



## What it's *REALLY* like on Deployment

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*“War is governed by the uncertain and the unknown and the least known factor is the human element.”*

Captain Adolph von Schell (German Infantry Officer, *Battle Leadership*, 1931)

Two weeks ago, I wrote a piece called [What It's Like on Deployment](#). My intended audience, my target reader, if you will, was us. “Us” being the average American citizen working through the cavitation, fits, starts, and disruption of our daily lives over the last month. But there’s something else happening for another category of American right now: healthcare professionals and first responders on the “front lines” of coronavirus pandemic care. They are not safely quarantined at home, struggling to find the “edge” pieces of a puzzle or relaxing in a sauna as I am.

They are actually “on deployment.” The front lines of the coronavirus pandemic are our healthcare workers meeting the “enemy” up-close: screening and testing people, and caring for the sick and dying, in hospitals. Thus, I thought I should update this piece to highlight a bit of their side of the story too. At least through the eyes of what a wartime deployment is really like. To just maybe give you a feel for what their days are probably like.

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To say the very least, when you are on a wartime deployment, you’re up-close and personal with the enemy. Everyone is at risk. Everyone is working their very best to support each other, and to accomplish the mission. Everyone is hyper-focused. Just a few months into deployment though, everyone finds themselves strung out, tired, and grinding out each day fueled purely by adrenaline and commitment.

We love deploying no matter how hard it is. We feel an incredible sense of responsibility and know we are making a difference. We, as New York I.C.U nurse Simone Hannah-Clark wrote in her New York Times Opinion piece on Saturday, April 5<sup>th</sup>, “feel a sense of ownership.”

However great our contribution to the mission though, deployment is still a never-ending, monotonous grind, where you and your teammates can be killed, or seriously hurt. Healthcare workers, however, are accustomed to caring for us without physical risk to themselves or their teammates. But they are on a wartime deployment now! They are in “gun-fights” every day with an enemy who comes to them when it wants to and who can kill both them and their teammates.

*During the winter of 2007/2008, I was deployed with my troop to a small town called Baqubah (in Iraq) about 67km northeast of Baghdad. If you remember the summer of 2006, U.S. forces located and killed the Jordanian jihadist, Abu Musab al-Zarqawi, who was running the entire*



*“foreign fighter” network in Iraq. He was wreaking havoc on the country. We deployed to find his successor who fled after Zarqawi’s death. His replacement, a guy called “AAM,” thought he’d be safe in Baqubah because the area was essentially ungoverned. The only control whatsoever was tribal, warlord control organized neighborhood-by-neighborhood. No matter how much training and preparation we do, and how much experience we have, leaving the U.S. one day, and arriving in a place like Baqubah three days later is jarring. We obviously prepared for these deployments, and had seen this kind of thing before, but the radically different environment is still an abrupt change.*

Hospital staff and healthcare workers, whichever actual day COVID-19 victims started arriving in their respective hospitals must have felt this same sudden change in their normal environment too. From normal shift changeovers to quick meetings in a hallway instead, to discuss “who’s the sickest, who’s about to ‘crash,’ whose family has been calling and needs an update.” They are shuffling from sick patient to post-mortem care for patients they watched die slowly “over the past few days.” Stuff changes quickly on deployment. One suddenly realizes they are not “in Kansas anymore.” One enters a state of liminality, if you will. The unsettling position where one finds themselves straddling two worlds, simultaneously on both sides of the same boundary. Wrestling with both the physical and psychic disturbance of holding onto two radically opposing worlds at once is, for lack of a more sophisticated term, weird.

*In 2007/2008, in Baqubah, we ended up doing about sixty-five combat operations in just about 150 days or so. You can do the math on how often we were out in the field, meaning on a cycle-of-darkness on an operation to pursue the enemy on his territory. During this time, there was a conventional infantry unit there as our “host.” We were living on their base. They were in control of the area of operations but didn’t leave the base. It was too dangerous for them and beyond both their capabilities and resources to handle the enemy situation.*

*Our 150 days in Baqubah was crazy to say the least. A typical night-cycle was launch on board helicopters to a target just after sunset. On most nights, we were out all night. Get in a gun-fight with the enemy. Come back to base as the sun was coming up over the horizon. Do post-operation reports. Sleep. Get up the next cycle of darkness and do it again.*

*Literally, our very first operation our first night outside-the-wire one of our guys was shot in the chest. The bullet from an AK-47 at close range luckily did not penetrate his body armor. He lived and was fine to go out the next night. Two suicide bombers blew themselves up near the troop on different targets that deployment. Our military working dog was shot. Then recovered. Sixty days into deployment one of our guys was killed on target when he stepped on an Improvised Explosive Device (IED). This was only half-way through the deployment too.*

My guess is this is how our doctors, nurses, and front-line healthcare workers feel right now. This is their deployment, and this is how their operating tempo looks. Their days are chaotic. They are tired, strung out, and maybe scared too. Yes, they have the training, and the systems and processes to handle the situation with which they are faced but everyday still brings unexpected frustrations. They probably feel like they might never see the end of it, and maybe even fearing they won’t survive. Literally or figuratively. At the very least, they want to rest but they can’t. Believe me, they are smoked right now. Absolutely shattered tired.

