Camp Bucca, Iraq: 22 June 2003

I arrived in Iraq at my assignment in Camp Bucca (see **Figure 3-7**) after receiving word of a new mission. (A party from the 161st ASMB arrived to transport me there.) The good part was this time instead of riding in the back of a truck I was in the front seat and able to see the landscape better. It was fascinating to see the patches of greenery wherever there was water; there was actually very fertile land wherever water could be found. I saw beautiful minarets on the myriad of mosques we passed and took a great look at Kuwait City as we drove past it. As we drove along, we passed caravans of Italian, Estonian, Spanish, Romanian, United Kingdom and Australian Soldiers (all in this with us), and I also saw free ranging camel herds.

When we arrived at the checkpoint before crossing the border into Iraq, the entire mood changed. We all put on our flak vests and Kevlar helmets and loaded our weapons. We were briefed on the latest tactics the Iraqis were using in an attempt to "snipe" us (like driving in pick-ups with canvas over the back and then popping up and shooting). We drove through one large berm and then over a large ditch that demarcated the border; the next thing I knew I was in Iraq. As we entered the country there was a large cement barrier that said to watch for children playing in the road. Suddenly, out in front of little adobe huts and shacks, I saw children lots of beautiful children in bright dresses standing on the edge of the street waving at us. My heart melted and I felt a sudden outpouring of love for these people (that I really can't explain).

Fortunately, the remainder of the trip was uneventful. As we arrived at camp, I could see the rows of barbed wire with the holding enclosures and tents where the Iraqi prisoners were held. (What a different feeling there! Hatred. Pure hatred!) I was given a tour of the entire facility, including the place they called "Iraqatraz" where the most dangerous prisoners were kept. I felt somewhat uncomfortable looking at these prisoners because while some waved at me or gave me a peace sign most just stared back. Some eyes I looked into were evil. It was a frightening glimpse into the darkest part of men's souls.

This camp was much more austere than my last. There was not air conditioning and I drank more than 9 liters of water since arriving. Staying hydrated would be the most physically

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challenging part of the mission. The temperatures were 120–140 °F every day, and while the breezes were nice, they actually felt like you were standing in front of a blast furnace. (If you take your hair dryer and turn it to high hot and blow it on you, you can get an idea of what it felt like.) I was glad that chilled water was available there. I drank about two liters an hour. I learned that at night when you take off your military blouse it could stand up by itself and would glisten like it was encrusted with diamonds because of all the salt crystals you that would sweat out onto it during the day. It was a sight to see.

I worked at the internment facility (IF) on my first day. They had separated enclosures surrounded by concertina wire with guard towers and soldiers patrolling. There were some really bad people there and it was quite frightening when I was surrounded by a mob of them. We tried to let the "mob" happen as infrequently as possible, and it was reassuring to have the big guards there to make them stay in a line away from me so I can treat them one at a time. Some of the prisoners were kind and gentle—and I feel very sorry for them. They were at the wrong place at the wrong time. There were many teenagers in the group of prisoners, and that was the group that scared me the most. They were wild and impetuous and would do anything to show how cool they were to their friends. We also had Red Cross workers from Geneva who were helping us, and I had a great time speaking with them in French.

I saw over 50 patients the first day. Most patients came to be seen to briefly get out of their confinement, and I couldn't blame them. The most striking thing I saw was the patients who had performed self-mutilation. Many of them had large scars all over their arms and stomach where they had cut themselves. When they get cuts, they will pick at them; and if you suture them, they will take out the sutures to make the scars larger. There were also a number of prisoners with psychiatric problems. The majority of them had depression, an anxiety disorder, or worse (psychotic conditions). The psychiatrists with us were amazed at how much psychological pathology they saw—and most of it had nothing to do with the war.

The maximum-security area was very interesting. I felt that the prisoners there were either truly psychotic or just very evil. I went there several times, and each time I found it disconcerting to look at the men who look back at you with nothing short of pure hatred. One

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person who was there for psychiatric reasons only was nicknamed "The Jazz Singer". He was always dancing and singing as if he had a microphone in his hand. I felt very sorry for him because I didn't believe he belonged with the other dangerous and violent prisoners there, so I worked on finding a way to get him out of there and sent to another facility.

One morning I worked in the 320th Military Police (MP) medical clinic. That was almost heaven because the clinic was an air-conditioned building, and it was also where the prisoners who had more serious health problems were treated. I only saw about 9 patients over my 8-hour shift but had some very interesting cases (intermittent testicular torsion, huge thyroid goiter with atrial fibrillation and myxedema) along with several cases of mild dehydration. The camp doctors were excited to have a gynecologic surgeon there; they announced my presence to the entire camp so that any female could come seek me out for gynecological treatment during the two weeks that I was scheduled to be there. It was great to care for these female soldiers, although the resources I had to work with were pretty scant.

I had been running for exercise in the very early morning or the very late evening because of the temperatures; I found myself actually enjoying the time running alone. It was actually quite nice to be away from the SPOD for a while because I couldn't find anywhere to be alone there. I was back in the middle of the desert again. The stars weren't quite as bright, and the skies quite as clear as they were at Camp New York, but it was a great improvement over the SPOD.

Basra: 28 June 2003

I spent another day in the IF on 28 June—my least favorite place at the camp. One of the patients was having a heart attack or a panic attack; it was hard to differentiate. We did not have the ability to do the labs he needed so we transported him to a Czech hospital in the heart of Basra. I rode in the ambulance and was nervous because of a recent attack on an ambulance (a rocket propelled grenade hit the ambulance and killed the crew). We made it there safely and I had a wonderful time talking with the Czech doctors and received a tour of their facility. I told

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them Prague was one of my favorite cities in the entire world. I had great memories of my time there as a child and of the romantic trip Jenny and I took there.

The trip back to the camp was much more eventful. I rode with the MPs in their Humvee and it was pitch dark. The MPs taught me all about the Mark 19 rocket launcher they had mounted to the top of their vehicle, and they also offered to take me out on patrol with them anytime I wanted to go. We saw some tracer rounds on our way home but we never came into any direct fire on our convoy. It was a little nerve-racking! This was a much more dangerous place than Kuwait and I would be glad to be back to Kuwait in a week. I doubted that I would take the MPs up on their offer to go patrolling but I was grateful to those who put themselves in harm's way to protect others every day.

