



Royal College
of Nursing

Defence nurses' experiences from Iraq and Afghanistan

The RCN Defence Nursing Forum's oral histories project



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About the RCN Defence Nursing Forum

The Royal College of Nursing (RCN) Defence Nursing Forum (DNF) is the largest professional organisation for defence nurses in the UK. The DNF is one of a number of RCN specialist forums which are key to providing expert resources to the RCN.

The forum connects and learns from other members, providing educational conferences, workshops and events that help shape and influence UK defence nursing policy and practice and add to the UK's defence nursing expertise.

To find out more, please go to www.rcn.org.uk/forums



Introduction

Nursing history allows us to gain a deeper understanding of our role and our speciality. Examining the past also offers us an opportunity to integrate the valuable lessons that can be garnered from the historical experiences of nursing professionals into people's current understanding of nursing (Hamilton, 1996; Homes, 2008).

Using insights taken from the personal professional stories of individuals can provide us with a priceless way to explain, teach and impart values, encourage debate and inspire readers (Nornhold P, 2000; McCarthy, 2007).

But in this digital age of emails and social media, people do not necessarily keep diaries, write letters, or keep a record of their experiences in notebooks whilst deployed on military operations.

Following 13 years of continuous UK operations in Afghanistan and Iraq, the RCN DNF has collected oral histories from some of the nurses and health care assistants (HCAs) who were deployed in support of these operations.

This short booklet aims to provide supplementary information on the project which can be used as a resource and further background to the oral histories project itself.

Throughout the document we have used 'defence nurses' as a collective term for both the regular and reserve personnel who served as nurses and HCAs in the Royal Navy, Army, Royal Air Force and the Ministry of Defence (MOD).

The RCN oral histories project

The RCN has been collecting oral histories since 1986, capturing the lives and experiences of individual nurses. These stories date from the early 20th to the 21st centuries and take in two World Wars, a number of breakthrough medical developments and the beginnings of the NHS, and provide a unique perspective on the social changes which have taken place in UK society. Leaders of the nursing profession are represented alongside ordinary nurses working in every field of nursing across the UK; to access these stories, visit the RCN Library and Heritage Services resource on the RCN website at www.rcn.org.uk/library

There is minimal information relating to UK defence nurses' experiences from Iraq and Afghanistan in general. While it is acknowledged other collections exist, such as those held by the Imperial War Museum and National Army Museum, the DNF oral histories project provides a unique 'tri-service' perspective that includes MOD civilian nurses to represent the holistic patient care pathway.

The purpose of the DNF oral histories project was to build upon previous collections, ensuring the voice and recollections of defence nurses are captured in a nursing archive for future generations to use as a resource.

The RCN DNF oral histories project

After 13 years of continuous UK operations in Iraq and Afghanistan, the RCN's DNF steering committee was aware that there were many personal and professional stories to be told. The project aimed to inform and educate the nursing profession and public on the experiences of UK defence nurses who were deployed to Iraq and Afghanistan or who were responsible for caring for service personnel from these campaigns.

Previous to these personal accounts, the DNF worked in conjunction with *Nursing Standard* and in 2013-2014 published a series of articles charting a year in defence nursing. These features explored a range of topics – everything from leadership and education, to clinical stories focused on wound care, major incident planning, infection prevention and control, rehabilitation and mental health. Other articles provided detailed accounts of the experiences of nurses and HCAs deploying to Iraq and Afghanistan as well as the more recent deployments to Sierra Leone which took place as part of the UK response to Ebola. In addition, career profiles provided detail on a sample of roles within defence nursing, including student nurse training. The peer reviewed articles have also been published by the RCN in *This is Defence Nursing* (publication code: 005 395), which is available to download at www.rcn.org.uk/publications

Key medical advances and learnings gained from events in Iraq and Afghanistan

As part of the UK response to the Iraq and Afghanistan campaigns, defence nurses provided care both on deployment and at home; this included nurses employed by the National Health Service. The following provides an overview of the key events within these campaigns.

Afghanistan (2001-2014)

UK forces were deployed to Afghanistan in 2001 in support of the United Nations (UN)-authorised NATO-led International Security Assistance Force (ISAF) mission and as part of the US-led Operation Enduring Freedom (OEF). Since 2003, UK operations in Afghanistan have been conducted under the name Operation HERRICK, which officially ended in December 2014. To date 454 UK service personnel have died due to injuries sustained in this campaign (BBC, 2015).

Iraq (2003-2009)

Operation TELIC was the UK name for the campaign to Iraq, which started in January 2003 and ended in July 2009. At the peak of the campaign 46,000 British service personnel were deployed. A total of 179 British armed forces personnel and MOD civilians have died serving on Operation TELIC since the start of the campaign (National Audit Office, 2004; BBC, 2011).