On deployment it is difficult to let down one’s guard. This makes it difficult to sleep too. Something serious is happening “outside the wire” and it can easily get “inside the wire.” On deployment, no matter where we are stationed our threat antennas are always up. Even if we



are not in the field we can be mortared from outside the base. For healthcare workers, “mortars” are inevitable right now. In fact, they are guaranteed.

There’s no grabbing a coffee when arriving at work and catching-up with colleagues before starting your shift. What you’d probably see in the busiest hospitals in the country right now is everyone on “high alert.” The chatting and the normalcy not completely gone but rather replaced with “dark humor and good-natured digs at colleagues.” Again, New York I.C.U. nurse Simone Hanna-Clark joking to a friend said, “If I end up here, I say as we arrive at the I.C.U. ‘promise me you won’t let Chad see me naked?’” This is what it is really like on deployment.

Thus, to our healthcare workers and teammates on the front-lines, for us combat veterans, we are both empathetic and grateful to you all. We know you are eating Clif-Bars (at best) while racing from admitting one patient to transferring another one to the I.C.U. We know you are sleeping in the hallways and napping in broom closets, if you are even that lucky. We know that you are worried about yourselves, your teammates, and your families when you get home each night. If you get home each night. We know you are getting up day-after-day to willingly go into a gun-fight against an enemy you can’t see. Thank you and Godspeed.

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The ever-present question remains though, “What do we do on Monday?” What tactics can we use today and tomorrow on deployment? I suppose the following recommendations could apply to anyone but they are meant specifically for our teammates on the front-lines!

First of all, **accept that you are “on deployment” and act accordingly.** Accept the chaos that is actually happening. From me to you, it happens just like this for us too. It ain’t changing anytime soon, either. If you’re in the “firefight,” it’s just like this. It is relentless, loud, tiring, frustrating, trying to communicate effectively sucks, you get angry with each other, and the enemy keeps coming. It never really settles down into a controllable situation. It is always out of control. It doesn’t stop until it stops. Then it is suddenly all quiet and you have to go back to “normal,” which is another topic for another day.

Secondly, **re-engineer your battle rhythms.** Both work and personal rhythms. Be disciplined. Deployment for me was an exercise in monotony. As drab, boring, and unexciting as it is, I was always better off eating, wearing, and doing the same things the same way every-single-day. Controlling *some* pieces of your operating rhythm helps with absorbing the chaos you know you’ll face when you walk into “work.” Try to keep work and “normal” stuff (if there is such a thing) separate.

Third, **do something for your body and mind every day** (before you start the day). Your physiology matters more than ever before, and directly affects your psychology. Deployment is about managing your energy, both physical and mental. No matter what, both end up depleted, you’re just trying to slow the leak.

Fourth, **be aggressive rather than passive.** Author Robert Greene says there are two kinds of time in life, Alive Time and Dead Time. “Dead Time” is when we’re passive and biding. “Alive Time” is us learning, creating action, and leveraging every second towards the mission. With an enemy “outside the wire” coming “inside the wire” every day, don’t wait for anything to happen



TO you. Formalities and outdated procedures be damned. Don't wait. Pre-plan, lean forward, and be aggressive.

Last, and most importantly, **take care of your teammates!** As legendary, veteran German Army Officer Captain Adolf von Schell reflected in 1931 to a group of young U.S. Army Infantry Officers with no experience in combat, “the characteristics of the individual in peace are completely changed in war...each minute of battle brings with it a new assault on the nerves...each [person] reacts differently at different times, and must be handled each time according to [their] particular reaction.” Be mindful to handle each other accordingly and individually. **Look out closely for your teammates!**

### **Next steps: Collaborative Inquiry**

Given the speed of the COVID pandemic, we no longer have the time to do exhaustive studies, and must find ways to better support frontline medical staff now. To this end, we are moving toward crowdsourcing the solutions in real time. Below is a both a link to a survey, and the constantly updating results of the survey. We ask that you pass this email to the rest of the Mission Critical Team community have them click the link and fill out the survey. The report will update immediately, and thus medical workers can immediately have access to effective practices. The staff at MCTI will curate the survey, and from time to time, publish summaries of effective practices as they emerge.

### **Survey Questions:**

1. What is your profession? (Medicine, Military, Fire, Academia, etc.)
2. Please share 5 words, or phrases, describing your optimal operating rhythms, battle rhythms, or principles for operating “on deployment.”
3. Please share 5 words, or phrases, describing how you are managing your energy and/or your physiology? What’s working well for you keeping up with the pace of “deployment?”

### **Survey Link**

[https://corexmsdff4qqcml5by2.sic1.qualtrics.com/jfe/form/SV\\_07GcVDpQvM8bzil](https://corexmsdff4qqcml5by2.sic1.qualtrics.com/jfe/form/SV_07GcVDpQvM8bzil)

### **Updated Survey Results**

<https://ql.tc/3LAMP2>