Tallil and Ur: 02 July 2003

We were supposed to leave early in the morning on 02 July, but we had to wait for the MPs to escort us. You couldn't travel without at least three heavily-armed MPs in the convoy with you. (It was very comforting to have folks with heavy weapons pointed at any vehicle that would come close.) The MPs were delayed because they had to escort another mission, so we didn't leave until 1230. By then, the temperature was well above 120 F which was extremely painful because we had to wear full body armor. Despite the oppressive heat I was very excited about our mission, although I was worried that we wouldn't arrive in time to see what I really wanted to see—the birthplace of Abraham in Ur **(Figure 3-8).** I found it incredible that I would have the chance to see Abraham's childhood home as an American Soldier in the heart of Iraq.

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Figure 20: Major Brook Thomson, MD, Field Surgeon, Ur, Iraq, Jul 2003. ¶
Photograph courtesy of Brook Thomson, MD.¶

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Figure 3-8: Major Brook Thomson, MD in Ur, Iraq, July 2003. Photograph courtesy of Brook Thomson, MD.

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I travelled with a marvelous devout Jew who was as excited as I was for similar reasons. It made it special to have a religious companion for this trip. We drove in our convoy for three hours and 45 minutes before arriving. We had a nerve-racking roadside stop that turned out to be interesting. We usually stop where no one is around, but for some reason we stopped right by a run-down roadside stand. Whenever Americans stopped like that all the Iraqis would run out to the vehicles, which can make you really nervous. I felt somewhat better with the MPs right there watching everyone very carefully but I was still very cautious. Several young boys began to ask me to buy something from them. I had been wanting to get Iraqi money so I asked them if they had any. One boy produced a handful of coins and another two combined to get me quite a collection of bills. I figured out the exchange rate and then gave them more than their money was worth, and I was still haggling with them (which made them feel very happy). I was very happy too because I really wanted to bring home Iraqi money for my children. I even took a picture of my haggling buddies and showed it to my children, which brought out great big smiles.

Commented [PSSMCUMC(1)]: Was this a fellow soldier? Tell more....

We lost an hour going from Camp Bucca to Tallil, so it was almost 1800 when we finally arrived. Major Bakin and I broke off from the group and immediately headed for our target only to find out that we needed a pass before we could enter. He also told us the site that Ur closed at 1800. With time running out, we raced to the judge advocate general, JAG, office and obtained a pass, then returned to the site and found the guard had left his post, so we went in anyway. The

Commented [PSSMCUMC(2)]: Is Major Bakin the "devout Jew"?

site had a large structure (Ziggurat) and many areas of excavation. We climbed to the top of the Ziggurat and offered prayers of gratitude.

After dinner, we tracked down our unit and then left on a United Nations tour. We passed an Italian contingent arriving to take over a large area of Nasiriyah, then met some South Koreans who had a medical and engineering presence there. We arrived as the sun was setting in a spectacular fashion with the South Korean soldiers in formation doing tai chi drills. I took a picture with some of their soldiers and then we toured their medical area. We were escorted to see the doctor on duty while we waited to meet the chief medical officer. The doctor on duty was a general surgeon and they said they really needed gynecologic surgeons to help them with their humanitarian mission. I told them I would love to help. He gave me a great tour of their new hospital, which was a beautiful facility. As we parted, we exchanged email addresses. He sincerely wanted me to visit him in Seoul, his hometown, and said he hoped to visit America. He then gave me a cool Korean baseball cap that they wear as part of their uniform. It would go up with the Coin of Excellence awarded to me by the 101st CSG CSM as my prized remembrances of the war. We finished the evening by going to the Air Force E-meds hospital and received a great tour there.

Assessment of Female Soldier's Healthcare

During the course of my deployment, I had the privilege and opportunity to organize and execute a survey which focused on assessing female soldier's perspective on health care they received during Operation Iraqi Freedom from echelon I or II facilities. Two hundred fifty-one of 275 surveys (91%) were returned and analyzed. The findings assessed timeliness of receiving routine or acute gynecologic care both prior to deployment as well as assessment of medical care and gynecologic conditions during their deployment. Twenty-two percent of respondents had received no annual gynecologic examination (including the Papanicolaou test) in the past year. Irregular bleeding was the most common gynecologic symptom. Other findings included that hormonal cycle control patches fell off in 58% of cases, 23% of soldiers changed menstrual cycle control methods because of unavailability, 21% experienced gynecologic problems, and 44% could not access gynecologic care during deployment. Unfortunately, only 26% received pre-

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deployment menstrual hygiene counseling; however, 77% of those that received counseling and attempted cycle control succeeded in having amenorrhea.[12] *These data demonstrated that gynecologic screening, hormonal cycle control counseling and options must be consistently implemented prior to deployments. In addition, it is clear from these data, as well as my own observations, that specialty gynecologic care and medications for cycle control must be more readily accessible to all female soldiers during deployments.*

Return to Camp Spearhead

I returned to Camp Spearhead in Kuwait and felt much safer again. I had a wonderful experience at Camp Bucca, mainly because of the great people and the chance to see some of the sites I was able to visit. On my last day, I gave a speech thanking B Company, 161 ASMC for their hospitality and they, in turn, gave me a standing ovation. They were so grateful for the work I had done there, and it made me feel sad to leave them. They kept asking when I would be coming back, and was very touching for me.

I spent 04 July with the 161 ASMC. I had to work in the morning and then I took a nap, as there were very few patients. We planned a celebratory party for the holiday, and bought meats, live chickens, and other items, and the cooks from the unit did the rest. One of the cooks spent the entire day killing and plucking chickens. (I was glad I only had to pitch in money!) By late evening, we gathered for the feast, and what a feast it was. We had tons of barbecued meats, baked beans, macaroni and cheese, watermelon, and potato salad that reminded me of home. We all talked about our families and how we missed them and wanted to get home as soon as possible. We later had a small prisoner uprising, resulting in a single flare being fired off over the camp—which became our 04 July fireworks.

I left the next Sunday (the Commander himself drove me down). It was good to see some of the people from my own unit but I was actually sad to be going back to them. The other unit had been so good to me that I actually considered them to be more of family to me than my own unit. I had told Major Lockett that I wouldn't ride back down in the back of a trailer anymore and I was pleasantly surprised when my unit managed to get a sport utility vehicle to drive me home

in air-conditioning. It was the coolest temperature I had felt in weeks. We went to Doha (it was my first time there) and I had Kentucky Fried Chicken and coleslaw for lunch. Upon my return I was warmly greeted by my own unit. I had time to throw all my belongings on my cot and go to church. Second Lieutenant Masters had arranged a special barbecue treat for my return with one of the Brown and Root contractors that we had helped, and for the second time in a few days I was stuffed with very good food. My night was made complete when I found that I had received a package from my family.

