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Eyesore

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Eyesore

There is something in my eye. Sand. Always sand. But this feels bigger than the talc-like stuff that blows around us constantly. I reach behind my left hip, pull the canteen out of its casing, and unscrew the top. Since the 5-ton truck I am riding in has stopped, I move to the tailgate, lean sideways over the edge, and pour water into my eye to flush it. I blink a few times, shake my head, and pour a few drops more. I have to be careful with my rationed water as we are still waiting for re-supply. I also don't want to touch my eye. My hands are putrid from rooting around body bags looking for dog tags, and I don't want that odor anywhere near my face again. It was a problem last night, because I curl up with my hands near my cheek while I sleep, and between the smell and the hard-dusty ground, I didn't get much rest.

* * * * *

1 April 2003

Our journey started in Kuwait, a country that, for those who were part of the invasion force, seemed to have a K at the beginning of its name for no apparent reason. What do you do there? U-wait. We waited nearly 30 hours for airlift, sitting in rows in the blowing sand with all our gear. Before that we had waited 48 days, the last few of which had been exhausting with scud alerts requiring us to take refuge in the bunkers every hour and a half. Anxiety was overabundant because of lack of sleep and clear directions. "Get in rows of 24. The helos are here. Belay my last. Go get chow. If you are eating chow, you're wrong. Bunkers, bunkers! Incoming scud! Why aren't you in rows of 32?" These orders were given at full volume accompanied by language that got bluer by the hour. It reminded me of an email I had received

while still at Camp Lejeune: “Pray that the enemy is so confused they can’t fight.” Sitting there, listening to these senior enlisted corpsmen bark orders, I wondered if it had not been the Iraqis who had sent that message. But still we sat. And sat. Trauma nurses. Psychiatrists. Surgeons and anesthesiologists. A podiatrist, a dentist, a plethora of Hospital Corpsmen, and me, their chaplain. On our butts, in the dirt.

2 April 2003

The morning we left for Iraq, black soot from burning oil fields hung heavy on the horizon, a huge contrast to the brightness of the sun as it emerged over the sandy expanse of the desert. Instead of the helicopters for which we had waited, we flew in two C130s, huge transport planes that usually carry cargo, but could be rigged with web seats for passengers. We flew like cargo, without seats, sitting on top of our gear, legs around the person in front of us. With no other restraints, we relied on our enmeshed bodies, covering every inch of the hold to keep us in place. One corpsman, the last to enter before the cargo door closed, could only squeeze into a spot by sitting backwards. The only face I saw during the flight continually threw up in his helmet. At the time it seemed much less stressful to watch him vomit than to think about our current situation—flying into a war zone in a plane flanked by four armed Cobras—small, but deadly, two-seat Marine Corps attack helicopters prepared to intercept SAMs (Surface to Air Missiles), before they could shoot us. If I had kept focus on that, I would have been filling my own helmet.

We landed on a highway. When the cargo door opened, a chief ordered us to don our packs, exit down the ramp, and move to cover. My pack, with all the required personal gear, plus a chaplain’s field kit and other religious supplies, and the “as useful as a paperweight without a

place to plug it in” laptop I had been issued, weighed about 90 pounds. At least I’d been able to send all the Bibles, Korans, hymnals, and Missalettes ahead in one of the ambulances driving across the border to meet us.

With all that added weight, I moved as quickly as I could off the blacktop and into the mud. On the other side of the wet ground, an area had been dug out and bordered by a dirt berm as a shield for the EOD or Explosive Ordnance Disposal unit encamped there. Responsible for locating, removing, and destroying bombs, they worked tirelessly so the advancing ground forces could pass safely on their way toward Baghdad. Unfortunately for us those ground forces, located a two-hour drive south, hadn’t gotten this far yet.

Neither “oops” nor any of its unsanitized synonyms are words you want to hear in war, because what follows is usually dangerous. I wonder in whose report the phrase “Oops, we dropped a medical unit in an unfriendly area with very little protection and no clue how to get them to where they should have been” needed to be written. But there we sat. In the wrong place. Waiting for someone to make a decision. While SAMs remained a threat, the option to transport by helicopter could not be considered, which only left sending us in a convoy. Although EOD had swept the road for mines, it remained an unsecured corridor, which made that option also less than ideal. Eventually a decision was made. “Send the chaplain and her bodyguard with a few people in a truck and see if they can get through. If that works, we’ll send the rest of the medical staff.” At least I got to check one item off my bucket list: Be an unarmed guinea pig ...

