

# *Artist's Diary*

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***J4MED, Op Herrick 7,  
03.11.07–26.11.07***

## **DAVID COTTERRELL**

In November 2007, artist David Cotterrell travelled to Helmand Province, Afghanistan, as a guest of the Joint Forces Medical Group. For three weeks, he observed the work of military medical staff at the main field hospital at Camp Bastion. His documentation forms part of the research for a new body of work commissioned by the Wellcome Trust for the exhibition *War and Medicine*. The following passages and images are extracted from his personal diary and photographic records.

### 03/11/07 *Leaving Brize Norton*

05.25: Waiting in departure lounge of RAF Brize Norton. After wake up call at 04.00, breakfast at 4.30, I have successfully checked in for my C17 transporter flight to Kandahar. I am the only passenger.

Dressed in combat trousers, desert boots, body armour and with a 20 kilogram bag as hand-luggage I am relieved to be ready and in the right place.

I should have left yesterday. If all had gone to plan, I would be waking up in Kandahar (KAF) about now, instead of listening to *News24* and contemplating 11 hours in the hull of a giant supply plane. After a night without sleep, packing, rendering and emailing, I had managed to misjudge time. In denial, as always about the impossibility of traversing London, I had arrived just an hour before departure. OK for easyjet but not acceptable for RAF airways. Turned away and Lt. Col. Copanni's masterplan was casually disregarded.<sup>1</sup>

At 6:30, I am called to board the RAFC17. A small woman appears, looking flustered, and suggests I follow her. After a negotiated pause to buy reading material I find myself going through security/passport control. This consists of a pair of double doors leading on to the runway. I demolish the back shelf of the waiting Renault Clio as I dump my camera bag and we drive across the airfield to meet my transport. The crew are already aboard and preparations have obviously been continuing for a while. I am led up the steps of the squat plane and motioned toward one of the canvas jump seats fixed to the side of the fuselage. Earplugs are waiting for me and the baggage that I was fretting about earlier is ratchet-strapped to the floor in front of me.

Half a million rounds of palletised ammunition is cargo netted around me.

### 04/11/07 *Arrival In Bastion*

I find myself sitting amongst a squad of Royal Marine Commandos. They appear incredibly young. One of them, who looks like a teenager, is wearing a Commando knife in his chest webbing. It is hard to reconcile my recognition of this student-aged man with the eight-inch blade fastened at the ready on his armour. After a strange propeller-powered 45 minutes I wake to realise that we had all been lulled into a fitful sleep by the drone of the engines. I hastily—too late—put my helmet back on, before the LM has time to chastise me. The marines smile with recognition at my amateurish lapse in protocol.<sup>2</sup>

The ramp opens to reveal the orange light of Bastion. The sun is setting and vast amounts of dust have been thrown into the air by the landing. The diffused glow of the sun appears to ignite the sky. In the distance I see a burning plume of smoke (apparently the 24-hour waste fires).

### 05/11/07 *First Briefing*

My worries about failing to wake up are swiftly averted at seven am when the lights in the tent crackle to life. I am surrounded by activity. I decide to embrace the challenge and swing out of bed to take a long-needed shower. The shower block 'Ablutions', like everything else, is semi-communal. I feel conspicuously unfit and I try to pretend that my ponytail is not noticeable.

9.30 am, I have an invitation to attend the 'ops' briefing at the MED GRP CP and after bombarding the adjutant with questions return with him to sit in on the daily senior briefing.<sup>3</sup> Acronyms describe all units, events and places. I imagine the briefing is confidential, but even if it weren't, I would need a code book to decipher the language of common usage.

"Enhanced threat of VBIED reported by RC FOB Delhi" = Enhanced threat of Vehicle-Bourne Improvised Explosive Device reported by Regional Command, Forward Operating Base, 'Delhi'.

After the meeting finishes I meet Colonel McGroom. He is the Group Commanding Officer (CO) meaning that he is in charge of medical services for the whole of Helmand. A silver-haired, immaculately turned out soldier, he takes time out of controlling operations across the whole province to brief me on the network of services and operations that Camp Bastion is part of.

TM = Team Medic; CMT = Combat Medical Technician; MERT = Medical Emergency Response Team; MERTE = Medical Emergency Response Team Enhanced; A&E = Theatre; ITU = Intensive Treatment Unit; CCAST = Critical Care Air Support Team/AEROMED; BZZ = Camp Bastion; KAF = Kandahar; Selly Oak Hospital—Hedley Court Rehabilitation Centre.

We are interrupted by an officer leaning over to mention, "Sir we have a T2 coming in, ETA 18 minutes." The colonel replies with a quick "Thank you" and continues his briefing.

The meeting ends with a brief handshake before the Adjutant once more appears to escort me.



An insurgent has been captured and MERT have brought him for treatment. It seems that he was a suspected mortar commander and has been shot in the leg. We photograph the helicopter approaching and find ourselves coated in dust as the Chinook “wheels down” (WD).

The ambulance crew is waiting on the Helicopter Landing Site (HLS) (The ambulance looks like a second-world war vehicle from the film *Ice cold in Alex*) and within seconds they have transferred the prisoner and are making the 300-yard journey to A&E at 15 mph (the camp speed limit).