Emergency Leave: 18 July–01 Aug 2003

I had been trying to get through to my family on the phone for two days without success. Given busy schedules and hard to determine phone availability there, that was not a surprise. However, I went to check my email and there was a message stating that my wife was in the hospital. I stared at the message and felt a cold sweat break out as I wondered what could be happening to her and didn't know who was taking care of our children. I immediately called Madigan Army Medical Center and the nurses on labor and delivery transferred me to her. Apparently, early on a Sunday morning, Jenny had a sudden, severe, and unrelenting pain that brought her to the ground; she was hardly able to even dress herself. She made a frantic call to Dr. Nicole DeQuattro (a great friend who was one year behind me in residency and a super doctor). Nicole dropped everything and took Jenny to the hospital. She had her husband pick up our children, and he was able to get the five older children to a family friend while Nicole took our youngest (Cassie) to the hospital so she could stay with Jenny for nursing. Nicole even took her home for the first night and brought her back at 0400 to be fed. Talk about great friends going above and beyond the call of duty! Several church members came to sit with Jenny and watch Cassie after that first night. George McClure and Dr. Pete Nielsen were, as always, looking in to be sure things were alright and worked with Bishop Criddlebaugh to get a Red Cross message sent that started the process to get me home.

Commented [PSSMCUMC(3]: Dr?

After rapidly completing paperwork (I must say that the 161 soldiers did a great job with this), I was off to pick up my ticket to go home the following day. I departed on 18 Jul 2003 at 0040, and 14 hours later I arrived at Fort Lewis, Washington. It was a beautiful sight to see

Mount Rainier, green forests, and water. The Puget Sound had never looked prettier. By then we had determined that my wife had a kidney stone with pyelonephritis, and she had a stent placed surgically to relieve the pressure. (I returned five days after the initial events.) The stone had apparently been dislodged during the procedure, and she reported feeling better almost immediately, although she was still in a fair amount of discomfort when I first saw her.

I cannot begin to express the sheer joy of seeing my children and my wife. Perhaps the most incredible feeling came when Jenny placed my then five-month-old daughter into my arms; I was able to see her beautiful green eyes wide open and examining me. I wondered if she knew I was her daddy. The next two weeks were a blur of frenzied activity all centered around two themes—get Jenny better and enjoy being a family for as long as we had time together.

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Home from Kuwait 20-22 September 2003

After seven long months, we were finally released from the desert. During a time when many of the soldiers were told that they would be kept for "365 days boots on ground", I felt very blessed indeed to finally have the "mission complete" statement. I could not wait to get home to see my family. I was getting nervous because I knew I was scheduled to present at a medical conference in Germany on 26 Sep 2003. We arrived at Camp Champion (near the aerial port of debarkation, APOD) and in-processed only to find that our flight had been delayed 11 hours. Given the time crunch I was facing to get to the conference, I was able to talk to the commander of the 101st Airborne Division who graciously allowed us onto his flight home to Fort Campbell, and their flight was leaving five hours before ours had originally been scheduled to depart which made us all the more grateful. I felt this was particularly fitting because this was the unit I supported during the beginning of the war and at Camp New York.

We flew home on a chartered DC-10 aircraft. Our flight plan was not exactly the most direct as we first flew to the island of Cyprus. On the plane I was able to see the rugged coast and beautiful ocean that make this a popular tourist attraction. From Cyprus we flew to Rhein Main Air Force Base and I felt a twinge of nostalgia as I thought of the wonderful times my family had had here. That was where we had landed the first time I brought my family to Europe

and it was also where I in-processed for my first assignment to Germany. The lush green countryside looked wonderful as we left the Middle East and arrived in Europe. I called Jenny at a very early hour of the morning to let her know I was on my way home.

From Germany we made our way to Bangor, Maine. Upon touchdown, there was a huge roar of delight and round of applause as every soldier on the plane found a way to show his or her gratitude to be back in the United States. As we disembarked, we were greeted with a huge surprise. Lined up on both sides of the walkway for what seemed like a mile, were hundreds of people wishing us well and thanking us for the job we had done. Tears of gratitude came to my eyes as I saw the many veterans from Vietnam and Korea there to be sure that we received a welcome they never received. There were hundreds of veterans who had given up their precious time to be sure I felt welcome in a way that they never did, as many of them were spit upon and taunted instead of cheered. I will always remember that welcome home and the bond of brotherhood I felt to these men and women who had sacrificed so much for their country without being shown any gratitude; they gave me the gift of a memory I will never forget. I couldn't help but think of what a great country we live in. I had the opportunity to speak to several of those wonderful people, especially the veterans, and I expressed my gratitude to them for giving up their time to greet soldiers they did not even know.

The last leg of our flight took us from Bangor, Maine, then to Fort Campbell, Kentucky. Our arrival there was also met with great fanfare. News crews and general officers were everywhere, and families were lined up to greet their returning soldiers. It was very emotional to see the families reunited and I grew excited thinking about being reunited with my own family.

I spent my first night home in the United States in the visiting officers' quarters on Fort Campbell, Kentucky. I didn't sleep much because I was too excited about the prospect of going home the next day. It was still dark when we made our way to the airport in the morning. At noon on 22 September I was standing in the SeaTac International Airport, thankful that I had made it home safely. Moments later I had my wife and dear children in my arms; I was so glad to be home.

Lessons Learned

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- Establishing and publishing the rating scheme early in deployment is a critical component of leadership; it ensures soldiers align and nest their efforts and goals with that of their rater and senior rater.

- The senior medical provider in an ASMC should be included in the unit medical planning processes to improve both medical planning and communication in the unit.

- Senior clinical expertise better informs the commander of an ASMC in their decision-making.

- If the ASMC is subsequently split into treatment squads, the providers should become the OICs with the squad leaders subordinate to them, providing better understanding and more precise execution of the commander's intent.

- Gynecologic screening, hormonal cycle control counseling and options must be consistently offered prior to deployment of female soldiers.

- Specialty gynecologic care and medications for cycle control must be more readily accessible to all female soldiers during deployment.

- Care for families of deployed soldiers, sailors, and airmen by those at home is essential to allow our fighting force to concentrate on the job at hand while deployed.

Figure 3-9. Major Patrick J Woodman, DO, Gynecologic surgeon, 21st CSH, Iraq 2003. Photograph courtesy of Patrick Woodman, DO.

