

RAAF Reserve Doctors - Balad

After the 2002 Bali bombing that killed more than 200 people, two intensive care specialists from the Darwin hospital that treated many of the injured decided they wanted to do more to help the casualties of terrorism.

Doctors Dianne Stephens and Sarah Collins made inquiries and were appointed Royal Australian Air Force (RAAF) Specialist Reserve (SR) officers in 2004. Both are now Squadron Leaders, highly valued for their skills and extensive experience.

“We wanted to be able to be part of a first response if disaster occurred in our region,” said SQNLDR Stephens.

SQNLDR Collins said she had specialised in gastroenterology but had always maintained an interest in intensive care medicine and has this year taken up a role as an intensive care specialist primary at the Royal Darwin Hospital.

“Reserve service offered opportunities for work and training in areas outside our usual comfort zones,” said SQNLDR Collins.

“It has also provided us with an interesting and I think useful insight into the ADF.”

Both doctors signed up for the RAAF SR on the same day. Five days later, they were asked whether they were prepared to go to Iraq.

“Intensivists were needed and in short supply. Going to Iraq wasn’t what we had in mind when we decided to join up but it took less than 24 hours to make the decision to go and it’s a decision I will never regret,” said SQNLDR Stephens.

“The deployment was a unique experience from both a work and personal perspective - a life-changing event.”

SQNLDR Collins deployed first, spending three months at the large U.S Air Force tent hospital facility, Balad, north of Iraq. SQNLDR Stephens then deployed from Christmas to the following March.

SQNLDR Collins said that her rapid weapons training, force preparation and private practice rearrangements left little time to form preconceptions about what to expect from her Iraq tour.

“The request for me to go to Iraq coincided precisely with an increasing feeling of the need for excitement and adventure,” said SQNLDR Collins.

“I had absolutely NO expectations - which made the whole thing more

adventurous for me - and I kept a completely open mind.”

SQNLDR Stephens said that it took her some time to adjust to the American hospital culture prevalent at the base.

“My first impression was that I had stepped onto a MASH set complete with all the visual and sound effects,” said SQNLDR Stephens.

“The physical working environment was challenging.”

Helicopters, jets and suction devices that “sounded like train engines” made the ICU extremely noisy.

“During alarm reds, we had to work in Kevlar helmets and cumbersome vests. It was dusty and cramped and the walls flapped in the wind but it soon became home and it’s amazing what you get used to,” said SQNLDR Stephens.

“I think that the noise probably bothered me less than those used to a more sedate environment as I’m a bit deaf already and am used to having a hoard of noisy kids around.

“Lack of equipment such as modern ventilators and diagnostic facilities such as micro certainly modified how I worked.

“There were even more challenges for the nurses who often had to cope with nursing large, critically ill patients on stretcher beds. The complete lack of any of the complications one would normally expect from this such as bedsores, clots, or poor patient hygiene was testament to the skill and attention of the nursing staff.

“I was particularly impressed with the quality of care provided by the Australian nurses and medics, many of whom had limited experience in a critical care setting and yet performed brilliantly.”

Doctors, nurses and medics from both countries benefited from the mixture of Australian and American medicine practiced.

“We all learnt a lot from each other,” said SQNLDR Stephens.

“The Americans really appreciated our contribution to the hospital staffing. The Aussie team consisting of 20 doctors, nurses and medics taught me what true Aussie mateship and the ANZAC spirit is all about. I made some very good friends during my deployment.”

At the tent hospital, the two specialists provided critical care and after-hours general medical care to injured coalition troops, Iraqi military and police and third

country contractors.

The ICU schedule of around 120 admissions a month was covered by five doctors working in shifts around the clock.

SQNLDR Stephens said that the work tempo was similar to her ICU role at the Royal Darwin.

“There were surges in activity and quiet times, much like ICU at home, except the surges were always due to a mass casualty event or events,” said SQNLDR Stephens.

“During a mass casualty event we would all be on deck for as long as we were needed. The vast majority of the patients were trauma victims including gun shot wounds, VBIEDs (vehicle improvised explosive devices), IEDs (improvised explosive devices) and a small number of motor vehicle trauma victims.

“The amount and nature of the trauma was very confronting and at times the sheer volume of human misery that we witnessed was overwhelming. Despite the horrors of war, I found great personal and professional satisfaction in the work. Caring for the critically ill who would likely have died without our care was what kept us going.”

Situated in the heart of the Sunni Triangle, Balad is the most mortared base in Iraq. Several times a day, the doctors were required to respond to security alarms with well-practised safety drills.

“The personal risk is very real but tends to remain in the background, a sort of subconscious awareness as you go about your routine,” said SQNLDR Stephens.

“The times when the mortars landed close enough for us to hear the explosion were very sobering. There were lots of controlled detonations of unexploded ordnance and sometimes these would occur close by and without warning and scare the hell out of me. I still have a bad reaction to sudden loud noises – fireworks are no longer fun.

“I am often asked if I had a good time (during my deployment).

“‘Good’ is not the word to describe this time in my life. It was a time of great personal growth and of professional satisfaction in doing a job that was making a difference to many people’s lives. It made me realise how lucky I am in my life and how crazy the world can be for some people. I’ll never forget it, or regret my decision to go,” she said.

Reserve forces medical staff have also made a vital contribution to humanitarian aid in theatres including East Timor, Pakistan, Thailand and Malaysia.

Further inquiries about direct entry into the Reserves can be made by calling 131901.



In addition to treating critically ill patients, Balad Hospital also gave SGNLDR Stephens opportunities to call on her pediatric experience.



SQNLDR Collins in her desert camouflage uniform and Kevlar vest.



Discovering the meaning of Aussie mateship: SQNLDR Stephens (front right) and colleagues on deployment in Iraq.



SQNLDR Collins (right) treats an injured soldier at Balad Tent Hospital in Iraq.