I make my way on foot to the A&E entrance. A crowd of medics has formed. The colonel is already waiting in the background. The crowd is bigger than normal as it includes several Royal Military Police (RMP) officers waiting with side-arms to escort the suspected Taliban fighter. He is blindfolded when he arrives and is searched carefully with metal detectors and before being allowed entrance. I stand back as he is wheeled into A&E. A team of about ten people is waiting. Notes are taken in triplicate as X-rays are taken digitally and he is stripped and prepared for surgery. The wound is not life threatening and within ten minutes he is being wheeled, already sedated, into theatre. The *MASH*-style theatre is an amazing venue. Under canvas like the rest of the hospital the theatrical lighting of the operating spotlights adds to the incongruity of surgeons with blue gowns over Disruptive Pattern Material (DPM) uniforms. We stand well back beyond a striped line on the floor, attempting to understand from a distance what is happening in the bubble of intensity at the far end of the dome tent.

#### 06/11/07 *First Operation*

At ten am a 9-liner starts to come through the “Jchat” system: a T1 casualty (meaning evacuation needed within an hour or less—life threatened). People purposefully begin to manoeuvre themselves. The MERT consultants seem to look a little more like soldiers than doctors. They slope off to their unit, the Command Post (CP) staff return to their desks and the surgeons head out for their cigarettes.

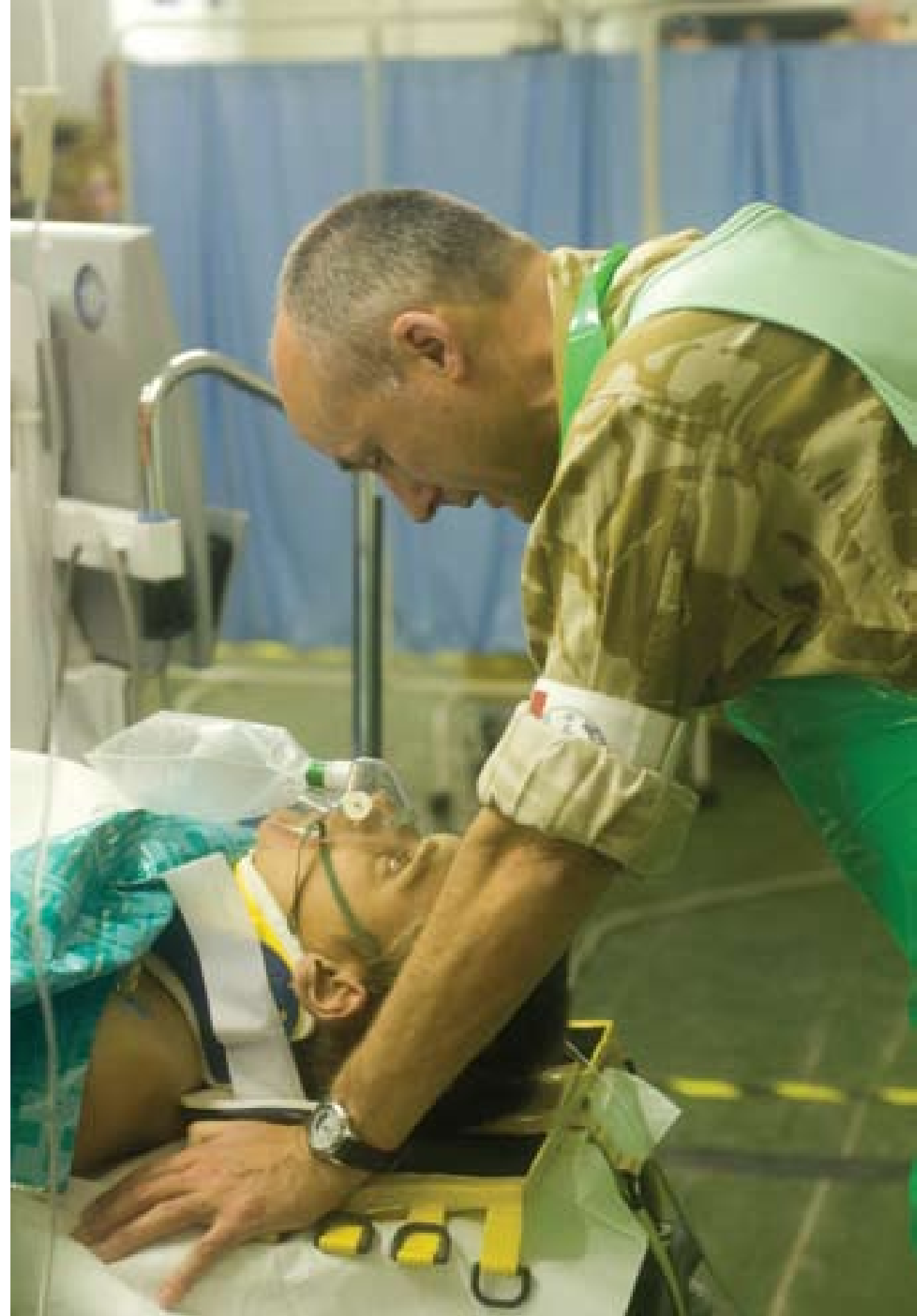
I rush to my tent to assemble a selection of lenses. I feel a little vulgar; my role is sinister, an ambulance chaser with a camera. I am here to consider ‘War and Medicine’—the role of healthcare in combat. I have never been in the military and have never seen an operation. I am a trauma tourist desperately trying to justify my role—to others, but more difficultly—to myself. The camera keeps me busy; it gives me a function in the room, but it is not my purpose.

