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"We had a job to do..."

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Two IWU alumni saved lives and made history as nurses in Iraq.



Shock Trauma Platoon 7's Resuscitation Team (above) — including Jody Shepard '96 — stand outside their ambulance waiting to embark on a trip of their lives

"We had a job to do..."

By Rachel Hatch

Navy lieutenant Jody Shepard '96 listened closely to the voice at the end of the radio. The convoy of more than 100 military vehicles had stopped yet again in the middle of the night. For the last 24 hours, they had inched their way from Kuwait to Baghdad, moving no more than five miles an hour. As a nurse assigned to the Shock Trauma Platoon, a mobile ER unit traveling with soldiers, Shepard expected the usual reasons for the delay — a blown tire or two vehicles colliding in the complete blackout conditions in which they drove.

The sandstorm was dying down as Shepard strained to hear the voice, calling all medical teams to the front of the lines, past the safety of the Marines leading the way to Baghdad. "What in the world?" thought Shepard, as she and her team scrambled to the front and mobilized the hospital in record time. The casualties were Iraqi "friendlies," who came across the convoy. Five minutes into surgery, mortar fire erupted all around them.

"I thought, 'This is it,'" Shepard recalls. "'This is real. We are going to die.'" Her hands trembling as she attempted to pull morphine for a patient, Shepard caught the eye of a younger nurse who looked as frightened as she felt. Asking the nurse if she was all right, Shepard drew a breath. "I told her, 'This is what we are here to do.' Even as the tent shook around us from enemy fire, I knew this is what I signed on to do."

In fact, Shepard was never supposed to be in Iraq. A Navy oncology nurse, she was listed for "normal duty" — set to stay behind as a charge nurse at the San Diego base where she was stationed if troops shipped out overseas. While on vacation in 2002, her superior called. "He said, 'Jody, I have bad news and worse news. You've been added to the platoon to serve the Marines. Pack your sea backpack. You leave for Kuwait in four days.'" (*Editor's Note: The Navy supplies all medical care for the Marines, who have no medical unit of their own.*)



After stabilization, Shepard (above) prepares a gunshot-wound patient for medevac.

Shepard actually arrived in Kuwait in February 2003 to help set up the Fleet Surgical Support Group (FSSG), a surgical company. Again, she was informed she was supposed to stay with her group, but was then chosen for the Shock Trauma Platoon and found herself in a convoy with the first wave of Marines heading to the heart of Iraq in March, making history as the first Navy nurse in Baghdad.

Army Captain Brian Gegel '94 also landed in Iraq in early February. A nine-year veteran of the Army, this was Gegel's third deployment overseas from his Texas post, but his first into combat. Gegel and Zenon Mercado, both certified

registered nurse anesthetists (CRNAs), helped set up camp and performed training exercises in Kuwait. "Then came the 12-day dash to Baghdad," says Gegel. As higher-ranking officers, no anesthesiologist doctors were sent into the field, so Gegel and Mercado became the only ones who could perform anesthesiology as part of the Forward Surgical Team. The team drove to Baghdad in modified Humvees, from which tarps were rolled out to create makeshift resuscitation and operating rooms.

"There was really no sleep," says Gegel, who treated six cases on the road. "Just set up, operate, break down, and move on. We were protected on all sides by military vehicles, but I was always afraid the guy behind us was going to roll right into us," he says with a laugh.

A key target, the Baghdad International Airport, fell to Coalition forces in the early morning hours, and Gegel and his partner arrived at 6 a.m. on April 4 as the first CNRAs in the city. "There was fighting on all sides," he recalls, "but I felt the safest at the airport."

Gegel and the 20-person medical team that rode with the 3rd Infantry Division stayed immediately behind the first wave of combat. "Sometimes it was a little too close for comfort," he says. The medical team moved from the airport to the Olympic Stadium, where athletes who didn't perform well were reportedly tortured during Saddam Hussein's regime. "We dealt with a lot of sniper fire there," says Gegel. "One day, a couple of Iraqis jumped the wall and started shooting people. As they tried to escape, one fell from the wall. I had to be the one to intubate him. It was my job."

Gegel and Shepard both offered life-saving trauma care to Armed Forces personnel and to anyone else who needed it. They were the first line of defense in saving lives. "We didn't perform full surgeries," says Shepard. "We stopped the bleeding and stabilized people for transport. We saved the people who never would have made a three- to four-hour ride in the medical units."

Adapting was the key, says Shepard. Although she was not trained for emergency surgery, she found her past nursing experience was vital. "I was a cancer nurse for some very sick patients,"

she says. “I knew how to put in chest tubes, so I could put in chest tubes for people who had been shot in the chest. Who knew cancer training could get you ready for combat?”