When the 5-ton truck arrived, I struggled to get myself and my gear into its flatbed higher than my head. Finally settled, I looked at Darrell, the Religious Program Specialist, RP for short, with whom I worked. Wanting to be prepared, he sat up front, readying his weapon. RP3, as I called him, was 6’5”, twenty-two years old, and spoke with a thick West Virginian accent. A

pregnant wife and a two-year-old son waited for him at home. RPs often flippantly describe their job as “bullet sponge for the chaplain.” I hated that glib description because I never wanted him to get between me and anything dangerous—in part because he was a terrible marksman. The last time he was home on leave, he’d gone deer hunting with a few friends and mistakenly shot his neighbor’s horse. That was the reason I always teasingly brought up when we got to talking about it. The real reason was too horrible to entertain.

A few days before we entered Iraq, he and I had gone to a meeting of chaplains and RPs serving with nearby units. The senior chaplain had given us the commensurate pep talk about what good ministry opportunities lay ahead. “Yeah, with all those people needing Last Rites,” I’d mumbled only loud enough for RP3 to hear. Then the Master Chief called the RPs forward for a chat. “We’ve received intel that the Iraqis are going to use little children as suicide bombers,” the senior chaplain said stoically. “If a child approaches your chaplain, shoot it.” Darrell walked back to sit with me. The color had drained from his face.

“I heard.” Looking into his eyes, I put my hand on his arm. “I promise to stay away from all children. I promise ...” My voice trailed off, and we sat in silence. From then on, I had more to worry about than keeping Darrell’s body from harm.

With all eight of us and our gear finally loaded in the 5-ton, we, in the third of four vehicles, started southward. I wondered where the others had come from; possibly another unit nearby? A humvee with a mounted 50-cal took the lead, followed in second and fourth positions by small troop transports. Each of these carried ten Iraqi EPWs (Enemy Prisoners of War), enclosed, so we could not see them. Great, there are more EPWs than us in this convoy. “Hey RP3, what do you think of this? We’ve only been here a few hours and already we’re

surrounded,” I joked, pointing at the vehicles in front and behind us. He laughed. On his helmet he had written with a black marker, “Don’t heal, just kill.”

“Look what I wrote,” he said, pointing at his head. I started to say it was inappropriate for the assistant to the chaplain to have that emblazoned on his helmet, but I stopped myself. He was a legitimate combatant. And we were at war. I nodded and said nothing.

As the only combatant in the truck, RP3 alone had an M-16 rifle. It had enough range to be defensive. The others, all medical staff, had 9-mm handguns. The rules of engagement dictated they could only shoot in defense of themselves or a patient. I had a camera. Thank God that on this ride, I was the only one that did any shooting.

It took the rest of the afternoon to reach Camp Anderson, a hastily planned encampment that straddled the south to north supply route near An Naminayah. Along the way we passed small farms where we could see families outside, working. Some paused and stared in our direction; others turned their heads and went about their business. I wondered what it must be like for them to observe us in our heavy military transport truck with all our military gear. Did they feel relieved that we were there to protect them (were we?) or angry about us invading their home turf? Was one of them going to shoot at us from behind a wall? Were they afraid of us or apprehensive about what might happen? Did they know how scared we were or how much we wanted to go home, unharmed?

As we got further south, we noticed remnants of fighting that had already taken place: a blown-up tank, scorched ground, destroyed buildings, burned cars, and what appeared to be a Republican Guard Barracks, bombed beyond usefulness. Amid this devastation was a surreal sight—a roadside rest stop with inviting picnic tables, untouched. Closer to our destination, we encountered U.S. Marines. Some had dug into their fighting holes, others lay exposed on the

edge of the blacktop, M-16s pointed toward the horizon. We had to be careful not to run over their legs. About that time, the other three vehicles in our little convoy departed to complete their EPW mission, leaving us to fend for ourselves.

When our truck finally pulled off the road and into a dirt area that had recently been swept for mines, the first thing I noticed was our FRSS or Forward Resuscitative Surgical System, which had been deployed ahead of the rest of our company. I recognized it because we had set it up a few times in the grass near the gazebo outside my office at Camp Lejeune. Our unit, Bravo Surgical Company—the “Devil Docs” as CNN would soon name us in a play on the Marine moniker “Devil Dogs” became the first to use this new treatment concept in war.