Advancements in defence medical care

“War is the only proper school for a surgeon”.
Hippocrates, Greek physician, c460-370 BC

Throughout the Iraq and Afghanistan campaigns there have been a number of significant events which have advanced medicine and nursing practice. The following timeline provides an insight into and overview of the key proceedings which took place during the campaigns.

2001

- Formation of the Centre for Defence Medicine, which was the primary receiving hospital for battle casualties. This was co-located at Selly Oak Hospital NHS Trust.
- Launch of the NATO-led Afghanistan campaign following the events of the US terrorist attacks on 9/11. UK takes the lead in Helmand Province, Southern Afghanistan.

2002

- Centre for Defence Medicine given Royal status and re-named the Royal Centre for Defence Medicine (RCDM).

2003

- Royal Fleet Auxiliary (RFA) ARGUS deploys in support of operations in Iraq. The ship included the Primary Casualty Receiving Facility (PRCF), the Royal Navy's largest medical treatment facility, which included theatres, intensive care, CT scanner, laboratories and wards.
- Introduction of the centralised data collection of Emergency Department presentations, known as the 'Operational Emergency Department Register' (OpEDAR). Implemented during the concentration phase of British troops in Kuwait prior to war fighting in Iraq.
- Following entry into Iraq, a 25-bed field hospital was used to follow the battlegroup. Within two days this was expanded to a 200-bed field hospital.
- A gastroenteritis outbreak occurred amongst UK troops in Iraq and on board the RFA ARGUS; this had a significant effect on operations.

2004

- The Trauma Risk Management (TRiM) randomised control trial commenced.

2005

- CT scanner introduced to the British Military Hospital Shaibah, Iraq. This was the first time CT scanning had been used within the land environment.
- Ballistic eye protection introduced to prevent ocular injuries.

2006

- <Catastrophic Haemorrhage>, Airway, Breathing, Circulation (<C>ABC) resuscitation paradigm introduced, replacing the traditional ABC approach.
- Army Team Medic Training introduced.
- Medical Emergency Response Team (MERT) replaced the Immediate Response Team (IRT).
- Introduction of the Combat-Application-Tourniquet (C-A-T) and novel haemostatics to control catastrophic haemorrhage (initially Quick Clot and Hemcon were used, later to be replaced by Celox).
- Introduction of digital radiology capability to field hospitals.
- Battlefield casualty drills (first aid) revised.
- Battlefield Advanced Trauma Life Support (BATLS) course revised.
- Introduction of the field hospital validation exercise (HOSPEX), conducted at the Army Medical Services Training Centre (AMSTC) in York.

2007

- Introduction of *Clinical Guidelines for Operations* (CGOs), providing standardised guidelines for clinical care.
- Introduction of massive transfusion policy.
- Blood products carried on MERT.
- Adult intraosseous infusion equipment introduced.
- Introduction of the weekly Joint Theatre Clinical Case Conference (JTCCC).
- First UK triple amputee survives injuries and is evacuated to the UK.

2008

- Introduction of platelet apheresis service to Afghanistan.
- Greater awareness and management of hypothermia mitigation in trauma introduced.
- BATLS revision.
- Move from a tented field hospital to a hard-standing purpose-built medical treatment facility at Camp Bastion, Afghanistan.

2009

- Introduction of the *Defence Operational Nursing Competencies in the Land Environment* (DONC-LE), which later became the Defence Operational Nursing Competencies (DONC).
- Review of the massive transfusion protocol.
- Concept of 'right turn resuscitation' (straight to operating theatres on arrival).
- CGOs updated.
- Deployed medical director (DMD) role formalised.
- Deployed pain management service introduced.
- Rotational thromboelastography (ROTEM) introduced to guide massive transfusion protocols.
- Military Operational Surgical Training (MOST) course commenced at the Royal College of Surgeons, London.
- Introduction of the weekly Pre-hospital Emergency Care conference.
- Nova Lung was used to treat a seriously injured UK service person, a process that was supported by the United States.
- Closure of the UK Field Hospital in Iraq.
- Largest RAF aeromedical evacuation of seriously injured UK service personnel from Afghanistan.

2010

- Replacement of ventilators in the deployed Field Hospital; vela ventilators allowed greater ventilation modes including non-invasive ventilation.
- Tier 1 pelvic ballistic protection introduced, in response to perineal and external genitalia injuries sustained from improvised explosive devices (IEDs).
- Trial of fentanyl lozenges in Field Hospital and forward in Role 1 in Afghanistan.
- Ash cloud resulted in the air bridge from the UK to Afghanistan being compromised.
- Renal Replacement Therapy (RRT) provided in the UK Field Hospital for the first time.
- RCDM relocated from Selly Oak Hospital to the newly opened Queen Elizabeth Birmingham Hospital.
- New rehabilitation centre opens at the Defence Medical Rehabilitation Unit (DMRC) Headley Court, funded by Help for Heroes.