Half the doctors expect me to produce a painting, a significant number would prefer that I wasn’t in the way and a few like the idea of me documenting their skills for posterity.

By 11:00 am the helicopter has not returned, I begin to hear little bits of news. The casualty may be in a minefield. It will take at least another hour for the other soldiers and engineers to inch their way toward him. He has self-administered morphine and is conscious. I find it impossible to imagine: two hours with a mine injury awake and unable to move. At 1:00 pm the Chinook finally arrives. As it swings into the HLS the sand washes over the waiting Land Rover ambulances, and medics run from both vehicles to meet and make the exchange. The soldier is wheeled across. I watch from a distance with a telephoto lens. By the time I have walked past the QuarterMaster’s (QM’s) office to the entrance, the ambulances have arrived. As always, a crowd of some of the NHS’s most highly paid and skilled consultants are waiting in DPM clothing.<sup>4</sup> A group involved in ‘Resus’ and triage are already forward as the stretcher emerges. The others stand back, waiting for indications of their respective tasks.

He is taken to Resus. Awake, in pain and bloody. The doctors adopt varying roles. One doctor stands with a nurse and an administrator at a lectern taking notes of every observation. Others direct the X-ray team, manage the unwrapping of the field dressings, check the vital signs, look for internal bleeding and try to calm the soldier. He is young; I suspect, a commando and from the York’s regiment. From overhearing the doctors, I find his name is ‘Jono’ Lee. He is from Lancashire—Bolton. His right leg has been bandaged in three field dressings—each one can absorb a litre of blood. His foot is unwrapped and clothes are cut away. It strikes me that all the kit fetish that follows the FOB postings is discarded. The boots, the webbing, holsters and DPM are cut into pieces, and the blood-soaked pieces are deposited into a black plastic bag for incineration.

The most obvious injury is to his foot. Bone and flesh hang from its centre. The heel protrudes about two inches below the base of his sole. The X-ray explains. There are no fragments of shrapnel. The force of the blast has travelled through the armoured vehicle into his foot and with devastating effect has forced the bones from the base of the foot upwards. The neat lattice of bone and tendon has been rotated and pushed away from his heel. The anaesthetist is beginning his work. The soldier keeps shouting “Sir!” as he deliriously looks around “Don’t take my legs”, he appeals. “Have I got my legs?” He doesn’t believe the doctor who reassures him that the remains of both are still attached to him.





I am wearing a heavy X-ray apron and find myself welling up. The activity seems further away and I find myself cold and sweating profusely. I struggle to stop myself fainting. I mustn't faint.

His right leg has multiple fractures and the knee is crushed. His left leg is also broken. He is still conscious as they wheel him to theatre. My dizziness eases to the extent that I manage to follow Jono into Theatre 1. Theatre 1 is a tent, like the rest of the hospital, but it is illuminated with dramatic lighting and inside, a new team waits. The surgeons wear gowns over their DPM and plastic covers over their desert boots. Two surgeons and a consultant anaesthetist work over Jono. He is put to sleep, and intense but unhurried activity takes place to untangle the mess of bone and skin. Pieces of bone come off the base of his feet in the surgeon's hands. He cuts away the last bits of muscle and skin symbolically attaching the bone fragments to the soldier and places them in a steel tray.

The foot is emptied of dead tissue and takes on the form of a near empty bag of skin. The toes are still attached and have the appearance of some remaining circulation. I pray that the surgeons will decide that the foot will survive. One of the doctors continues to search for signs of a pulse in his toes. Despite their appearance, the surgeon suspects that they are no longer salvageable. One of the doctors suggests to me that the best case for him will be to lose the lower part of his right leg. I listen quietly but am horrified.

Strips are cut in his calves on the four chambers of his muscle cavity to stop the swelling from cutting off the blood supply. The macabre effect of his flayed legs is heightened by the theatrical lighting.

By 3.30, the operation is nearly complete; the wounds are left open and packed with gauze. No amputation will happen here. They will allow Jono to return to Britain as he is. The decision will be made in Selly Oak. Layers of plaster are applied to his legs and he is transferred to intensive care, ready for evacuation.<sup>5</sup>

Two more injured patients are waiting for theatre.

**07/11/07 Loss Of Momentum**



I feel dislocated and aimless. I am not certain if my anxiety comes from my ethical fears of delivering a facile response or from thwarting of adolescent fantasies. I am not certain of my own intentions.

**08/11/07 Watchkeeper**



Next morning I resolve to miss breakfast. I arrive at the briefing but am distracted. Inkerman is being

attacked; SIED in Lashkagar.<sup>6</sup> The abstraction of Bastion is becoming a problem.

I speak to Col McGroom after 'Prayers'. He says he is helpless to make anything happen and asks me to present a slide show the next morning.<sup>7</sup>

I walk past the 'Watch-keeper' and ask if he can explain his role. He has been expecting me. He sits me down and talks through the emergency 'Jchat' system. "Medic" calls out from the software at intervals as if the real cries of pain are synthesised across the region. He agrees to let me film him as he electronically monitors and directs the evacuation of a casualty.