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Major Patrick J. Woodman, DO (Figure 3-9)

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Gynecologic surgeon and triage officer

21st Combat Support Hospital

Mosul, Iraq

OIF: September 2003–February 2004

Home Station: Madigan Army Medical Center, Fort Lewis, WA

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Unit and Operational Background

The mission of the 21st CSH was to support, stabilize and transfer injured OIF Soldiers; support, treat, and release civilian OIF employees; and to treat and transfer combatants to military prisons once stabilized. The 21st CSH was one of three assigned CSH to the 30th Medical Brigade during OIF I: the 21st CSH, the 28th CSH and the 47th CSH. When the 47th CSH redeployed, some assets were "cross-leveled" to the 21st and 28th CSH. The 10th CSH was also scheduled to deploy to Iraq, but stayed in Kuwait; therefore, some 10th CSH personnel

were also re-distributed to the 21st and 28th CSHs. Headquarters of 30th Medical Brigade was located in Balad, Iraq, near Baghdad.

Prior to OIF, doctrine allowed a CSH to operate "split-unit" capabilities for less than 30 days at a time. However, the 21st CSH operated "split-unit" capabilities for the entire 11 months, with A Company in Balad, Iraq, where I spent about a week; and B Company (where I spent 5 ½ months) in Mosul, Iraq, in support of Major General David Petraeus and the 101st Airborne Division.

Commented [PSSMCUMC(4]: The 11 months of OIF? His deployment time?

Better than Expected…and Worse than Expected

I was a mid-rotation replacement for Captain Miguel Brizuela, and reported to the 21st CSH, B Company in OIF I during 2003–2004. I was assigned as a 60J (gynecologic surgeon) physician for the deployment, but acted as a 61J (general surgeon) most of the time, and was the triage officer for any mass casualty events.

My experience was, as I am sure it was for many soldiers, in some ways better than I expected, and in other ways worse than expected. I suppose I was expecting something of a cross between the television shows "ER" and "M*A*S*H". The "down-times" were longer and more boring, and the hard times were more terrifying and horrific than I expected. I was asked to do some things I never would do under usual circumstances; although I am proud I did those things, I must say I never really want to do them again.

The 101st Airborne had 19,000 soldiers and 9,000 of them were women. I was responsible for the care of these soldiers—especially the female soldiers. During my deployment I performed three gynecologic surgeries and I had one obstetrics case where I was presented with a pregnant patient who had a gunshot wound to the abdomen, and unfortunately the baby did not survive.

My experience can be summed up with a casualty we saw in October 2003: a 24-year-old soldier in Talafar was struck with a rocket-propelled grenade in the hip. The picture of his leg is etched into my brain; he came in with his left leg fractured, and his right leg was hanging from

his destroyed hip by a few tendons and sinew. A combat medic had placed a tourniquet, tying off major bleeding arteries with shoe laces. The hip was shredded so badly the right leg had come off intact; the medic used the severed right leg as a splint for the soldier's broken left leg, except that the leg had been turned over and strapped to the other.

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The saddest part occurred when he was in the ER. Just before we took him back to surgery he asked, "How much of my leg can you save?" When I told him, "It's all there, we just have to figure how much we can keep," he tried to cheer me up by telling me his brother-in-law made prosthetic limbs. Can you believe that—he was trying to cheer *me* up?

Friday, 10 October 2003, 0345 hours
The Combat Support Hospital

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I was doing well and acclimated to my new time zone after deploying. Most of my days are taken up by normal hospital-doctor work. In the morning, I would round on my inpatients and help the surgeon of the day do his rounds. If there was a surgical case and a surgeon needed an assistant, I would first assist. If there wasn't a surgery to perform, I would help cover sick call with the internal medicine and family medicine physicians.

In the afternoons I had gynecology consults scheduled. I remained on call 24/7 for any gynecologic consultation or emergency, and I would take emergency room call a few times a month. We were seeing 1-5 traumas per day from grenades, homemade and roadside mines, ambushes, and rocket attacks. I say very few small arms injuries.

I was living in the "Providers Tent" (think "The Swamp" in M*A*S*H) except there were 10 of us sharing the tent. The guys were smooth; they did some bargaining and obtained local air conditioners, a small fridge, and a television with a satellite. The MASH analogy is a good one, except there were about 500 people in the hospital and MASH was a bit smaller, so we have more amenities. The unfortunate thing was that in a week's time, I would be moving to Mosul, and the hospital there was much smaller than the one on MASH—and the providers' tent was just a tent.

I tried to keep myself busy by reading and playing games on my Palm Pilot. I resisted fully unpacking because of my impending move, so even though I brought professional reading and some crafty projects I did not unpacked all my gear. We had mortar rounds fly overhead, but did not have one land near our camp for several months. I had only been there a week, but I had to put on my flak vest and Kevlar helmet twice since I arrived: once for mortars and once when I had to medically screen a young Iraqi boy brought in by his parents. Unfortunately, there was a pregnant woman who detonated a suicide vest the previous summer, so everyone was cautious when we treated local nationals.

Friday, 7 November 2003, 1356hrs

Casualties

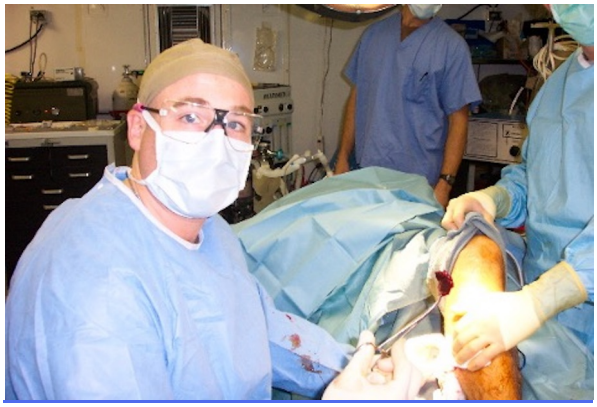

Figure 3-10: MAJ Patrick J Woodman, DO in the operating room with the 21st CSH, Iraq 2003. Photograph: Courtesy of Patrick Woodman, DO.

It was a bloody week in Iraq. Around 31 Americans have died, 16 of which happened on a Sunday during a rocket-launched downing of a Chinook transport helicopter. On 7 November, 6 Americans died in a Blackhawk helicopter that was shot out of the air. An additional 3 died in the Mosul area after a series of 3 coordinated attacks with improvised explosive devices and a rocket propelled grenade were implemented. We were in the OR all day, and although we joked

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about the fact that I am a "combat gynecologic surgeon," I amputated a hand, debrided a skull fracture, and removed shrapnel from two soldier's legs that day.

