

Psychologist Heidi Squier Kraft on life lessons from combat hospital

The Rules of War

Interview by **ROBIN LINDLEY**,
Contributing Writer

It's been 25 years since the last episode of *M*A*S*H* aired in February 1983. The darkly comic CBS television series about a team of army doctors stationed at a field hospital during the Korea War still resonates as doctors treat wounded soldiers in yet another war. *M*A*S*H* is remembered for its biting humor and timeless comments on war, such as this grim observation: "There are two rules of war. Rule number one is that young men die. Rule number two is that doctors can't change rule number one."

This line struck a chord with clinical psychologist Dr. Heidi Squier Kraft and provided the title for her Iraq war memoir, *Rule Number Two: Lessons I Learned in a Combat Hospital* (Little, Brown & Co., \$23.99). The book recounts Dr. Kraft's deployment as a Navy psychologist when her twin son and daughter were 15 months old, her treatment of physically and mentally wounded troops at an austere field hospital in Iraq, and her return home to face her own symptoms of war trauma.

Dr. Kraft received a PhD in clinical psychology from the University of California, San Diego School of Medicine. After several years as a flight psychologist with the Navy, she gave birth to twins in 2002. In 2004, she deployed to Iraq for eight months. She left active duty in March 2005, and is now deputy program coordinator of the U.S. Navy Combat Stress Control Program in San Diego. She discussed *Rule Number Two* from her home there.

What prompted your memoir on your work as a combat psychologist in Iraq?

I'm a total accidental author. I [wrote] a poem "The List" — things that were good and things that were bad there. That's how it started. By the time I got home, that poem had gone around the world. I was overwhelmed. I heard from all these people: veterans of World War II, Korea, and Vietnam, corpsmen, nurses, doctors.

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A Vietnam-era Marine officer [Otto Lehrack] who had written four books on Vietnam said that each line of the poem could be the chapter of a book. I said thank you, I'm flattered, and I went about my denial, trying to recover on my own, and it wasn't working very well. About six months [later], he wrote again. I said I'm not going to write a book; it's too private. He said fair enough, but just write it while you remember, and I'll help you. And he did.

I started with the Dunham story. It took

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me out at the knees, it was so traumatic.

That's the story about Corporal Jason Dunham who suffered mortal wounds when he dove on a grenade to protect his friends, and was posthumously awarded the Congressional Medal of Honor?

Yes. That one took a couple weeks, and then I started another. It took a little less time, and I started another. What I was doing — which I didn't realize even being a shrink — was trauma therapy. It was a slow process of about a year, and by the time the book was done, I felt like myself again. I felt solid, healed.

Even then I didn't want to publish it, but Jason Dunham's mother told me, "The mother's of America don't know that there are people like you out there to hold their children's hands if they're afraid or in pain, and they need to know."



Clinical psychologist Heidi Squier Kraft spent eight months in Iraq in 2004 treating physically and psychically wounded troops. Photo by Karen Lovechio

And you literally held Cpl. Dunham's hand. Can you describe that incident?

About a month after I got there, he was part of a mass casualty. Fourteen Marines came in. We had to triage people. Combat medicine involves a triage category called "expectant" where, if a person has a head injury [with] no meaningful signs of brain activity, we have to use our resources on people who we can save. In the States we'd pull out all the stops, [but] we had nothing. There wasn't a front, but if there was, we were there.

So [Cpl. Dunham] was not showing any meaningful signs of brain activity, and was moved to our "expectant ward." Dentists and dental technicians manned the ward. I wandered in, and they asked me to take [Cpl. Dunham's] hand. Once I held his hand, I [was] completely unable to leave. We all talked to him, and told him that he was a hero. Of course, we had no idea of what he had done.

We expected his breathing would change and he would die. But he didn't die. He started squeezing my hand. At first I figured it was a reflex, and he did it again. He started squeezing on command. It was a miracle. His status changed.

He got home to Bethesda. His parents consider it a gift that they were with him when he died. His mother believes with all of her heart that he heard her in my voice — and that he should get home alive as he promised her.

You also describe a Marine who told jokes to raise the spirits of the medical staff right after losing an arm and both feet.