From the outside, the FRSS didn’t look like much - just two tents connected by a covered passageway. One tent housed surgery and the other pre/post-op. The entire unit, including tents, equipment, generators, fuel, and water weighed just under 7,000 pounds and could be delivered by large helicopter or small truck as close to the fighting as possible. Designed to be set up and ready to provide treatment in less than one hour by its eight-person medical team—which included surgeons, an anesthesiologist, critical-care nurses, and corpsmen—it was a game-changer. According to the medical staff, the ability to provide appropriate intervention to critically injured patients in the first hour (the “golden hour”) after they are wounded greatly improves the chance of saving both limb and life. By the time we arrived, the FRSS had been functioning in place for three days, the first 36 hours of which had been under fire.

“Don’t go across the street,” warned the Marine who met us as we began to disembark. “There are 300 dead Iraqis rolled into the dirt berm over there. They were killed by their own leaders because they wouldn’t fight us. They are still in uniform with their hands tied and bullets in their heads.” As I tried to wrap my mind around this new reality, he continued. “There are 38

more of them in that other pile. Those are the ones we killed. Don't cry for them, they executed the 300 others. Oh, yeah, and we have one in the freezer. He wasn't dead yet, and we tried to save him, so now we have to keep him until we can return his body. Welcome to Camp Anderson." Noticing me, he said, "Hey Chaps, nice to see you."

Just then an anti-tank mine exploded very close to our cleared space. It had been activated by pressure from the rotors of one of the helos delivering the rest of the "Devil Docs." The deafening noise and strong concussion got everyone's attention. Because of that, no one needed to have the order "stay inside the dirt berm where the ground's been swept" explained when it was given to us later.

"Why didn't everyone else drive here like we did?" I asked a nurse.

"They determined that the roadway wasn't safe enough. Nice to see you made it, though."

As it was almost dark, word got passed, "find a spot and get some sleep." More than ready to comply, I unrolled my sleeping bag and isomat, the inch-thick foam rubber that would be my mattress for too long. Then, with urgency this time, word was passed again.

"There are approximately fifty Republican Guard in the tree-line across the field. Get below the level of the berm and maintain light restriction." I shut off my flashlight. RP3 was next to me in an instant.

"Against the berm, ma'am," he said, suddenly very serious. We dragged my gear toward the long pile of dirt. As he dug partway into it, I unrolled my bed and slid it up toward the hole. He crawled away for a few moments. When he returned, he said, "You've got company." Two of his Marine friends were dragging their gear in my direction. One set up on my right, the other across my feet. RP3 took position on my left on his stomach with his M-16 ready. Overhead, a

long-range missile whizzed to a distant target. A bright spot appeared on the horizon. We waited. A few more lit up the sky on the other side of the berm, reminding me of the line from the National Anthem: *And the rocket's red glare, the bombs bursting in air...*

“No talking,” said a stern voice in the darkness. A female voice replied, “But I have to pee.”

“There is no peeing tonight, ma’am,” the voice responded. And that was that.

I suppose I should have been frightened, lying on the ground in a battle zone with no weapon to defend myself. Instead, I felt humbled and grateful that two United States Marines and my RP who knew me so well had positioned themselves to defend me with their lives. Under their protection, I soon fell asleep. I slept soundly, which proved to be a real blessing considering the work that lay ahead. The last thing I remembered as I closed my eyes was how incredibly beautiful the night sky appeared under light restriction.

3 April 2003

I awakened to the “blue” sounds emanating from chiefs demanding that work came before food, ablutions, even toileting. The Marines had “taken care” of last night’s threat from the fifty or so Iraqis and the hospital had to be erected now, Now, NOW!

The first surgery RP3 and I attended was performed in the FRSS while the hospital was still under construction. I had been invited as the good luck charm for the surgeons who felt uncomfortable working on such a horrifically wounded two-year-old. The boy had been shot by Marines, and although Sanjay Gupta, a neurosurgeon and CNN medical correspondent, imbedded with our unit for two weeks, took the lead on the surgery, he did not live. It must have been devastating for the Marines who had opened fire on that vehicle, knowing there were

children in it, but their action saved five lives. In the front seat were two male would-be suicide bombers. In the back were both men's wives and a female neighbor. Each had a toddler on their lap. In the trunk was an incendiary device. The women and children were forced to ride in the vehicle in hopes that the Marines would be too tenderhearted to stop the men who wanted to blow up the checkpoint. The men were killed, the child was collateral damage. That child's mother was wounded, but alive. The others were, at least visibly, unharmed.