Colonel Rozanski, the commander of the 21st CSH-North and a urologist was working an ER shift when the call came in about 0730 that 5 litter-urgent patients were on the way. Colonel Rozanski was able to recruit our internal medicine physician, Skip Mondragon, and our psychiatrist, Mike Cole (who just back from a run), and then Colonel Rozanski said he was looking for me to round out his "motley crew"! Eventually, when the choppers started arriving, we all migrated to the EMT and handled things efficiently. We were visited by the commander of the 101st Airborne Division, the chief of operations for the 101st TF, and the commander of the combined 21st CSH; they were able to see what we *really* did.

I saw some things that week that I wish I had not seen. And I received some very encouraging words from some friends and family at home. We did our best for our soldiers. If they made it to our OR, then they had a pretty good chance of surviving. Seeing those injuries, though, made all the trite and inane things we dealt with every day not matter. Personally, I do not think that trading both legs for a commander's coin is a fair trade…

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Thursday, 20 November 2003, 0537A
Mosul

Things calmed down a little in Northern Iraq. The mission for the 101st that included patrolling the town to search for the folks responsible for mortar attacks increased. Unfortunately, that weekend two Blackhawk helicopters crashed. Apparently, an improvised explosive device went off, and two helicopters responded, then clipped each other. One helicopter was said to have been split in two, killing all the occupants. The other helicopter went into a spin, but the pilot was able to crash-land on the roof of a building, saving the lives of five of his passengers, as well as his own. He was then able to pull most of his passengers out to safety. We received 6 patients; one was badly burned, and we pronounced 15 soldiers dead. It was very hard.

Saturday, 29 November 2003, 1301hrs
Four Straight Days of Attacks

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We had 4 straight days of attacks that week, which kept us in the OR until the wee hours of the morning each day. It seemed like a silly way to celebrate the end of Ramadan, but I guess we have Devil's Night in Detroit, and whenever a Michigan or Michigan State University team wins something, there's always flipped cars or something gets burned.

Part of the "festivities" included a family that was caught in the cross-fire of a fire-fight between American soldiers and some enemy elements near the gate. This family was one of the few Christian families in town and they were on their way to church. I took care of a 13-year old girl who was very lucky; although she was shot in the chest 2 times, the bullet slowed down, broke 4 ribs, and then was deflected before exiting near her pelvis (and never entered her chest or her abdomen). Her mother and sister were slightly injured, her dad more so, and her brother didn't survive. It was very sad.

Thanksgiving was fun: we had a sit-down dinner with all the people from my section, then the new urologist and I volunteered to do guard duty for a couple hours to give the enlisted soldiers a break. (It was interesting and then boring; I was glad I didn't do it every day.) I was able to try out the night-vision goggles, although they do not work really great when the sun is out (I think I burned my retinas).

It did rain, however, for four days in a row. Everything there was covered in mud. I thought the desert would be made of sand, like at the beach. But it's really made of powdered dirt. If you add two 10-ton vehicles to the dirt and rain, and you get world-class mud-pits!

Monday, 22 December 2003, 0448hrs
Saddam Hussein Captured!

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Saddam Hussein was captured, and I was sure he would be paraded around for the press, interrogated, and (people there were hoping) he'd be sent back to Iraq to stand trial or go to the

Hague for war-crimes. We expected an increase in activities from the resistance after his capture, and we did get more mortars (3 in 3 hours the night of his capture), but since that night we had very few casualties.

Monday, 29 December 2003, 0042hrs
Holiday Hump Week

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After the capture of Saddam Hussein, I figured there would be an initial pick-up in resistance activities before things settled down. Mercifully, there were relatively fewer Improvised Explosive Devices (IED) and mortar attacks, compared with the preceding weeks before Saddam's capture. As a matter of fact, we had only one IED explosion that week and all the other injuries we treated were non-battle related. Most of the injuries we saw then were accidents.

Holidays were like every other day there. We shut down the clinic on Thanksgiving and Christmas Day, but still had soldiers to take care of. My whole experience consisted being on-call 24/7 for 6 months: no weekends, and no holidays. We had the place decked out with decorations and (fake) trees and a couple of us opened gifts we saved, but it was pretty much business as usual on Christmas.

Our New Year's Eve was punctuated by mortar rounds. We had an area there where the main portion of the 101st Airborne Division was housed, AO Glory, and they had planned an unexploded ordinance destruction for midnight (kind of OUR version of fireworks), but the Iraqi resistance decided to keep us hopping and on our toes all night. There were minimal casualties and it was (thankfully) another boring week.

Tuesday, 13 January 2004, 0329hrs
The Grizzled Veteran

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Troop movements were underway and it was the largest ever attempted by the United States (redeploying 120,000 Soldiers home and deploying 90,000 Soldiers to Iraq). It was

comforting to see the first group of the 101st Airborne head home (and arrive safely) and the first group of the Stryker Brigade from Fort Lewis, Washington arrive.

We received word that the 31st CSH arrived in Kuwait. The 31st CSH, along with the 67th CSH from Germany, would assume the medical mission in Baghdad, Balad, Tikrit and Mosul. Unfortunately, the re-deployment process was behind, as 450 soldiers that were supposed to be home were left waiting on the tarmac. Rain and weather were our biggest enemies then.

Wednesday, 21 January 2004, 0419hrs

Erbil

I went to Erbil, which is a Kurdish region of Iraq. The people were very friendly and they used the chance to practice their English. The kids wanted to shake our hands, and many of those I saw in the marketplace were very poor. The hospital in Erbil was built in 1980 by the Japanese, and was touted as the most modern and well-run hospital in Iraq.

The trip involved a grand rounds presentation, including presentations of patients, review of labs and radiology, and a patient available to answer questions.

Thursday, 5 February 2004, 0058hrs

Last Message?

Early in the morning, the main body of the 21st CSH, B Company, left Mosul, Iraq. I was then in Incirlik, Turkey at a US Air Base, and I was scheduled to be back in the United States by the end of the week if all went well. I was thinking about my gynecologic surgeon colleagues who had not yet returned (Mike Sundborg, MD) from their deployment, and those who had just deployed (Gerry Harkins, MD; Kim DeVore, DO; Sandra Hernandez, MD).

I want to thank my family and friends for their kind thoughts and prayers while I was deployed. It was wonderful reconnecting (electronically) with so many of my friends and family members over the months of my deployment. And it was great hearing about their lives and their corners of the world; my only connection with the outside world was through them. I had very

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little television (Armed Forces Network), many restrictions on internet information, no cable, and no radio. It was my family and friends that kept me sane.
I also thank everyone that took the time to check in on my family: Nora, Gabby, and Francesca—who were stronger than they thought they would be.

