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Anesthesia News



Featured Article

Serving as a Military CRNA: A Life Changing Experience

By *Jennifer Decker Arevalo, MA, contributor.*

Now back from his third deployment, 54-year-old U. S. Army Reserve Colonel Brian D. Campbell, CRNA, firmly believes that being a military nurse anesthetist has changed him for the better. "It tests who you are as a person and who you are as a clinician. But regardless of your private or military training and experience, I don't think anything prepares you for the type of trauma that war produces."

Campbell, who received his nursing degree from Boston State College in 1979 and CRNA certification in 1986 from Carney Hospital, has worked in several civilian hospitals in the Boston area, including Massachusetts Eye and Ear Infirmary and, most recently, Winchester Hospital.

As an army reservist with the 399th Combat Support Hospital (CSH) in Taunton, Massachusetts, which is headquartered at Hanscom Air Force Base in Bedford, Massachusetts, Campbell's first opportunity to serve as a military nurse anesthetist fell through in 1991, during Operation Desert Storm, when his unit was put on alert but never called.

It wasn't until 2001 that Campbell was sent on his first deployment to Kosovo on a peacekeeping mission.

"During my four-month stay, I wasn't working as a full-time anesthetist, so I was able to work outside of Camp Bondsteel in various types of health clinics," Campbell said. "This opportunity allowed me to meet the local people and to do lots of interesting things that I normally wouldn't get to do as an anesthetist."

In 2004, Campbell participated in a stateside assignment at Madigan Army Medical Center in Ft. Lewis, Washington, providing care and anesthesia services to soldiers who had been injured during the early part of the Iraq War.

"Although I was seeing the results of war and getting a flavor for it, when I was sent to Iraq in September 2006, it was still a real eye-opener and shock."

"Obviously, as a nurse anesthetist, I've been in many operating rooms and seen many surgeries. However, it's totally different going from that clean-cut, controlled type of surgery to just massive amounts of tissue damage, blood loss and physiological changes that you encounter in war zone patients. It can be distressing."

For 10 months, Campbell was stationed at Camp Speicher, an Army base near Tikrit, a city that lies on the major north to south supply route between Mosul and Baghdad. A CSH is the first hospital where soldiers and Iraqis, suffering casualties from combat operations or suicide bombs, are taken and provided emergency, often life-saving, services.

"In a war zone, traumas are like bananas," Campbell said. "They come in bunches. During an average day, you might be attending to just a few patients and then all of a sudden you hear the helicopters and the call comes in saying that wounded are on the way. The next thing you know, three to four helicopters arrive at the landing pad and 10 to 12 patients are offloaded at once."

"Most of the U.S. soldiers, after being treated and stabilized, were transported back to Germany or the U.S., and we heard back in a couple of days as to their condition," he said. "However, since myself and five other CRNAs and one anesthesiologist also treated a large percentage of Iraqi police, military and civilians; we really got to know them, as they sometimes stayed for weeks until they recovered. It was very gratifying to see these individuals, especially the children, get better, be able to do normal things again and return to their families."

"As a nurse anesthetist, I know that I had a strong impact on these patients. They were under my care during their time at the CSH, whether it was just until they woke up at the end of a procedure or days

down the line; I took that responsibility seriously. Most Iraqis understood that their injuries were not intended and were grateful for the care and compassion that we gave them.”

“Working as a team with other wonderful physicians and nurses towards the common goal of getting those war zone patients into surgery and out alive was very rewarding,” Campbell said. “A strong camaraderie developed between all of the health care providers working under these conditions.”

“I would encourage anyone to work as a military CRNA as it provides many exciting opportunities, such as traveling and meeting people from all walks of life. However, I can’t emphasize enough the importance of ensuring that a support system is in place for family members while you’re deployed. Knowing that relatives and friends are there for your family, allows you to focus on your work which is stressful enough in a combat zone.”

“Before I went to Iraq, I felt strongly that I would go over there and come back as a better nurse anesthetist, and I believe I have.”

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