We don't have long to wait. The electronic chatter suddenly becomes more intense. Red lines of text scroll down the screen: two T2 casualties. I leave the cameras rolling and retreat to Simon's office. An hour later the Watch-keeper's patient work is rewarded: WD at Bastion—two Afghan children and their dignified elderly-looking father appear from the ambulances.

I am struck by how beautiful they are. The son has shrapnel to his face and is in pain. The daughter has a wound to her leg and looks like aliens have abducted her. She is wide-eyed and confused. All three are covered in a thick layer of desert dust. I leave them as they are stabilised in Resus, unable to face another operation so soon.

Instead, I head over to the 'Super Kitchen' mess tent for 'scoff'. I meet the force protection lads with their sergeant. I am invited over and get to speak with Lieutenant John Dolphin. We agree to meet up next day. I am quietly proud to be sitting with soldiers without the aid of my medic hosts.

Once again I find the surreal holiday-camp 'Entertainments' sergeant and am invited to try driving a collection of huge military vehicles. I select a 'Warrior' armoured-personnel carrier and heavy ISO container-carrying army lorry.<sup>8</sup>

Unsurprisingly, I find the Warrior quite difficult to control with the driver blind (shutters) down. I direct through intercom, crushing cones and over-steering. The low-loader is more successful. After bouncing, crunching and stalling around the camp, I successfully dock and pick up a trailer, gaining something close to surprised praise from the convoy driver.

Again I feel guilty for the playful interlude and return to the hospital. I somehow feel like I'm working when I'm smoking with surgeons or drinking coffee with the ambulance drivers.

Ron shows me a slideshow on his laptop.<sup>9</sup> I mishear and don't really understand what I'm looking at. It's a series of photos of a young soldier

in Kajaki and Sangin.<sup>9</sup> Beautiful landscape and poetic views end with a photo of a flight of steps. "That's where he died", Ron says wistfully. "You knew him?", I mutter. I hope Ron didn't hear me. At least he never acknowledged my ignorant statement. I realise soon after that the young man was his brother-in-law—his sister's husband. He died seven months ago in Afghanistan.

**09/11/07 T4**



At 7:15, I wake up to see the pod nearly empty with Col Goulbourne hurriedly leaving. I check my watch. Something strange is happening.

I go to CP suspecting a problem. 2 T1s and a T4. I assume a T4 is a light injury. I am wrong—T4 means dead. I don't know what to do. My problems of appropriate behaviour are insignificant compared to the enormity of the events taking place. I find myself feeling clumsy and self-conscious. I go to see the Regimental Sergeant-Major (RSM). He is a kind and darkly funny man. He is the right man to ask. He will coordinate the treatment and reception of the fallen soldier. He says he thinks I should be there and to speak to Col Goulbourne. I eventually find myself standing next to the Colonel still not knowing his name. I explain that the RSM has asked me to speak to the Col. Not flinching at my peculiar turn of phrase, he says in answer to my question: "Yes, alright, but no photos please."

Almost out of habit, I nearly protest but pull myself together in time. With cameras and lenses still hanging off me, I am embarrassed to find myself lined up with the padre and others to receive the body.

The two T1s arrive first. Thankfully they're serious but not life-threatening. A broken arm and head injuries. After they have entered the hospital the last ambulance arrives. Wrapped in a clear plastic bag within an open dirty green body bag is the soldier. There's enormous dignity offered to the dead man. The ambulance crew, assisted by two other soldiers, gently lift the stretcher from the ambulance and place it on to the trestle base prepared at the rear entrance to Resus. With the sun beginning to bake, the noise of the generators drifts away.

We bow our heads and the Padre—Padre Barrett, a mild and friendly Methodist preacher—says a short prayer. I feel shaky as I gaze at the unkempt and skinny frame of the soldier. His clothes are soaking wet and hang clumsily from him. He has developed a wispy full beard of inch-long red hair. He has a blue tint to his pale and dirty skin. I suspect he is from Inkerman. This place has delivered so

much blood and gore in my short time at the hospital.

He is carried into a room at the back of one of the wards accompanied by the RMP's, the Padre and a few nurses, Col Goulbourne and me. I am the last to pass through the plastic curtain. One of the RMP's looks accusingly at me. He speaks to the Col. "Do you know this man?", he says about me, as if I am out of earshot. Col Goulbourne explains and I am brought in by one of the nurses. The room is small and I stand shrinking a metre from the soldier. JM Alderton (Jake), Lance Corporal Royal Engineers.

I can't help but stare at Alderton. The doctor checks for signs of life. Pulse, light in the pupils. He uses my torch (and I am grateful to have a small purpose) and touches a cloth to the man's cornea. He is formally pronounced dead. The RMP steps forward, with a camera, and begins to purposefully and efficiently photograph the body from several angles. The kindly look on his face belies no acceptance of my presence and I still sense his distaste at having a voyeur in the room.

There are strange pauses—the RMP's batteries die in his flash unit. And the nurses use the time to check that I am OK. I am embarrassed by their concern but relieved. Although I feel wrong, they don't seem to mind me being there.