Thoughts on Deployment

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I volunteered, but likely would have been assigned for deployment either in September 2003 or February 2004 if I had not. My deployment allowed me to go for a relatively pre-determined period of time and avoid a one-year deployment that may have led to skill-degradation. However, I am proud I was able to serve my country, and I draw upon my experiences almost every day since then.

I performed three gynecologic surgeries in the nearly five months I was deployed. For all other surgeries, I acted as a general surgeon, or assistant for our general surgeons, urologist, and orthopedic surgeon. Despite completing Combat Casualty Care and Advanced Trauma Life Support Courses, I cannot say that I was completely ready for what I saw or did. Regardless, I do think that the general surgery experience, while deployed, made me a better general gynecologic surgeon and sub-specialty trained pelvic reconstructive surgeon.

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Lessons Learned

-Down times are longer and boring-but sometimes boring can be good.

-Things you see in combat casualty care are more horrific than you really can imagine.

-Soldiers, even when grievously injured, always think of others before themselves.

-People are always very resourceful when it comes to the amenities of daily life.

-I was privileged to participate in surgical cases that, under normal circumstances, I would have not had the opportunity, and it has made me a better gynecologic surgeon.

-Life is precious and in dire circumstances most of our daily routine is simply inane.

-Deserts turn to mud when it rains. There was mud everywhere, on everything, and you cannot get away from it.

-Additional and continuous critical deployed surgical skills training should be implemented to optimize individual readiness for performing "downrange" surgical procedures.

Figure 3-11: Colonel Joseph Goburn, MD, gynecologic surgeon, 10th CSH, Iraq 2005. Photograph courtesy of Joseph Goburn, MD.

Colonel Joseph Gobern, MD (Figure 3-11)

Chief of Surgery

Task Force Bravo, 10th Combat Support Hospital,

20th Medical Brigade

Talil, Iraq

OIF: August 2005–April 2006

Unit and Operational Background

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Colonel Joseph Gobern was deployed from August 2005 to April 2006 in support of Operation Iraqi Freedom and was the Chief of Surgery, Task Force Bravo, assigned to the 10th CSH in Talil, Iraq as the senior physician and medical director for integrated surgical services and personnel, and including a 2-bed OR, a trailer constructed by the CMS Corporation, a 4-bed intensive care unit (ICU), and a 9-bed ward. Colonel Gobern's surgical team included an attached FST (orthopedic surgeon, two general surgeons and supporting nursing and enlisted technicians) as well as an integrated 10th CSH noncommissioned officer in charge, 2 surgical technicians, an OR nurse, and a nurse anesthetist.

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Task Force Bravo

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Following 5 weeks of training at Fort Carson, Colorado with the full complement of 10th CSH, we were organized into Task Force (TF) Alpha (the primary team to occupy Ibn Sinai Hospital in Baghdad) and TF Bravo to stand up a surgical clinic in Talil. I was assigned as a general surgeon with TF Bravo and as the senior physician on TF Bravo, I was additionally tasked as the Chief of Surgical Services. We co-located with a reserve medical company providing acute outpatient care and provided staff to support the 24/7 operation of the emergency room. TF Bravo augmented this capability with the OR, ICU and ward capability as well as lab, x-ray, pharmacy, and central sterilization. I coordinated inpatient services in addition to the surgical services on a daily basis with the deputy commander of nursing and the TF Commander.

Initially, I coordinated with the medical company in place to integrate outpatient clinic coverage and ED call coverage. We outlined mass casualty procedures and responsibilities. Rules of engagement required stabilization and evacuation of US service members usually with a 24- to 48-hour hold capability. We occupied a low intensity conflict area along a main supply route with a 10-mile long, secured perimeter including an airfield and multinational forces. Additionally, we had mature lodging (that were air conditioned and two-person) trailers and Morale, Welfare, and Recreation, MWR, facilities. The primary wounded were motor vehicle accidents and local national IED or burn injuries. As the senior physician, I ensured there was a

rotation of surgeons available to support the ED with an on-call basis and I ensured the routine providers were staffed for the ED. I triaged local national casualties based on the rules of engagement and capabilities accepting any injuries that risked life, limb, or eyesight. As we entered the winter months, burns from heating stoves became more common among women and children. Severe burns that threatened life, limb, or eyesight cases were accepted into our intensive care unit for supportive care, and surgery was available if required.

Our unit became very good at would care, skin grafts, and physical therapy required to return local nationals to an uncertain civilian health care system. The local national situation was similar in Baghdad in addition to the IED trauma. Some local national patients that were stable for transfer were sent to TF Bravo for extended burn care when our census was low. Triage of local nationals, particularly those with longstanding non-acute disease or deformity and not within the rules of engagement to accept, were a difficult part of the job to decline care.

I was in Iraq approximately 6 months and we probably had three live mass casualties with three or more patients. Additionally, there were several situations where the FST was forward deployed, which left myself and one other general surgeon on-call for ED and mass casualty situations. *The daily routine of caring for minor surgical emergencies such as appendectomy, minor wounds, or hernia repairs just heightened the experience of mass casualties marked with all the energy of two or three helicopters arriving in quick succession, mobilizing the entire team, ED physicians, nurses, techs and surgeons, laying out the triage platform while fighting dust storms. Finally, the severely injured patients got the full drill of airway stabilization, inspection, IV, Foley and surgery, then back to daily clinic and waiting.* The only gynecologic emergency I saw was a contractor with heavy menstrual bleeding and anemia, and we learned that she had a large, 5-6 cm prolapsed fibroid upon examination. She refused evacuation because her time on station would not cover her for medical treatments.

I rotated each of the surgeons to Baghdad for one month for skills enhancement—which proved incredibly valuable in management of trauma care from oral maxillary external fixation to stabilization of traumatic bilateral amputees. Most of the surgeons were in their first utilization tour beyond residency, so we all learned a great deal and gained great respect for our

fellow surgeons. Further, I organized a monthly journal club to enhance the academic environment and occupy our downtime.

Lessons Learned

-It is a challenge to decline care to the local population due to the rules of engagement.

-Rotating surgeons to CSH units, for surgical skills enhancement, allowed them to acquire additional skills and an appreciation for other team members.