I often think about him and hope he is somewhere now [to] inspire people the way he inspired those medical people that day. I have no idea what happened to him [or] any of my patients except for Cpl. Dunham. That's very difficult — to let them all go.

And you comforted a female Marine and prevented her from killing herself with her M16.

I remember that feeling like it was yesterday. That heart in my throat, thinking, "Oh geez. I cannot be arriving on the scene of someone who has just shot herself with a rifle." I was afraid.

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Does special training help you deal with dangerous patients?

Yes, but the vast majority of psych patients don't have loaded weapons. Part of our job was to assure the safety of everybody by making sure if someone was not safe, they went home. I talk about two specific instances: my guy who [aimed] a weapon at me during a psychotic break, and my girl who was suicidal.

Before leaving for Iraq in 2004, did you have training for combat?

We did eight days: familiarization with getting in and out of a vehicle in a convoy, shooting a weapon, using a gas mask. Nothing could have prepared us. We were medical people and not combat-trained, but they tried. We were the first wave of the counterinsurgency — what's going on now. We were making it up.

What were your duties as a military psychologist in a war zone?

Half was very-intensive, acute almost medical intervention with people who had physical injuries, or were pre- or post-surgery, or were dealing with very acute loss of friends, along with very classic "shell shock." We call it combat stress injury now. We intervened by giving them support, pulling them back for a couple of days, letting them rest. And most people recover from that and go back to their units.

The other 50 percent, we ran an out-patient client. We saw people all day, every day. Most of them had something else going on — a predisposing depression or anxiety or other problems, then the war exacerbated whatever they had. The sleep deprivation, the combat, the heat, the lack of good food — all those things lower your tolerance. We helped keep people functional who needed to stay out there.

Who's the shrink for the shrink, right? I was lucky. I had a great partner who was a friend and a shrink. It is hard, though. You're talking about a triple whammy with mental health. You have the same stuff [as] everyone else with fear for your life. And then you have medical trauma — the same things the surgical team is dealing with and taking care of the surgical team. Then you have "vicarious traumatization" or "compassion fatigue" — listening to patients talk about trauma. I worry about our mental health people. It's overwhelming.

I got numb to my emotions [in Iraq]. That was adaptive at the time, but unfortunately, this is part of PTSD, and I definitely continued to experience that when I got home. I was numb and emotionally raw. Things that shouldn't have been sad were very sad. It made for a long road as far as re-connecting with people, trusting myself and others.

Someone asked if mothers and fathers cope with this differently. I don't know. A lot of my colleagues were dads, and they certainly missed their kids. As a woman in a society surrounded by men it was very challenging. I didn't feel there were many people out there who understood my role as a mother.

Are you still treating combat veterans?

In my clinical practice I see exclusively combat trauma in Marines at an active-duty hospital.

Do you share your Iraq experience with your patients?

I do, immediately, because I'm wearing civilian clothes now. I tell them it was only three years ago that I was wearing the same [uniform] they are. I was there. That's all I have to say, and I get to skip multiple steps of gaining their trust, which is nice.

In the midst of this trauma, who's there to treat you?

Your separation from your toddler twins overshadows your memoir.

What do you hope readers will gain from your memoir?

One of my hopes is to open a window into a different way of looking at the war. It's something we all deal with — the people we come home to just can't understand. That's what I tell patients when they are dealing with family issues. Was your wife there? No. Then how can she possibly know?

And I want people to know that Marines and sailors take care of each other at this amazing level. I hope the average American will realize that these are 18-year-olds with incredible character and loyalty to each other, and they care about the things that are important. I hope my experience will shed some light on that. ■

Robin Lindley is a Seattle writer and attorney. He is a past chair of the World Peace through Law Section of the Washington State Bar Association.

RULE NUMBER TWO

Lessons I Learned in a Combat Hospital

DR. HEIDI SQUIER KRAFT

Chorus

On the first day of winter, the mayor took from me:
a tarp tied underneath a tree

- two ID cards
- three cans of soup
- four warm boots
- five warm blankets
- six pairs of socks
- seven fuzzy sweaters
- eight pairs of undies
- nine pictures of my children
- ten pots and pans
- eleven *Real Change* papers
- twelve important messages!
- and a tarp tied underneath a tree!

—anonymous

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