2011

- Topical negative pressure pumps and dressings introduced.
- Tier 2 pelvic ballistic protection introduced.
- MRI scanner installed at Camp Bastion, Afghanistan.
- National Institute for Health Research (NIHR) Centre for Surgical Reconstruction and Microbiology formed by the MOD, University Hospitals Birmingham and University of Birmingham. The purpose of this organisation is to innovate, share medical research and advance clinical practice in battlefield medicine to benefit all trauma patients in the NHS at an early stage of injury.

2012

- CGOs updated.
- Soldier gives birth to baby in Afghanistan.
- Doctor involved in the care of an Iraqi detainee, Baha Mousa, is removed from the General Medical Council (GMC) register.
- Introduction of Belmont Transfusion systems to Afghanistan.
- Freeze-dried plasma (lyophilised plasma) is used in the pre-hospital environment.
- Nurse-led pain service introduced at the DMRC Headley Court.
- Jubilee Rehabilitation Complex opens at the DMRC, featuring a new state-of-the-art therapy building with a second prosthetics department, radiology department and open-plan gym.
- MOD introduces Veterans and Reserves Mental Health programme.

2013

- Fisher House opens at RCDM to provide a ‘home away from home’ for military patients and their loved ones at Queen Elizabeth Hospital Birmingham.

2014

- Defence nurse Sarah Lewis awarded *RCN Nurse of the Year* and *Defence Nurse of the Year* for setting up a specialist nurse-led pain management service at the DMRC Headley Court.
- Formal end of UK combat operations in Afghanistan and the closure of the UK Field Hospital at Camp Bastion.
- Inaugural Invictus Games held. The aim of the Games was to demonstrate the power of sport to inspire recovery, support rehabilitation and generate a wider understanding and respect for wounded, injured and sick service men and women.
- First RCN Remembrance Ceremony organised to honour the sacrifice made by nurses and other Defence Medical Services personnel killed or wounded caring for victims of conflict.

Conducting the oral histories project

Throughout the project the DNF steering committee conducted presentations at a number of events including workshops at British Forces Germany, Northern Ireland Defence Nursing Network, RCN Congress, 2 Medical Brigade and the Defence Nurse Advisors' Conference. Information on this project was also published in *The Times* newspaper (Times, 2015), *RCN Bulletin* (August 2015) and on various social media platforms.

Accessing the oral histories

The entire oral histories collection is managed by the RCN Archives team, and may be accessed by contacting rcnarchives@rcn.org.uk

You may also be interested in *Defence Nursing: an RCN Guide for Nursing Staff* (RCN, 2014) which can be obtained by calling RCN Direct on 0345 772 6100 and requesting RCN publication code 004 595. Alternatively, the publication is available online at www.rcn.org.uk/publications





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Useful abbreviations

Whilst conducting the oral histories project, contributors used a variety of military abbreviations. To help listeners and readers who review the oral histories, this list of commonly used abbreviations may prove useful.

ADMN	Academic Department of Military Nursing
AE	Aeromedical evacuation
AMD	Army Medical Directorate
AMSTC	Army Medical Services Training Centre
ASU	Air Staging Unit
BATLS	Battlefield advanced trauma life support
BCDT	Battlefield casualty drills training
BMH	British military hospital
C-A-T	Combat application tourniquet
CBRN	Chemical, biological, radiological, nuclear
CCAST	Critical Care Air Support Team
COB	Contingency operating base
DCS	Damage control surgery
DMRC	Defence Medical Rehabilitation Centre
DMG	Defence Medical Group
DMS	Defence Medical Services
DRASH	Deployable rapid assembly shelter
GDMO	General Duties Medical Officer
HQ	Headquarters
IA	Individual augmentee
IDF	Indirect fire
IED	Improvised explosive device
FFP	Fresh frozen plasma
FOB	Forward operating base
HOSPEX	Hospital exercise
J1-9	J-functions used to describe organisations within units

JMC	Joint Medical Command
ISAF	International Security Assistance Force
RAF	Royal Air Force
RN	Royal Navy
TA	Territorial Army (now re-named Army Reserves)
MDHU	Ministry of Defence Hospital Unit
MERT	Medical Emergency Response Team
MOD	Ministry of Defence
MTF	Medical treatment facility
NATO	North Atlantic Treaty Organisation
NHS	National Health Service
Op	Operation
OEF	Operation Enduring Freedom
PB	Patrol base
PCRF	Primary Care Receiving Facility
PMRAFNS	Princess Mary's Royal Air Force Nursing Service
PRBC	Packed red blood cells
QARANC	Queen Alexandra's Royal Army Nursing Corps
QARNNS	Queen Alexandra's Royal Naval Nursing Service
RCDM	Royal Centre for Defence Medicine
RFA	Royal Fleet Auxiliary
RNR	Royal Navy Reserves
RSOI	Reception, staging and onward integration
TMW	Tactical medical wing
TNP	Topical negative pressure





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