The RMP finally finishes and the body is prepared for identification. His face has been compressed at the right side. Blood has dried around his eyes and nose. He is lifted off the clear bag with a 'documents attached' plastic label onto a neighbouring table. He is extremely heavy and seven people assist in the move. His body is wet and his face partially blue. It seems that once again he was on "top cover". The NVGs worn work well, but make distance hard to judge. The Warrior had driven off a bridge and landed upside down in a river. Jake Alderton had drowned in 12 inches of water.<sup>10</sup>

A clean body bag is unpacked and he is again lifted from table to table. They struggle to get his feet in the bag and it becomes obvious that he is too tall. Farcically, he is moved twice again to fit him into a larger bag. The sodden plastic remnants of his original packaging are cleared away and we are asked to leave. A captain from Alderton's company (rear-based force) has arrived and is led in by the Padre and RSM to make the official identification. After a few minutes he has been led away and we are invited back in.

With great care his stretcher is lifted onto its trolley and wheeled out into the daylight. A short walk around the back of the hospital, with concerned checks that there are no passers-by to witness the scene, leads to a line of neutral refrigerated ISO containers.



Gleaming stainless-steel slabs are inside in rollers. Four ambulance drivers struggle and strain to slide Jake's body into the steel bunk. The job is complete. The RSM and QM close, lock and seal the container and we walk back to the Hospital Management Cell (HMC) away from 'Rose Cottage'.

On the way, I speak briefly with Padre Barrett. I am beginning to realise that I may never lose the images viewed this morning.

### 09/11/07 Major Incident

At about 4:00 pm the hospital fills. Clerks are rushing to don surgical gowns. Rumours are spreading. Hell at Inkerman (commonly renamed as 'incoming') 2 T1s, 2 T2s + 1 T3. A 'major' incident is declared. eight more wounded may also be on their way. There are only two theatre teams. Triage is going to be vital. Both MERT teams have been scrambled, all staff on standby have been called in. A level of disorganised well-meaning activity is visible in all locations. With ten minutes to go before expected WD at Bastion, order is impressively restored. At Resus all four bays are ready. Staff wait by each bed. The surge ward is prepared for a further four. The QMs and CMTs are waiting at A&E entrance, manning a line of stretchers, and the RSM calls us all to attention to offer a severe but necessary briefing.

An update on status is given, nonessential staff are hurried away. The order of events is given. This is the first Major incident 'Mass Casualty' for the hospital squadron. It is what they have trained for, but there is some uncertainty as to the point at which capacity will be reached.

In Inkerman, the landing zone is still hot. The Apaches have spent 20 minutes attacking fire points before the Chinooks can land.

Eventually we hear the sound of the helicopters and in less than a minute, ambulances begin ferrying patients—one per vehicle. Paramedics are already working on casualties before they enter the A&E.

The Squadron Quartermaster Sergeant (SQMS) and his staff search the soldiers for ammunition and weapons. All are stretched. Leg and chest wounds. I notice two men's chests displaying the flutter of Ascherman chest seals rhythmically rising as air escapes their collapsed lungs. One of the soldiers is wearing two CAT tourniquets and has had his boots tied together, trapping an improvised splint.

I set up the camera on Hi-definition to watch the unfolding drama. As I migrate around

the activity I hope the camera may offer me some perspective.

It rolls and I stand back. The beds in Resus fill. X-rays, clothes cut away. Cleaning away the dirt of battle and consultants comparing notes. MERT medics arrive, covered in dust and in full body armour, to brief the Resus staff. They appear as if parachuted into A&E.

Periodically, the senior medics pause and convene to compare priorities. I am impressed by this restraint. A scene of violent injuries is dealt with in a strange professional way. Any one of the cases would be life-threatening. Here they seem to be received as routine.

As I stare across the bewildered bearded men in the distance, the first priority becomes visible. As the clothes are cut away the bizarre and gory scene is unwrapped. There is a gap in his legs. His thighs appear missing. I feel sick, as I mistakenly fear his groin may have also been destroyed. Bloody rags and gauze are piled around his legs and in the distance I see figures frantically attending to his mangled body. I withdraw to meet the surgeons grabbing one last cigarette before the casualties become their charge.

I follow them in belatedly, feeling a little exhausted from observing so much in one day. Alone, I walk past Theatres 1 and 2. Col Goulbourne is coming out. "Horrible wounds", he says sympathetically. "Go in if you want." I enter through the curtains. The strangely damaged legs are exposed beneath blue surgical paper, the theatre light accentuating the red of his raw wounds.

"Blast injuries", I am advised by a kindly theatre nurse. It feels wrong being here, but the nurse seems to recognise my unease and says quietly, "It is so wonderful what you are doing here—you are always welcome".

I feel humbled by the scene. Surgeons work on Fletcher's leg and other wounds. The others do not appear to be serious, but the legs are a terrible mess. The thighs appear to have been ripped away. It seems impossible that anything can be salvaged, but the surgeons continue working, painstakingly removing infection-causing shrapnel, clothing and dirt.

I am shown the X-rays on the screen; amazingly, the bones of the legs are intact. It seems that this offers the surgeons some hope. They will try to save his legs.

The surgery lasts over an hour and the floor is red with blood. He has lost nearly all his own and is having a total transfusion. It seems that the risk from this can be rejection. If a transfusion has happened before, he may have too many antibodies and fail to accept the new blood.















‘Taff’ the CPN opens the canvas flap and invites me in. “Crap, isn’t it?” he begins. “You can take a photo of this. I’d like that. I’m going to rip up that walkway—no bloody privacy.” He motions to the well-used walkway beyond his kingdom. The tent contains a canvas chair and campbed garnished with a “Do Not Disturb” sign. We speak for an hour about the TRIM diagnosis system for battlefield trauma and the aftercare.

