people in the hospital took these images; we put them on a general hard drive for sharing. We also left our cameras at the hospital for anyone to take pictures.

TEXT
Mary-Ann Rich
Charles Stewart, Journal: Emergency Medicine Practice, April 2006

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MINNESOTA STATE ARTS BOARD

NATIONAL ENDOWMENT FOR THE ARTS

This book is the result of the author's courage and focus at the Veterans Book Workshop, where we work to make manageable and material personal archives of images, words and memories from the current wars.

This book is one of many made in the Veterans Book Workshop. Each emerged from different circumstances and each finds its own unique use. One veteran may reference this book regularly, while another may set it aside in order to move on.

Regardless of the ways they are used, no dust settles on these archives. This book contains a powerful living collection of data, memory, and experience that is so relevant it trembles. You must pay very close attention to hear its call.

We made this book for listening. Please accept our invitation. We made this book for deployment. Please pass it along and invite someone else to listen.

Thank you,
Monica Haller

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We have worked to credit the images in this book, as well as the texts that have influenced the authors here. Please contact the Veterans Book Project about any unintentionally omitted credits.

Mary-Ann Rich served 36 years in the US Army. She joined the Service in 1972. Raising her right hand in Oakland CA on her 18th birthday; she was prepared to become an Army Nurse because of how the Vietnam War affected her community. With 36 years of service she had 9 total Active Duty and the rest in Reserves before she retired as a Lieutenant Colonel. Her duty stations included: Walter Reed Army Institute of Nursing, Washington DC; Letterman Army Medical Center, Presidio San Francisco, CA; 347th Reserve General Hospital, Sunnyvale, CA; 352nd Reserve Combat Support Hospital, Oakland, CA; and 399th Reserve Combat Support Hospital, MA.

From June 2006–0ctober 2007 Mary-Ann was deployed as part of Operation Iraqi Freedom with the 399th CSH to Tikrit, Iraq. There her assigned position was Officer in charge of the Operating room (OIC). Remaining in San Jose, CA were her three children Dylan, Maggie and Wes, ages 25, 24, 21.

Mary-Ann has included some videos made during the deployment to Iraq on her web site: http://web.me.com/maryann.rich/Mary-Ann/Mary-Ann.html