When Dr. Gupta cut into the brain of this child whose hand had also been traumatically amputated, RP3's face turned ashen and he began to sway. Seeing his distress, I suggested that he could protect me better outside the tent watching for bad guys. He departed in an instant. That concept was reinforced later when he wandered into another tent and found me standing next to the boy's mother as her intestines were being pulled outside her body so that the surgeons could search for shrapnel. "Just lettin' ya know I got your back, ma'am," he said as he quickly exited. "More than just our backs need protecting, Darrell," I mumbled, as I wondered who we'd all be when this was over.

It took several hours to set up the tents for the echelon 2 field hospital, which included triage, ward, surgery, admin and dental. Our purpose was to receive patients directly from the battlefield and stabilize them for transport, ideally within four hours, to higher echelon facilities. From there they would either be deemed healed and returned to the fight or declared wounded, ill or injured and sent home. I had just finished blessing the Operating Room, with its canvas walls and dirt floor, when the first patients arrived.

"Choppers in the compound. Incoming wounded." The person making that announcement obviously was a fan of M.A.S.H. On the way toward the helos, I actually heard several people humming the theme song. On the way back with full litters, things had changed. No longer were

corpsman faced with *moulaged* patients in a pretend scenario like they had rehearsed countless times at Camp Lejeune. These people were real, they were gravely wounded, and most were young—the same age as many of the corpsmen carrying the litters from ambulance or helo to triage. A sudden soberness came over these young Sailors, many of whom had never seen such wounds. Even the senior surgeons were, at times, overwhelmed, not so much by the level of the wounds but by the sheer volume of wounded. RP3 and I took our places near the entrance to the triage tent as the initial patients, three Marines, arrived. The first had shrapnel in his arm and wrist and the second, a bullet in his shoulder.

“I don’t know what you want to do with him, but we were told he’s yours,” two corpsmen said as they deposited a body bag enclosing the third at my feet. “Bullet in the stomach and in the leg. He bled out. Oh, and he pushed his friend out of the way. I was told to tell you the friend doesn’t know he is dead. When they finish with his shoulder, you gotta tell him.” They hurried away. I gazed at the black bag labeled “Human remains, one each.” Kneeling, RP3 and I found the zipper and opened the bag. Dog tags. Catholic. Taking out the laminated card containing faith-group specific prayers for the dead and dying, I read the Act of Contrition.

“Dear God, please let this Protestant’s words suffice for this brave young man,” I prayed. When I arose, I noticed the two corpsmen had returned.

“We’ll put him in the freezer for you, ma’am,” one said.

Before I could check on the friend, two more Marines arrived. One shot in the elbow, another in the knee. When I approached the second one, he started to cry. “Must be painful,” I said.

“No, I can’t feel that. It was numbed before I got here.”

“You look upset.”

“That’s because of yesterday.”

“What happened yesterday?” I asked gently, as tears ran down his boyish face.

“I didn’t want to do it. They were coming at us fast. These two men. They were behind a pile of dirt. They came around it shooting, AK47s they had. I killed them all.”

“Weren’t they shooting at you?”

“Yes, but one was holding a 5-year-old in front of him and the other had a 12-year-old. Girls. Young girls. I shot them all.”

“We are going to sedate him now,” the nurse said. As he drifted off, I said, “The men who introduced these girls as shields on the battlefield killed them. You protected your Marines.” I hope he heard me.

Needing a break, I went over to sit on my isomat by the berm. The required heavy charcoal-lined jacket and pants over my uniform and flak jacket, worn in case of contact with chemical or biological agents, was unbearable in the 105-degree heat. I rummaged around in my pack for a small bag of peanuts and a tangerine I had taken from the chow hall in Kuwait, my first food of the day. While I ate, the psychiatrist walked over to give me the news.

“I just came from the meeting you missed. Here’s the skinny: The unit providing our food, water and security has had to move forward. From now on, we have to fend for ourselves. Nice, since they said we now have Republican Guard units on all four sides. Water is rationed. No washing. One, maybe two canteens a day. One MRE or less per day, until we run out. Tonight, we will set a perimeter and put corpsmen on rotation as guards. I know, don’t laugh. They want us to leave as soon as our ward is empty. If you had a weapon, I’d ask you to shoot the messenger and put me out of my misery.”

I could always count on Gary for a laugh.