I wake for dinner disorientated, hoping that nobody has witnessed my laziness. I head over to the CP and tinker with my photos on the laptop. Col Goulbourne is waiting and makes me promise to have a viewing that evening. Duty-bound I return at 9:00 and have a strange time, with the Colonel kindly confiding in me. He shows me images of his family and talks lovingly about his children. I feel his homesickness behind the cheery exterior. Colonel Goulbourne is always well-presented in his ironed DPM and it is nice to see the man as well as the role. I manage to ring home. Jordan seems tense and I struggle. I would love reassurance and warmth, but I sense her anxiety. She is worried about money. Struggling with the pressure of work and single parenting. I want her to feel supportive of me and to prop me up, indulging my angst with sympathy, but instead I realise how immersed I have become. Elijah is grumpy and angry that I am away. Kezia, as always, wants to tell me everything she can think of. I feel guilty. I am too far from home and too early in my trip to be able to offer reassurance, but I recognise my selfishness and it helps me to pull away from the self-righteous position that I have allowed myself to adopt. Unsatisfied but less self-obsessed, I finally take a full night’s sleep.

### **13/11/07 QIPS**

The briefing prayers are followed by a strangled slow meander to pack and prepare by the 12:00 pm deadline. Inevitably, I am running by 11.55. Not late, but tight, I meet a young private wearing a Red Cross. “I am your taxi, sir. Heli-flight line?”

We watch two Blackhawks disappear into the horizon before we are mercifully beckoned forward to board one of the two waiting Chinooks. Heads bowed, we march to the open ramps. The engine exhaust scalds our faces and dust rasps as we stand waiting for the LM’s permission. I had assumed that soldiers bowed their heads to avoid the rotors. Now I believe it is to save their faces from the debris.

An angry loadmaster shouts at us to get on. A level of chaos is achieved as people fumble under pressure to strap in before being shouted at to move again. There is a trap-door hole in the floor, which

I assume will be closed shortly. For now, it causes real problems. The Chinook neatly holds 24 soldiers, but add Bergens, rifles, post, medical equipment, and space becomes limited.<sup>12</sup> Bergens are thrown forwards. One drops through the trap door, followed by the LM. The squaddies around him grab his harness and drag him back aboard. His humour is not improved, and when I motion with the camera for permission, he simply raises his hand and looks away.

When we take off, the hatch is still open and we use our feet to brace bags and objects from falling 1,000 feet. As we rotate to leave Bastion, we stay low, coating runners and vehicles with our downdraft. As we hover between ISOs, I see a bar appear through the hole and with a loud click an underslung load is attached. I see an arm pull away and we are airborne, dragging several tonnes of cargo in a net beneath us.

We fly across tracts of desert scarred by paths and occasional compounds. Distance is entirely abstract. The FOBs and Patrol Bases (PBs) are separated by hostile landscape covered by armoured patrols, Mines, suicide bombers, Improvised Explosive Devices (IEDs) and Taliban. Inkerman is only six kilometres from Sangin, but the journey is only undertaken in absolute emergencies and even with preparation and heavily armed convoys can take over 90 minutes. Lashkagar, as with the FOBs, is an island of British security within the sea of unknown threats. On the Helmand map it looks like a long way but I never see a scale in miles. Distances are measured in ‘helo’ flight times. 20 minutes is ‘Lash’ and I enjoy every second. My first helicopter journey—I search for detail in the alien landscape to be rewarded by occasional green fields, where irrigation has revitalised the dormant desert. We arrive at Lash, landing hard and surrounded by dust. “Go!” motions the LM—“Leave your bags.” We dutifully run out and stagger around in the draught of the rotors. I can make out bags being thrown out and run back to grab my Bergen. Just in time, my attempts to struggle back to the helicopter bear fruit. As I grab my bag and run off the Chinook for a second time, the ramp closes and it is airborne—off to a further unknown destination.

I am here to see overlap territory: Civil-Military Co-operation (CIMIC)—a strange and hidden facet of the war. We have come to Lash to deliver 10,000 pounds sterling of medical equipment, which we have brought with us on the helicopter as a gift to the Director of Health and to witness the process of Quick Impact Projects (QIPs). These are Helmand Executive Group (HEG) sanctioned proposals for “early wins” (ie projects that may have immediate impact when complete).

The agenda is military—to gain “consent”; social good as a method to support military success.

**14/11/07 Ramp Ceremony**

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We are due to leave at 1:00 pm. I have my head-mounted camera ready and at last feel I may get a chance to use some of the specialist equipment I have been dragging through theatre.

But first we have an appointment. Lance-Corporal Jake Alderton is due to be repatriated today. The journey begins from Camp Bastion with a ‘Ramp Ceremony’. I have never witnessed this, but I am told that it is a very moving tribute. Over a thousand soldiers and support staff pay tribute to the body as it begins its journey back to Britain by Hercules transport. Although the journey doesn’t pass through Lashkagar, a parallel ceremony is held here. Nikki (my CIMIC host) has rushed to get permission for me to photograph the ceremony. I am grateful and with cameras hanging from my neck, we rush to join the ranks of over a hundred soldiers waiting in near silence. Nikki hurriedly directs me to a vantage point to one side of the parade. I hold the camera to my face and the shutter clicks. I drop the camera to my waist, ashamed. Stares from the civilian FCO workers are directed at me. I must look just the same as the reporters that I saw insensitively running around the Remembrance Day parade. I want to explain that Jake Alderton is real to me. I saw him arriving dead in Bastion. I will never forget his face. I do understand the significance of this ceremony, but I sense it is too late to contradict the symbolism of my behaviour and equipment. I feel dirty, like press at a funeral.