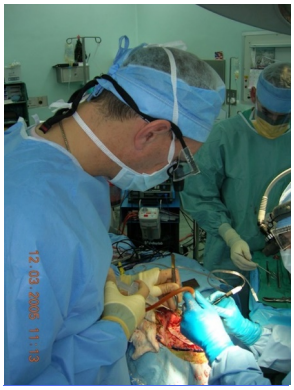

Figure 3-12: Colonel Brian J. Crisp, MD, gynecologic surgeon, 21st CSH, Iraq 2003. Photograph courtesy of Brian J. Crisp, MD.

Colonel Brian J. Crisp, MD (Figure 3-12)

Gynecologic surgeon

Assistant Deputy Commander for Clinical Services and Clinic Chief, Outpatient Clinic

10th Combat Support Hospital, Baghdad, Iraq

OIF: October 2005–April 2006

Home Station: Evans Army Community Hospital, Fort Carson, Colorado

Unit and Operational Background

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The primary mission of the 10th CSH was to support combat operations and care for injured soldiers. The 10th CSH deployed in an urban region of Iraq in a mature theater of operations and more commonly cared for non-US patients during combat medical operations. These patients included pediatric patients; we also had admissions for non-traumatic illnesses.

Surgical Cases

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I tried to help out as much as possible in the OR as a surgical assistant to various other surgeons, as, strictly speaking, gynecologic surgery was uncommon. I performed one Cesarean section, saw 2–4 patients a day in the outpatient clinic for gynecologic conditions, and performed several dilation and curettage procedures during my deployment. In other specialties, I assisted with general surgical procedures and became independently credentialed to do open appendectomies. I assisted with burn grafts, ear, nose, throat (ENT), ophthalmology, orthopedics, and CT surgery. Here are some excerpts from the messages that I sent home to my family while deployed.

25 Dec 2005

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Baghdad Christmas

I had 2 months down and 4 to go. At my last count by that time, some 700 or so souls had come through our hospital since we got there. Christmas is the season for reflection, but what did I reflect upon while out there?

Well, I suppose first and foremost, I reflected on how much I missed and loved my family and friends, and I realized how thankful I was to have them in my life. How precious they are to me. Sounds hokey, I know, and we often don't speak our hearts like that often, but if you were there (in Iraq) for only a little while you might understand where that came from. There were so many whose last view of this earth was the medical evacuation (MEDEVAC) helicopter or our hospital and the people in it. There were so many who passed through there, life intact, but absolutely changed forever because of the loss of a leg, an arm, two legs, both

arms, and sometimes all four. People were burned almost beyond recognition. Burned US soldiers and Marines typically fared better than the locals or the international patients, as we evacuated the soldiers and Marines out of there immediately; they received truly world class care at our Army Institute of Surgical Research Burn Center in San Antonio, Texas. The local nationals didn't fare as well. For them, *we* were the burn center, and we were simply not a tertiary care center. Many died of overwhelming sepsis. The worst (to me) were the neurological injuries. They would wake up in the morning essentially normal people and, by the end of the day, they had been blown up, shot, or blasted which caused them to sustain a neurologic injury—and they were now paralyzed or, worse yet, had limited brain function due to an open or closed head injury.

I am reminded of a horrible day when a large group of Marines were airlifted in, and not one of them had intact legs. All had lost either one or both legs, and of those who lost only one, the other one may end up being amputated back in the US. None of these Marines were older than 22. My colleagues and I worked pretty much all night on them, and we tried like crazy to revascularize their legs to no avail. Obviously, without blood flow, the foot and leg are doomed, and one after another we had to resort to the amputation saw. It is difficult to describe how frustrated and crestfallen one is after trying so hard to save their limbs, seeing ahead into the future with them wheeling themselves in and out of the Veterans Affairs hospital. Several had the typical "blood and guts type" of tattoos on their arms. "Marines are invincible", as anyone assumes. It seemed a cruel joke then. They're going to need all the bravado they could muster to get through that. The specimen bucket on the OR table is typically the place where the appendix is placed after it's been removed, or the uterus after a hysterectomy, etc. It was starkly sobering to see a foot in it, or a hand and arm, with the wedding band still attached.

I reflect on the Army lieutenant who was blown literally about 70 meters from where his up-armored Humvee had been literally cut in half by a shaped charge IED. While the 3 other soldiers in the vehicle were been killed instantly, he had been thrown over a ditch and was found about 15 minutes later. How he survived that long is an absolute miracle. He lost his left arm and right leg and all of his blood volume, and all the long bones in his body were broken at least once. After our initial damage control surgery, he was still in need of further resuscitation in the

ICU, and we determined that we needed to explore his abdomen. By this time, his commander, XO, and first sergeant had arrived. We briefed them on the situation thus far, and that additional surgery was necessary for ongoing bleeding in his belly. It's hard to describe the emotions one feels when the next thing I saw were these 3 soldiers, still in body armor, still dirty and sweaty from the field, huddle next to their soldier's bed in prayer, arms around each other's shoulders, to give their soldier strength to survive the next struggle. A true hero's prayer.

Same Care for All

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We honestly and truly gave the same care to anyone who would present to us, and most of the time we didn't even know whether our Iraqi patients were "good guys" or "bad guys" until after they get out of the OR. The major difference was where a patient was sent after initial stabilization surgery. I happened to see a Medical Service Corps officer who was stationed at Abu Ghraib and asked him if the care that we render to the Iraqi patients had actually ever turned one of the "bad guys" into at least a "neutral guy" if not an outright turncoat to his own cause. He told me about a security internee (SI) who was fighting with the nurses and staff on one of the wards, and who was shouted down by his comrades. The other SI's essentially told him to pipe down, because the Americans didn't have to give this good care to him and that they were doing it anyway. He calmed down after that, which was somewhat heartening.

For all the doom and gloom that you probably read about in the daily paper, there really were some good stories that came out of that place. Remember that if people are getting along, if kids are playing in the park, there's not really a story to be told, and therefore it isn't told. But that's pretty much exactly what was happening in Kurdistan, where new car dealerships were opening, where people didn't walk about in body armor and Kevlar helmets while fully armed. Soldiers ate lunch and had coffee at cafes without the risk of getting blown up during dessert. A friend of mine who's been to Kurdistan remarked that when she went out to lunch up there, the waiter quipped that they would be very willing to become America's 51st state. They loved us up there—they thought we literally saved them from "the devil". The Peshmerga, the Kurdish "army" as it were, kept a close guard on the borders. In the south, while it was not quite that rosy, it was certainly much calmer there than here. Our hospital down there, shall we say, was

markedly underemployed. (That was a good thing.) The middle of the country was where there was so much to do, and where the struggle continued. That, of course, is where I was.