“Oh, I almost forgot. There will be a Critical Incident Stress Debriefing at 2000 for all those present during the baby’s brain surgery.”

After he left, I trudged back to triage for round two. During a lull in arrivals, I wandered into the ward. Several unrestrained EPWS lay on cots across from Marines. Seeing the potential for disaster, I went in search of the Commanding Officer. Like me, he was a lieutenant, only much younger. I liked him and felt badly that he had been put in such a difficult position. As a Medical Service Corps officer, he had virtually no tactical training and should have had more support.

“Scott, I just visited the ward. The EPWs are not restrained. Several are ambulatory. They are allowed to communicate with each other and none of us can understand them. Please fix this. It is not safe in there.”

“Chaplain, those guys are injured. They’re not going to hurt anyone. I can’t believe you’d want them restrained. That isn’t nice.”

“Before they arrived here, they were trying to kill our Marines. Not restraining them puts your personnel at risk. In my last assignment, I worked in the fleet hospital in Guantanamo Bay, where the Al Queda detainees received medical care. I fully understand the requirements for restraint, if you need guidance.”

“Please stay in your own lane. Go find someone who needs prayer.”

“Fine, but it won’t be in the ward. I don’t want one of your guests disarming my RP and shooting up the place.” I stomped out and headed back to triage, where a robust Republican Guardsman with multiple gunshot wounds was being readied for surgery. Although he, like most of our patients, was naked, I had quickly learned the difference between RGs and the mostly conscripted Regular Iraqi Army. Weight. RGs ate well.

Ten minutes into the 2000 CISM Debrief, I was called back to triage. Sixteen patients. Transport rammed by an Iraqi civilian vehicle. They had been driving for 24 hours under light restriction when struck in the dark. Multiple injuries, some severe, and the corpsmen had left me a body bag containing the driver where they had left the earlier one. Upon hearing that news, I nodded at RP3 and excused us from the meeting. “They found us another body,” I whispered. This one didn’t have dog tags, nor was he known to his passengers. Searching through his personal effects, I found a diary with his name written on it. “Start with this,” I said to the corpsmen who carried him to the freezer.

Just then, a small blue light pulsed out beyond our berm. 3 short flashes, 3 long, 3 short. A pause, and then the pattern repeated. SOS. “Do you see that?” I asked Darrell.

“Yes, ma’am. It is probably the perimeter guard the CO sent out earlier. He is supposed to watch the field and radio back any problems. Oh, and they gave him one of the Marine’s M-16s.”

“Then why the SOS? Something must be wrong. I’m going to find the CO.” On the way, I checked with a few more people to see if they were seeing what I was seeing. They were.

“Scott, a blue light is signaling SOS outside our berm. Have you seen it? I think our guard needs help.” Scott turned his gaze over the berm as it flashed again.

“Now, don’t panic, Chaplain. Whatever is going on, there is nothing we can do about it. If there really is a problem, the watch should radio it in or take care of it himself.” Then he walked away.

Slowly, the light came closer until the lone corpsman appeared around the edge of the berm.

“Why have you abandoned your post?” a chief boomed.

“I’m sorry, Chief. The radio battery went dead and without it my post is useless. I tried to get help, but nobody came. Didn’t anybody see my SOS?”

I could feel my New York attitude shoving its way toward my lips. “RP3, it’s time we got some rest.”

“You’re about to go all New Yorker on them, aren’t you, ma’am?”

4 April 2003

“They took my weapon,” RP3 said with tears forming in his brown eyes. “I promised Michigan I’d protect you and now I can’t.” Michigan was his name for my sweetie back home.

I made a beeline for the CO. “Scott, are you carrying a weapon for your own protection?” My tone made him a little nervous, and he put his hand on his 9-mil. “I see you are. Well, RP3 is my protection and now neither he nor I are armed. Why is that?”

“Well, Chaplain, we have only five people with M-16’s in the camp—four Marines and your RP. Putting his gun out on the perimeter is a way of protecting you.”

“Then put him out there with it. Your corpsmen aren’t trained on that weapon.”

“Sorry, Chaplain. Not your decision.”

“If it were, it wouldn’t be this stupid,” I mumbled as I stomped away.