I don’t attempt any further photographs and join the rear of the parade in silence. There is an unsatisfying sermon. I think I want a profound explanation for the death, but instead there is a brief reading. This isn’t the place for answers.

**14/11/07 FCO**

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A man with a dark beard and civilian dress introduces himself to me at the Naafi. I had overheard him speaking about politicians with a colleague and have managed to raise the courage to look up from my coffee and acknowledge the discussion. He recognises my name and explains that he was expecting to bump into me. He is George from the Foreign and Commonwealth Office. I remember now that Jemima Montagu from Kabul had emailed me and suggested I might get in touch with him—“a bit Bond”, I think she had said.

George is supremely confident and at ease with himself. We meet a little later near his office. Near is as close as I got. He emerged from behind a keycode protected door and we talked candidly but away from his office. I never quite found out what George did, but it was fascinating to talk with him. I suppose at this stage, I was looking for something simple to understand. I basically wanted to know if there was any rational plan behind what I had seen. George explained the systems of governance that should exist and the few that do, and skilfully, without ever fully condemning or endorsing the role of the British, we managed to discuss progress and infrastructure. It is interesting that Ron joins half way through this improvised interview. I introduce George to Ron and Ron to George, but I am conscious that the conversation remains only directed at me. Ron sits, interested but quiet, as George explains the limitations of the military in effecting lasting change. The discussion finishes after George’s fourth cigarette as he jumps up and declares that he must return to his work—still without really explaining what his work might be.

As he leaves, I recognise the intensity of the engagement. I had probably heard more about the politics, history and problems of Helmand in that 30 minutes than in the preceding ten days. Ron explains George’s lack of interest in him. “He thought I was your minder”, he explained.

**16/11/07 KBR**

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A Hercules is taxiing ready for take off, the hypnotic drone washes over the base. I decide that a few more vehicular photographs for my collection will justify a pause and set down on a rampart with a long lens. It is not long before a KBR pickup truck begins to approach from the horizon. It is coming for me. I decide to wait. It stops in front of me. A large American in dark glasses steps out and begins to ask me to explain myself. He is suspicious, but satisfied. “We know who you are”, he assures me—“You’re not hard to spot”.

**16/11/07 Film Night**

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After dinner, I am invited by the Padre to his weekly film show. This week, playing in the chapel, it is *Casino Royale*. There is a tangible feeling of excitement amongst the audience. I am one of half a dozen male visitors sitting at the back, but the chapel is full. The audience giggles and coos at Daniel Craig. For an hour and a half he is the

escapist heart-throb to the women soldiers. The Padre smiles with bemused embarrassment.

Alone that evening, I make a plan. I must document the rest of the hospital. I spend several hours once again trying to ring home. And once again my phone-card fails. I walk through the darkness to the J1 cell and try to find a way to make a call while Op Minimise is not in force.<sup>13</sup> Without resolution, at 2:00 am I give up and email a short message home promising to ring soon.

**18/11/07 Sangin<sup>14</sup>**

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We arrive at the dormant Chinook and 20 soldiers plus over 50 mailbags are crammed aboard. It is obvious that mail has not been a priority over the past few weeks. The rotors remain silent and we sit in the calm darkness of the helicopter as the door-gunner Anna puts on extra layers of body-armour. We are all still expecting to miss the flight window. Finally the LM, Anna and the pilots appear ready and a painful whine signals the first attempt to start the engines. The unfamiliar sound stops abruptly and we assume that the crew were simply testing equipment, until we see the LM putting out fires in the ceiling of the rear of the helicopter, tracing burning fuel-lines.

There is a silence for a few minutes. Wearing armour and helmets, wedged against our webbing seats by mailbags, it is hard to turn to see what is happening and a quiet sense of passive ignorance is achieved. It is only when the door-gunner shouts over us to the LM, “You’re not really going to try again after putting a fire out, are you?” that we realise what is happening. “Don’t worry”, comes the response. “Just low pressure in the fuel pumps.” We see the LM hand-pumping the fuel-lines to manually increase pressure. A second attempt is made—this time a flash comes from the rear of the cabin and the passengers recoil. The crew starts calling to see if there is an engineer on the craft and our hopes seem to be dying with the failing Chinook. After a painful period over-hearing the LM getting advice over the radio and glimpses of ground-crew engineers across the piles of mail-bags, a last attempt to fire the engines is made. Unbelievably, the Chinook comes to life, deafening and angry. It is now dark and after an eternity on the ground, the crew, with NVGs fixed, carry us airborne into the night sky.

I attempt to appear calm, but am ecstatic. We are on our way. After about half an hour of a very bumpy and cold flight, I smell cordite. I am convinced that the door-gunner is firing. The helicopter lurches around the sky. After a bizarre series of manoeuvres, we appear to dive to earth and land heavily. Sangin, we assume!