The lines of battle did not matter on the operating table. On the road to Baghdad, Shepard’s team was equipped to treat 50 people. They worked on 100. Though they had no medical supplies for children, a nurse on her team who had served in a nursery made due with adult-sized instruments to save children. “We saved 180 patients,” says Shepard. “One hundred and ten were in the Armed Forces; the rest were Iraqi men, women, and children. They were glad we were there.”

Fighting could be intense on the front, taking a toll emotionally. “Some days were better than others,” says Gegel. “It would run the gamut from boredom to fear to adrenaline to outright rage and anger. But you know, some days it would be all right, even pleasant. We were out there with good people. I think you make the best of a bad situation. When people ask, it’s just easier to say, ‘Some days were better than others.’”



Being part of a medical team did not ensure safety. Gegel (above) often came under enemy fire while treating wounded in a war zone..

Frustrations also mounted with the lack of information given to those in the field. Aside from daily briefings, the only news outlet came from battery-powered radios broadcasting the BBC, which regularly ran stories about the Iraqi uprising and anger over the presence of American troops. “You got fractured news,” says Gegel. “When we did hear from the outside, it brought us into a spiral, down and down.” Once they were deployed, Gegel says he knew of no one who openly questioned why they were there. “We committed to a war, we were there for the go,” he says. Still, he admits, there were times when “you did think about how it all could have been handled differently.”

Shepard also heard the negative news reports, but her daily dealings with the wounded gave her little doubt about the state-of-mind of the Iraqis around her. “We kept hearing [on BBC broadcasts] how the Iraqis didn’t want us there and how the Americans were just butting in, but I was there. I saw them wave signs for us. They were grateful.”

Shepard remembers one Iraqi woman hit in the crossfire. She sat stoically as doctors and nurses ripped her dress to tend her wounds. Shepard, one of the few females on her team, attempted to maintain a level of dignity and privacy for the woman. She gathered safety pins and pinned her dress together. The quiet woman leaned over and kissed her on the cheek. Shepard vividly remembers her words. “She said, ‘Thank you for what you are doing. Thank you for being here.’”

The troops’ spirits were also buoyed by news from home, but such communications were sporadic. “I wrote to my wife and family quite a bit,” says Gegel. “Most of my letters got there

late, but I was writing.” After a time, brief phone calls could be made from the field to home, and Gegel was able to speak to his wife for the first time in months.

As more medical units arrived in Kuwait, word came that the first into Baghdad would be sent home in May 2003. That deadline was extended twice before they finally came home in July. Gegel called the transition from the desert to home “an easy one.”



Brian Gegel '94 (below left) with his wife Cynthia on the night before he was deployed to Iraq.

“I was just happy to be home,” he says. Gegel and his wife Cynthia took off on a two-week, 4,700-mile road trip. “I told her I just didn’t want to be where it was hot, or where there was sand.” Their travels took them to Colorado, where they hiked through the mountains. They then drove to see family and friends in Illinois including stops in Belleville, Bloomington/Normal, and Chicago. In Wisconsin, Gegel fished for salmon with his brother. “I did most of the driving. A lack of sleep was not a problem,” Gegel says, laughing. “I was used to it.”

Shepard’s transition was not as smooth. At first, she joined the rest of her surgical company who had remained in Kuwait. “The rest of the Alpha Medical Team had dealt more with broken bones and strep throat rather than blown-off limbs and children with chest wounds,” said Shepard. “I wasn’t ready to talk about it yet.”

Things were even tougher for a time when she returned home. Eating and sleeping were physically difficult for her. “Really, everyday life just seemed so trivial,” says Shepard. “When I was out in the desert, I did some soul-searching. I’m not talking being in a car accident and having the world flash before your eyes. I’m talking major life decisions.”

One of those decisions included leaving the military. “I love my job and love the fact that I could serve my country,” Shepard states. “The Navy sent me for my master’s degree to Boston University. They were wonderful.” But if she remained in the Navy, there was no guarantee Shepard could continue doing what she realized she truly loved. “I’m an oncology nurse,” she says. “In the Armed Forces, you need to be able to generalize. You could be on some remote Pacific island or go into battle. I know how I want to help.” For now, she is still considering joining the reserves, and will continue to work as a nurse manager for a hematology and oncology center in San Diego. “I’m proud of what I did, but I don’t want to go back,” she concludes. “Once was enough.”

Gegel has left the Armed Forces as well, and is now a CRNA in San Antonio. He feels his time overseas gave him a gift. “You appreciate the freedoms our country offers, which are often taken for granted. You realize many day-to-day problems are not so important. I try to be a better person,” he says.

Although only years apart in graduating from Illinois Wesleyan, Gegel and Shepard don’t recall meeting, either on campus or in Iraq, but the two share a similar sense of satisfaction in

representing their alma mater. “Tell everyone how proud I am of my background and training from Wesleyan,” Gegel urges, and offers special mention of the School of Nursing’s current dean. “Tell them we did Dr. (Donna) Hartweg proud.”