Starving, I returned to my isomat to search my pack for food. Last night’s dinner of 6 crackers had not been filling and my stomach was letting me know. Pulling out my prized packet of MRE spaghetti, I ate it cold. By this time, a guard had been placed on our camp’s food and water supply since we were nearly out. It would have been sufficient if we had been able to move forward in a day, but Camp Chesty, 37 miles south of Baghdad, which would be our next place to set up, had not matured as quickly as planned, so we had to stay put. Starve and

dehydrate here or get shot at Chesty? Hard to choose. I poured a drop of water on my toothbrush, cleaned my teeth, took a swig from my canteen and swallowed.

Triage was full. A Marine who didn't look old enough to be there lay on a litter to my left. His hand was fully wrapped and two nurses were about to remove the bandage. One of them stared at me, then eyeballed his hand. As they removed the gauze, I asked him his full name. Calling him by his given name, I told him to look at me and not turn around. As I asked friendly questions about home and high school, out of his line of vision I could see them debriding what was left of his hand. Please don't tell me you play piano, I thought as I looked in his blue eyes.

The morning continued to be busy. One Marine arrived complaining of an excruciating headache, but when examined, the staff could find no visible cause—until someone picked up his helmet to move it. There, lodged in the Kevlar, was a bullet. It had entered sideways in the very top of the helmet and the lump of it could be felt both inside and out, but it had never penetrated the young man's skull.

Another had been the driver of an ambushed vehicle. As he explained it, as soon as they started hearing the pings of bullets hitting their vehicle, he had felt a sharp pain in one of his fingers. Looking at his hand as he continued to grip the steering wheel, he saw blood. A bullet had hit the end joint of his ring finger and traumatically amputated it. When the shooting stopped and other Marines were able to remove the wounded from his humvee, he let go of the wheel and there in his hand, caught by reflex reaction, was the bullet that had cut off his finger.

Two miracles in one day.

“Chaplain, you have company,” Scott called into triage. With him was a chaplain with whom I had attended Chaplain School. Depositing him with me, Scott departed.

“I’m with the Seabee unit across the road,” he said. “We’ve stopped for a few hours and I thought I’d like to see a field hospital in action. I didn’t know you were here.”

“Well, here we are in action,” I said and took him for a walk through our tented facilities. It did not take long for his face to turn an abnormal shade.

As he tried to look away from the gruesome sights in our ward and fix his gaze elsewhere, he asked, “Why is that person at the edge of your encampment wearing sunglasses, a poncho with the hood up over all their gear, and squatting in the sand?” he asked.

Seeing the figure straddling a slit trench, I replied, “They are trying to be invisible.”

That afternoon a third miracle happened. Bragging, I must say that my efforts in this matter of procurement stands out as the most appreciated service I ever provided to a unit with whom I’ve served. A vehicle in the never-ending northbound convoy that bordered our camp paused, creating a gap across the roadway. Through it appeared a Seabee driving a forklift carrying a plywood box with three holes cut in the upper surface. Over the top of the box was a cube-shaped wooden frame with a plastic tarp wrapped around it for privacy. The forklift wound its way between two helos as they were landing to deliver more casualties and headed for the far edge of our camp. Instinctively, a parade formed behind the “shitter” as marchers fiddled in their pockets to find paper. It was a proud moment.

Shortly after what became our most prized possession arrived, there was a commotion in the ward. An EPW had gotten out of his sickbed and become loudly belligerent with the staff. When he refused to be quiet and return to his cot, a chief slipped behind him, put the nozzle of his gun against the man’s head, and chambered a round. Perfect time for me to stay in my own lane.

“Chaplain, someone is here for you,” a voice called. Thinking the Seabee chaplain had returned to see if our gift had arrived, I walked toward triage. Near the entrance was another body bag. A humvee occupant from another ambush with a bullet in his neck. It had entered near his spine. As I zipped the bag closed, I could not take my eyes off his entry wound. It was so small and so near the nape. Why couldn’t he have sneezed? Coughed? Reached forward for something on the dashboard? The bullet would have missed him. He might still be alive. Because of less than one-inch lack of movement, his family would soon be getting a visit that would change their lives forever. I finished zipping the bag, and two corpsmen carried him away.

Needing a break, I headed back toward my pack to see what else I could find to eat. Suddenly I smelled something cooking. Barbeque? Yum. Wait. That can’t be right... I must be hallucinating. I walked toward the smell. It was our burn pit. We were ridding ourselves of amputated parts.

That afternoon a six-year-old boy arrived in triage. His face had been partially blown away by shrapnel. It had entered under his chin and exited through what had once been his upper lip, nose, and left eye. He was conscious and crying for his mother while they worked on him. Several of the staff became overwhelmed and had to leave the tent, including one of the surgeons. I followed him outside to comfort him. When I placed a hand on his shoulder, tears ran down his cheeks. “My son is his age,” he stammered. In silence, we stood together until he stopped shaking.

