

TEARS FOR AN UNKNOWN SOLDIER

As I watch my mother try to come to terms with the news that she has cancer for the third time and the look of trepidation on her face when she hears that chemotherapy will be required one more time, I wonder why 'nature' would put an honest, loving, hard working woman through this hell again.

We have no control over nature but we should have control over what atrocities one human being will do to another. Mother Nature delivers her own share of disasters to the human race, so what would possess one human being to inflict abhorrent physical injuries and emotional torture on another one of its species?

I witnessed this insanity every day for six months while on deployment as an Intensive Care Nursing Officer with the Australian Army at the 'United States Air Force Theatre Hospital' 332 EMDG (Expeditionary Medical Detachment Group) Balad, Iraq.

I left Australia with a fear of being kidnapped, as a rumour was rife that the insurgents were after an Australian female, fear of death or injury from Improvised Explosive Devices (IED's) including Vehicle Borne Improvised Explosive Devices (VBIED's), chemical warfare, suicide bombers or being shot. But after several days in our new workplace and home, we soon learned that our main concern was the frequent mortars landing in and around the base which was named by the 26,000 Americans as 'Mortaville'. Every time a mortar landed anywhere on base, a Code Red siren sounded and if we were on duty we had to don our Kevlar helmets and vests and continue nursing our patients. Once the 'all clear' siren sounded, it was safe to remove the Kevlar. Initially this was intimidating and frightening but after several months of this inconvenience of Kevlar on – Kevlar off, it became slightly amusing to hear the same expletive blurted out by all in unison when yet another mortar landed close by.

The hospital originally consisted of two intensive care units (ICU). There was one ICU for the American and coalition forces (ICU 1) and one for the Iraqi patients, both Enemy Prisoners' of War (EPW's) and non EPW's (ICU 2). These units were also used for 'expectant' Iraqi patients. A third ICU (ICU 3) was set up due to the need for extra ICU beds but was mainly used for Iraqi women and children or as an isolation room.

When seriously wounded American patients were brought in to the hospital, they bypassed the emergency room and were brought directly into ICU 1 from either air transport or ambulance. The injuries sustained were from IED's VBIED's, gun shot wounds, burns from grenade blasts, mortar explosions or vehicle accidents including tanks, Bradley's and humvee's. A minimal number of American/Coalition patients had non-war-related conditions including chest pain, scorpion stings and meningitis.

The injuries sustained were severe. Many of these young marines lost limbs – some lost up to three limbs and others unfortunately lost their eyesight as well. Fit young men with amputations seemed to be never ending. The average age of these patients was 19 years old and the song "I Was Only 19" came into mind every time I heard how old they were.

Once the American's in ICU 1 were stabilized the Critical Care Air Transport Team (CCATT) assessed their suitability for flight. This team consisted of a qualified CCATT nurse, a doctor and a Sergeant medic whose responsibilities were to obtain handover, sufficient medications and equipment from the nurses and doctors in ICU 1 and prepare these patients for air transport to Germany. They were usually flown out on a Hercules within twelve hours of admission.

The Iraqi/other patients in ICU 2 however were often long term intensive care patients. We nursed many EPW's who were blindfolded (unless sedated) and under 24/24 armed guard. These patients were nursed in the same unit as the 'innocent' civilians and Iraqi military members. The injuries were similar to that of the Americans but were inflicted by either the Americans or the Iraqi insurgents. An Iraqi civilian picked up a torch that he found, looked into it and turned it on to see if it worked. This torch was an explosive device and this Iraqi teenager lost both his eyes, both hands, suffered testicular damage and lost his toes on both feet. I was observing this young man when he was first waking up. He was trying to scratch his nose without his hands and I had to wonder what was going through his mind when he woke up in a hospital where English was the spoken language, he was unable to see and was in extreme pain. The interpreters were always called in as soon as possible. They had the unfortunate role of explaining to these poor innocent victims that they have lost eyes, limbs and/or family.

Anyone who worked for the Americans was under threat. Many of our local workers were shot or were the victims of an explosive device and others received a prior warning to not have any involvement with the Coalition forces. Unfortunately, an older Iraqi woman suffered the consequences of her daughter's employment. She was working as an interpreter for high-ranking Americans and was warned that she would be killed if she continued working with the enemy. Shortly after the threat was made to her, a bomb was planted at her front door. When the door was opened by her mother, the bomb exploded and the elderly woman lost her left leg, nearly lost her left arm and had severe internal abdominal injuries. The young woman suffered immeasurable guilt and stayed by her mothers side at all times. We nursed this woman with every ounce of knowledge, ability and compassion we had to ensure she survived. The daughter informed the Padre that in her culture, if her mother died she was expected to end her own life. This woman was in ICU 2 for several months and did finally go to the ward.