The door-gunner raises her hand and shouts to stay still. In pitch-blackness, we don’t know if we have arrived, have been hit or are waiting for a safe landing zone. Major Russell, suspects “Keenan”. We are airborne again after 15 minutes of cold, noisy ignorance and once more flying erratically through the night. Within 30 minutes another dramatic landing awaits. We are at the FOB. Dust spills in, baggage is passed forward and we are aggressively ushered out. On the ground, a pile of Bergens and parcels has been constructed. We are thrown on to it. “Stay Down!”, shouts a soldier. We grip the bags and each other to stop the rasping wind of the Chinook from scattering people or equipment. We have arrived in Sangin. The Helo disappears into the dust-filled night-sky. In the scrum, my finger is skinned by a boot and I find that one of the bags that I have been pressing into the dirt is actually an Afghan National Army (ANA) soldier. Medical supplies cascade from crushed boxes and we are still not allowed to move. “Second Helo coming in. Torches Off!”, shouts a voice. “IR Beacon set up.”

The roar of an incoming Chinook approaches. Its silhouette is bearing down over us. It appears to be about to land on top of us, but instead we are simply choked by its down-draught and once more blinded by dust. After no more than a few minutes, it has disappeared and I get up, stumbling around in the darkness with a red-light trying to find my Bergen. I retrieve it and find I am alone. My eyes are filthy, but beginning to adjust to the night. I search the landscape and see the outline of a figure at the top of a dirt track. “You lost? This way mate”, he calls. He leads me into the base, past razor wire and bales, before jumping on a quad bike to retrieve the piles of supplies scattered around the landing site. I can barely contain my excitement.

The base is lit by the roving torches of its inhabitants and appears to be a grand, semi-destroyed house of some sort. Through a mud wall with poorly fitting wooden door, I enter a courtyard and see soldiers drinking tea and queuing with plastic plates outside what I assume is the cookhouse. Steps lead up to a stone verandah, where various men seem to be surveying the new arrivals. I climb the steps and am greeted by a man smoking a pipe. “Padre Hallam”, the figure introduces, “Would you like a wet?”<sup>15</sup> I have no idea who I am talking to as all the men around me seem to be wearing head-torches, illuminating my baffled expressions, but rendering me blind to my surroundings. I gratefully accept the tea and begin to try to understand my surroundings. “You need somewhere to sleep?” I nod and am shown an empty camp-bed in a sandbagged room covered in Pashto and English graffiti. Six other beds are arranged in the room. “You’re welcome here”, I’m told, as I, gratefully lower my rucksack.



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## POSTSCRIPT

These diary extracts document a short, emotional journey through an unfamiliar context: from the RAF base, Brize Norton, to the Forward Operating Base, Sangin, from novelty to institutionalisation. They contrast my angst and self-conscious embarrassment with the absolute confidence of those I was observing—individuals who had little time to prevaricate or to hesitate. Within military culture, each person has a clearly defined rationale and function. The living environment is embedded within the work environment. Uniform is worn at all times and being off-duty means being on standby.

The scribbled diary reveals the intense fatigue that I experienced during a short period of time as an observer. Days rolled together and the inexorable arrival of patients at Camp Bastion's field hospital caused a sense of disorientation. I witnessed neither the instantaneous violence that caused their injuries nor their long-term recovery, which may take years to complete. My desire to head 'forward' to Sangin was an attempt to contextualise the trauma I had seen treated. It became enormously important to me to seek a privilege that many of the medical practitioners were denied: to meet with the Commandos and to understand where they were being brought from and seemed to wish to return to.

Field hospitals are islands between contrasting environments: between the danger and dirt of the Forward Operating Bases and the order and convention of civilian healthcare. In the tented hospital of Bastion, dramatic episodes in individual narratives were being repeatedly enacted. Thanks to the initial lifesaving treatment at the point of wounding, the speed of extraction and the extraordinary skills of the doctors and nurses, most of the injured survived.

For many, their experience at Bastion is only vaguely remembered. Soldiers are dragged from unresolved firefights by helicopter, have morphine administered in advance of arrival, and may leave theatre still sedated via night flights to waiting families and civilian healthcare. For those involved, the process of rationalisation and acceptance often begins in Britain.

I left the field hospital regiment at the end of November. Most of the medics would not return home until spring of 2008. The soldiers and civilians that they had treated would have long since passed through the evacuation chain and dispersed to local healthcare, their regiments or to begin lives as civilians.

During my month-long stay in Helmand, two British soldiers died, 29 were wounded in action and there were 74 admissions to the field hospital. 71 Aeromed evacuations were recorded and an undisclosed number of civilian, insurgent and Afghan National Army soldiers were treated. I arrived back in Britain feeling a great sense of anger. I was frustrated by my previous ignorance of the frequency of injury. Soldiers are surviving wounds that would often have been fatal in previous conflicts. Body-armour, medical training and proximity of advanced surgery to the front-line have led to a "disproportionate" number of casualties surviving. In the media, we hear about the deaths, with only occasional reference to the wounded. I came home assuming the violence I had witnessed in Afghanistan would be the focus of the news. But Reality TV, local politics and other less dramatic events occupied the headlines. For me, the incongruity between what I had seen and what was presented as the public face of conflict was, and continues to be, profound and irreconcilable.

David Cotterrell, August 2008