“We are one deep in your specialty. Are you ready to go back in now? That boy needs you.” I took his hand, said a quick prayer for strength, and we both returned to our duty.

That night a Marine in his late thirties arrived with the back of his head blown off. Our surgeons consulted with Dr. Gupta, and it was determined that the man only had brain-stem

function remaining and would never recover from his wounds. He was therefore categorized as an expectant. An expectant is one whose wounds are such that they will not survive being transported to receive more extensive care, would have no benefit from that care, or whose level of need would overwhelm the personnel and material resources of the field hospital. Medical staff, who are trained to use every means possible to save a life, have great difficulty with the thought of letting someone die by doing nothing. Therefore, expectants, like the already dead, are the chaplain's responsibility.

It took this strong Marine seven hours to die. The corpsmen placed him in the tent assigned for dental for privacy. Reading his dog tags, I saw he was a Baptist. I pulled a small Bible out of my cargo pocket. Since the dying lose their sense of hearing last, I read aloud the 23rd Psalm, the passage from John's gospel where Jesus promises that He is preparing a place for us in Heaven and several other scriptures this Marine might find comforting. After a while, I switched to quietly singing old hymns and holding his hand so he would not feel alone.

"That's him," a voice behind me said. "I'll be back in a minute." When she returned, she was not alone. "Most of us know him, Chaplain. We did a short humanitarian deployment together last year, and he provided security. I'm shocked to see him here, let alone to have to let him die." Tears rolled down her cheeks and dripped unto her dusty uniform, leaving tiny mud puddles. Over the next six hours, one by one, his former colleagues arrived to pay their respects. That night we held a wake where the deceased was not quite yet.

5 April 2003

Although we were still receiving wounded, our focus was on medevacing the patients in our ward and packing up the hospital so we could head to Camp Chesty, 68 miles away. With

fighting still occurring and the road not secure, it could be a harrowing trip, but we were needed closer to Baghdad.

Early in the morning, after watching me root around another body bag looking for where the field medic had placed the dog tags, Sanjay Gupta asked me if he could interview me live. “As long as you can assure me this isn’t smell-a-vision,” I joked, aware that 105-degree heat in MOP gear and armor had made all of us quite odoriferous.

I suppose I should have been more prepared for the question he asked me—the “how do you feel about what you are doing” question. It just hit me in a place I wasn’t ready to visit. Suddenly aware that my words might connect back to the loved ones of our dead and wounded, I stammered something about how they were all young enough to be my children and how heroic they had been in their duties. Not one of my better moments, but given what I was doing there, not one of my worst.

By evening, most of our gear was packed and our patients sent to follow-on care. The next morning, before it was light, we began to load the trucks as they arrived.

In all, we treated 107 critically injured patients at Camp Anderson including U.S. Marines, Republican Guard, Fedayeen Saddam, Iraqi Regular Army, a high-level Al Qaeda, two Sudanese mercenaries, one of Saddam’s cousins, and several civilians, including children. We were extremely proud of the fact that all were triaged according to level of wound and not political affiliation as required by the Geneva Conventions. We rendered treatment in tents with dirt floors, our staff working with unwashed hands because the water supply had been cut. We sterilized medical equipment in a plastic dishpan that sat on a metal crate in the open air. Patients in the ward lay on dusty cots under a tarp awaiting transportation. Medical staff slept on the ground outside if there was time. We ate too few MREs, sweated constantly, and smelled worse

every day. And the sand blew constantly—into our faces, our mouths, our eyes. We were at Camp Anderson less than four full days before we packed up the hospital and got on the road.

* * * * *

After flushing the sand from my eye, I close it and raise a dusty sleeve to daub the excess liquid. The last thing I want is more dirt dripping in and repeating the problem. We are near the end of a long line of trucks, each carrying about ten “Devil Docs.” Like us, they are seated on wooden benches that fold down from the side walls of the truck’s open bed, covered by a canopy that both blocks sunlight and reduces their visibility as individual targets. A few vehicles behind us is a flatbed, the end of the line, literally, because it carries our portable morgue—the refrigeration unit in which we store “guests” awaiting transport.