The memory of some patients stays with you, and I recall one young soldier who had burns from an IED to 80% of his body and due to the extent of his injuries, I was unable to define if he was caucasian or black American. Another little Iraqi girl, approximately 4 years old was found following the assault on Fallujah with her nose blown off. She had been lying in a paddock for three days. Her nasal airway was temporarily remodelled but she will need reconstructive surgery in the years to come. No family members could be found.

I naively thought that we would be nursing the soldiers and marines of the American forces and perhaps some of the coalition. I couldn't have been more wrong. We nursed Americans, Iraqi's, Coalition forces, and the young, the old, male, female, innocent and

not so innocent. I found it very difficult to accept that people were being killed and injured by their own nationality.

To my astonishment, a young woman and her two daughters aged 2 years old and 2 months old were brought in to ICU 2 with severe burns. The woman was married to a soldier in the Iraqi Army who was thought of by some, as the opponent. A grenade was thrown into their home causing 3rd degree burns to our three new patients. Unfortunately we were unable to save the 2-year-old girl, however the mother survived and the little 2 month old daughter was satisfactory but will be left with facial scarring.

The sound of the Blackhawks and Chinooks usually meant another influx of patients with horrific injuries were about to enter our doors. I heard the sound of choppers coming in and as I was in charge of the shift on this day, I went to the emergency room (ER) to see if the patients arriving would require an ICU bed. But when I looked up the corridor I saw the ER team performing Cardio Pulmonary resuscitation (CPR) on a young soldier. The call was soon made and it was obvious that he was yet another statistic. I found myself in tears, mourning for a soldier I had never met. Not understanding why these young men and women were dying. I found the tears came all too easy.

It occurred to me one day, that the only injuries we were seeing were war related. Iraqi's were killing Iraqi's, Iraqi's were killing Americans and Americans were killing Iraqi's. It just seemed like a maze of hatred and horror and it was hard sometimes to remain focused on the good things. One of the good memories I have, happened several days before our contingent was due to go home. One of the interpreters came to see us in ICU 2 and asked if we had ever had a young girl from Fallujah in our hospital. There was a man at the front gate inquiring after his 4-year-old niece. He had been trying to locate her for the last 5 months, since the Fallujah attack. We were obviously delighted to inform the uncle that he had now found his niece and our little girl without a nose could now be reunited with a family member.

Another memorable day was following a tragedy in which 6 American marines drowned when their Bradley that they were travelling in rolled into a body of water. Two marines survived. One was taken to the American ward in a satisfactory condition and the other was my patient in ICU 1. He was brought to us hypothermic with a temperature of 29 degrees. He was intubated and ventilated due to the inhalation and ingestion of tank fuel, and he had abrasions and bruises on his forehead. He was dragged out of the Bradley by an unknown person and resuscitated on site. After several hours we were able to extubate him. When he was able, I spent considerable time talking to him because he had just learned of the six marines' fate. I mentioned to him that he had nasty bruises on his head and he told me that the last thing he remembered was banging his head against the wall of the Bradley trying to get out. The water was rising up to his chin and he was trying to decipher where the door was. He told me that he would like to meet the man who saved his life to show him his gratitude and give thanks. Neither of us believed that that would ever happen. This patient was flown to Germany that night.

Two days later another Marine was brought into us after attempting suicide. He said he had spent the last two weeks picking up body parts and had seen more than enough. Then he had to drag out six marines from a Bradley that had rolled into water and he

could only save two. I felt so privileged to tell him that I nursed that same man two days ago and asked him if he was aware that he had actually saved his life. I then told him that my patient wanted to meet the man who saved him. I'll never forget the smile that came onto this marine's face when he heard that something worthwhile came from this chaos... and that he was responsible for making a positive difference in someone else's life.

As I flew out of Balad Air Base finally on my way home, I looked out the Hercules window and remembered all the patients we cared for, and all the Americans who have lost life and limb and wondered how long this murderous, brutal life style would continue. I'm still not sure how a nation of people can have such contempt and disregard for human life. How can they plot and plan to inflict such pain on one another?

I know I didn't make any difference to the war effort at all. The violence will continue whether I have been there or not. But I do know that my Australian colleagues and I made a personal difference to our patients. We demonstrated compassion and genuine caring for each and every patient we attended and hope that one day this will be remembered by those who seem determined to continue this insane ordeal.

Debra Robilliard
CAPT
Nursing Officer