I also reflect on the fact that in terms of taking the long view, and looking at the history of war, we truly have never had it so good. Really. In terms of creature comforts, at least there in the hospital, we had three hot meals a day with 31 flavors ice cream, a reasonably robust internet (in that I could usually log onto and write an email with impunity), and phone service that connected us to the US immediately—even though the lines were typically full of soldiers trying to reach home. We had toilets that flushed real water. The funny part was that you couldn't flush toilet paper or feminine hygiene products, so it would all go into a trash can in the bathroom that was emptied daily. For those that have traveled to the third world, you know that scenario isn't really either awful or rare. We had showers that were immediately accessible. We had the local housekeepers, who were very polite and nice, clean for us. Most were Chaldean Christians (a Catholic rite), but some were Muslims.

As a sidebar, although the housekeepers were screened by the security personnel, and although we believed that the overwhelming majority were not with the insurgency, we never *really* knew. And even though the local cleaning staff, the engineering guys are searched both entering and exiting the facility, you still don't *know* where they stood, no matter what they said. I suspected that the overwhelming majority of them were indeed staunch "anti-Saddam" people, but you think to yourself, "It only takes one." So, when I heard a loud noise, I instinctively perked up. Was that another bomb somewhere, or did someone just slam the door on the first floor? After hearing a few bombs go off in the distance, it could be very difficult to distinguish between the two.

As terrible as much of what we see was, I had to remind myself that in World War I, there was an average of over 2,100 deaths a *day.* And that's not counting those who were maimed, gassed, blinded, burned, and mentally traumatized—that's just the *deaths*. Can you imagine that? For four years…and that was only the Western front. How the medical personnel survived that is absolutely beyond me. Also, our death rate during OIF would have been so much higher if it were not for the truly excellent care that we and others on the evacuation chain

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provided. I have told you before that while I was privileged to help out in those cases, I typically was not the primary surgeon—it was usually the general surgeons, the orthopedic surgeons, the cardiothoracic surgeons, the neurosurgeons, and the ophthalmologist who worked the real magic.

Gynecologic Surgery *and* Obstetrics

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Figure 3-13: Colonel Brian Crisp and Tamarra, 21st CSH, Iraq 2003. Photograph courtesy of Brian Crisp, MD.

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Now, having said that, I must tell you I was privileged to have performed the first Cesarean section at our hospital there in over 40 years. An Iraqi woman was air lifted in after she presented to an outlying Forward Operating Base (FOB) in labor. She already had seven kids and her labor was clearly obstructed, so her midwife took her to the closest medical facility she could get to: an American level II facility. However, they did not have a gynecologic surgeon/obstetrician stationed there, and subsequently flew her to me, at the 10th CSH. We quickly figured out that the baby was breech, and took her upstairs for an emergency Cesarean section, which went fine. I can't tell you how many nurses and techs poked their noses in to see how it was going. It was a girl, with an Apgar's score of 9 and 9. Her name was Tamarra. The *Scimitar*, our local Multinational Force-Iraq newspaper, even ran an article on the event. The last baby born there at the CSH (vaginally), was also born on election night. Although one may come to the conclusion that it was a positive omen for Iraq, it more likely reflected the fact that the entire country was in lockdown several days before and after the actual voting took place for

security reasons. That unfortunately blocked roads, access and everything else—making it very difficult or impossible for a laboring woman to get to her usual hospital, for instance. Lucky for her, she came to the CSH; lucky for us, she came to the CSH.

Within 24 hours of Tamarra's arrival, I was called in for another gynecologic surgical case. A woman presented to the ER complaining of sharp pelvic pain. A computerized tomography (CT) scan revealed a foreign object identified as a needle in her abdomen with the sharp end at the uterine fundus. Her surgical history included a Cesarean section five years ago, and she had some recurring incisional pain about four years after her Cesarean section. She presented to her local Iraqi physician and complained about her pain. He injected her wound with something—most likely a local anesthetic or steroids. However, in the process of this procedure, the needle apparently broke off under her skin and couldn't be retrieved. She was told that "it would be OK," and the visit ended. While I do not know what actually transpired, he may not have been able to even get her to the OR to remove the needle. So, over the course of a year, instead of the needle working its way out, it worked its way in, entering the peritoneum covering her uterus. We took her to the OR and removed the needle under fluoroscopy, and she had immediate relief from her pain.

I was later called down to the ER to evaluate someone, when I saw the neurosurgical team go in to evaluate a patient. That usually was not a good thing, as it was typically a patient who had sustained a gunshot wound or blast injury to the head. But in that case the patient, an Australian contractor of about 50 years of age, was sitting somewhat comfortably on his gurney in the ER and chatting merrily with one of our nurses. He had a small defect on the very top of his head with a trickle of dried blood that had run down through his hair. In the Middle East, there is a rather unique tradition of what is euphemistically called "celebratory gunfire." That's where you take your AK 47, point it into the night sky and blaze away in celebration of some happy event. A wedding, the capture of Uday and Qusay Hussein, etc. are examples of times when the locals might fire off a magazine of bullets (or two). Well, that had been going on that particular night in Baghdad for several hours, and the entire city was taking part. What was the reason for this outpouring of emotion and its accompanying lead? Saddam found guilty? No. Mass weddings? No. Americans leaving Baghdad? Wrong again. The Iraqis had beaten the

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rival Syrians in a soccer game. (And you thought the Yankees had wild fans.) Bullets rained down on much of the capitol for hours, and 46 people in the city sustained injuries of various sorts from those rounds. The brave (or foolish) that strayed to the roof of Jones Hall to see what was going on reported they saw rounds flying over the building and saw streaks of tracers going up from various parts of the city. The CT scan really told the story with our patient. The scout film clearly showed an AK-47 round going literally straight into his head, in the middle, and on top. It penetrated about a centimeter or so into the gray matter; exceedingly fortunately for him, the bullet managed to strike a neurologically "silent" part of the brain, causing essentially no damage—but it did give him quite the story to tell. After we removed the bullet, this patient was determined that he was finished with the contractor lifestyle, at least there in Baghdad. He said, "It's time to go. My luck has run out." It was hard to argue with that.

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Visitors

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I also reflected on some of the visitors we had while I was deployed there. The 10th CSH played host to the Dallas Cowboys Cheerleaders, and Al Franken, the host of the talk show "Air America,". Unfortunately, I missed them both, but they were followed with a visit by Secretary of Defense (SECDEF) Don Rumsfeld, with whom a colleague and myself took some great photos. I can only tell you that when the SECDEF or some other high-ranking administration official shows up, it greatly boosted morale. We also had the

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