Next to that unit, on the back end of the flatbed, sits our most prized possession—the wooden three-seat shitter. Tied to one of the posts that holds up the privacy curtain stands a tall pole, at the top of which a huge American flag flutters in the breeze. Afraid that we might look like a conquering force, someone up the command chain, likely someone nowhere near here, ordered us to refrain from flying our flag anywhere “in country.” It’s nice to see that somebody had the *cojones* to disobey that order so we might continue to serve under our own flag.

Something isn’t right. Too much time has passed and we are not moving. Soon word is shouted down the line. “There is a group of POV’s coming up behind us and we are trying to decide if we should let these locals pass.”

A paranoid New Yorker, I have an immediate opinion. “Make the cars wait. If those people drive past, they can take notes about everything they see in our convoy and pass it on to God knows who up ahead. It’s too dangerous.”

They let them pass. I think about the town through which we have just driven: Mud-brick buildings surrounded by a mud wall; a few boys hawking cigarettes on the side of the road; a three-sided shack with a palm branch roof in which a man and a boy sat sprawled on the ground. Waiting for a bus? Collecting information? It seemed normal until a boy ran up beside us yelling “gas, gas, gas,” a phrase used to indicate an airborne poison. That made the hair on the back of my neck stand up, and it stayed up when a teenager ran by waving a Marine’s helmet. Marines do not give up their gear, especially their helmet. It gave me shivers to think of the rest of that story.

I look across the field. On the other side is a road parallel to ours. Why didn’t the cars behind us just detour over one block? I see a pickup truck with a covered bed reduce its speed. A man slips off the tailgate and disappears into the field. A few hundred feet further along the road another man does the same.

“Did anybody see those men exit that truck?” I ask the XO as he walks by to eyeball the convoy.

“Stay in your own lane, Chaplain. We’ve got people whose job it is to see those things.”

We wait. We wait a long time. Not much talk passes between us in our truck. It is getting dark. Ahead of us on the road we see flashes of light. Ordnance exploding. A battle has started.

Word is passed down the line of vehicles. “Everyone, go to condition one, outboard.” That means point your weapon outside the truck and put a round in the chamber. Since I don’t have a gun, I eye everyone in the truck as they fumble with theirs. One guy pulls his out of the holster and dangles it by its butt between his thumb and forefinger. His hand is shaking.

Wonderful, I’m going to get shot by a dentist whose only training was to fire a 9-mil once for

familiarization and never again. I slip off the bench and on to the floor to make room for the shooters. Then I slide down even further to keep from being a target.

About that time RP3 sticks his head in the vehicle. Since he is one of five shooters with a longer-range weapon, he has gotten out to select a better defensive position by the side of the road. “Oh good, you are on the floor. Stay there until I come back,” he orders. We are all silent. Listening.

Word is passed again. “Stow your weapons and get on the floor of the vehicle. If the Republican Guard gets past the unit ahead, they will hit us next.”

We wait. Again, word is passed. This time from the CO. “Tell the chaplain to pray. That’s all we’ve got.”

Great. Scare the crap out of everyone by pointing out how unable we are to defend ourselves. Since I cannot get out of the truck, I pray, briefly, with those around me. Choppers. The sound of the rotors grows as they near us. Low to the ground, they sweep to the flag end of our convoy. Then they turn around and fly straight toward the fight. They are well-armed. Someone asks quietly, “What happens if we get hit? There is no hospital to take care of us.”

We wait. It is dark. The young man next to me on the floor whispers, “Chaplain, what day is today?”

“Sunday.” The command canceled church service because we were too busy.

“No, I mean the date, what is today’s date?”

“The 6th of April.”

“I think my baby was born today,” he whispers.

“Congratulations.” Smiling in the darkness, I move an inch closer to him. God wouldn’t let a new dad die on the day his child is born, would He?

We wait, collectively holding our breaths. It is so dark we cannot see each other. Lying on the hard metal floor of the truck, I put my hands over my face. Whatever is going to get us, I do not want to see it coming. “Dear God, thank you for my life ... watch over my family and friends ... I wish I could have lived to marry Ken.” A hymn floats into my head. It is not my favorite, just one I know. *Now thank we all our God with hearts and hands and voices; Who wondrous things hath done in Whom this world rejoices; Who from our mother’s arms has led us on our way, with countless gifts of love and still is ours today.* In the darkness, I fall asleep. When I awaken, we are inching our way forward.

Word is passed. “We will drive through the battle zone. Look or don’t look. The choice is yours.”

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There is something in my eye. It will never go away.