

**Wisconsin Veterans Museum  
Research Center**

Transcript of an

Oral History Interview with

**LISA KROMANAKER**

Nurse Corps, US Navy Reserves, Operation Noble Eagle in support of

Operation Iraqi Freedom and Operation Enduring Freedom

2008

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**Kromanaker, Lisa**, (b.1967). Oral History Interview, 2008.

Approximate length: 1 hour, 8 minutes

*Contact WVM Research Center for access to original recording.*

**Abstract:**

In this oral history interview, Milwaukee, Wisconsin native Lisa Kromanaker recounts her service with the US Navy Reserves as a Hospital Corpsman from 1986-1990 and as a Nurse Corps Officer from 1990 up to the time of the interview. Kromanaker describes her one year overseas tour to Landstuhl Regional Medical Center, Germany where she worked in the Medical Surgical Ward treating wounded soldiers from Iraq and Afghanistan as well as others posted in Europe. Kromanaker discusses the challenge of working under the auspices of another service branch, earning the respect of active duty service members on base, and the changing injury types—from IEDs to psychiatric— transferred to Landstuhl. She also covers the long-term effects of PTSD and the importance of the psychological aspect of recovery.

Kromanaker relates the desire of wounded soldiers to get back to their unit and also debates remaining or pulling out of the Middle East. Kromanaker then relays the surprising difficulty of re-integration into family life, the difference between caring for soldiers and civilians, and the home-front's apparent lack of understanding of soldiers' sacrifice. Kromanaker discusses the commitment of an all-volunteer force and ends by reading original poetry from a wounded soldier.

**Biographical Sketch:**

Kromanaker (b. 1967) served in the US Navy Reserves as a Hospital Corpsman from 1986-1990 and as a Nurse Corps Officer from 1990-the time of the interview including one overseas tour to Landstuhl, Germany. Kromanaker expressed her wish to retire a year after the interview.

**Archivists' Note:**

Transcriptions are a reflection of the original oral history recording. Due to human and machine fallibility transcripts often contain small errors. Transcripts may not have been transcribed from the original recording medium. It is strongly suggested that researchers engage with the oral history recording as well as the transcript, if possible.

Timestamps reflect the entire length of the interview, which was filmed in three parts.

Interviewed by Jeff Kollath, 2008.

Transcribed by Ellen Brooks, 2016.

Reviewed by Tristan Krause, 2017.

Abstract written by Tristan Krause, 2017.

## Interview Transcript:

### [Beginning of interview]

Kollath: I just have the questions I sent you, plus some other ones too—they're pretty straightforward, basic stuff. Thanks for coming in. Why don't we just start with—why don't you give us your name, rank, branch of service, how long you've been in service, that kind of thing.

Kromanaker: Commander Lisa Kromanaker in the US Navy—I'm a Nurse Corps officer. For twenty-two years I've been in the Navy Reserves and the last eighteen have been Nurse Corps officer. The first four or five were enlisted. And I think that was it.

Kollath: Where have you been stationed throughout your career?

Kromanaker: Being that it's mostly been Reserves wherever I've been living I've been at the Reserve Center. So Milwaukee, Madison, Wisconsin. Memphis, Tennessee. Forest Park, Illinois. Quad Cities, Iowa. And then last year's one-year tour in Germany.

Kollath: Why did you join the Navy?

Kromanaker: Well, when I graduated from high school, came to college. And the youngest of seven—I was only—the second person to go to college. Had to put myself through school so had to pay for it and when I ran out of money—most parents send their kids a check in the mail. No. My dad sent a recruiter's phone number. [laughs] He believed the advertisements of, "Get ten thousand dollars for school." Long story short, went to the recruiters and actually it was an Army National Guard recruiter's phone number—started out the processing through them and they didn't have medical. I wanted to go to something medical and I needed to take the spring semester off so they couldn't help me at the time I wanted and the job I wanted. So after visiting the Air National Guard and then the Air National Guard recruiter said, "Here's the number to the Navy recruiter—my card will self-destruct in one day if you don't use it." 'Cause he's giving away business. I joined the Navy and was a hospital corpsman first. Got my job in a hospital corpsman went to A school—boot camp and then A school at [Naval Station] Great Lakes. And then came back to college and started nursing school.

Kollath: When did you decide you wanted to make this a career?

Kromanaker: You know, that's interesting because I never really made a conscious decision. It just kind of one year led to the next and before I knew it I had ten or twelve years in by the time I finished nursing school I went for my commission in the Nurse Corps. And about year, I don't know, eleven or twelve I started getting really frustrated. "I'm done. This is annoying." Or the politics of the military, whatever it was, was just frustrating me. But at the time I was married to—am married to—a

now master chief in the Navy so he said, "Stick it out. You can do it." Then I decided, "Well if I'm in this far after ten or twelve years I might as well stick it out for twenty." So. [laughs]

Kollath: What is your current status?

Kromanaker: Still active in the reserves and I plan to retire next summer.

Kollath: So when we met you the first time we were really intrigued by your story because we hadn't met anyone that had been involved in the healthcare aspects of this conflict. Can you start with your deployment to Germany—when you deployed, the circumstances of going there and that kind of thing.

Kromanaker: For the first part of the wars that have been going on—the Afghan and Iraqi wars—the Army Reserves were the ones being pulled over there for the whole time. They were having to fill all the gaps in the healthcare system over in Landstuhl [Regional Medical Center], which is the only American hospital outside of the United States. Basically they were running out of resources so they called in the Navy and the Navy said, "We can do this." So they sent 350 of us sailors over to an Army hospital which had only seen soldiers and airmen before that. We showed up and they didn't know what to do, what to think, with the sailors showing up. They had to learn all new terminology—"What's a bulkhead? What's a deck? Why are you calling it a head?" And captain means a whole different thing in the Army and Air Force than it does to the Navy. An O-3 versus an O-6 changed their minds.

We showed up and they housed us on three different bases for apartments and we pretty much ended up taking over about half of the staffing of the hospital as far as I know, in every department from surgery to ICU [Intensive care unit], medical surgical ward, administration, the patient movement area - getting the wounded warriors coming in and going out. And that's really the main reason there was such a need to fill because of the increased—the hospital's actually had been standing since the early fifties and at the time it was a state of the art thing. It went in decline and then when this war started back up they created a new need and they've been revamping it for the last five to eight years.

**[00:05:25]**

Kollath: Talk a bit more about the adjustments you had to make working with these personnel from different branches of service.

Kromanaker: It was hard. It was really difficult for the Navy to come into an Army world. The Army, their focus is very much on no matter who enlists or raises their hand for the Army you're a soldier first, and then maybe you're a nurse, maybe you're a doctor, maybe you're a medic. And it was hard for us to understand when in the middle of a work day, taking care of patients, they'd have to leave for some type

of Army training. We were trying to make sense of that—"Aren't we here to take care of the patients?" So that was a transition for us to try and adapt to covering the bases there and understanding their mentality. Because most of us in the medical field we consider ourselves the medic first, or the nurse first, and we have our military job. So a little bit different focus as well as the language or the terminology that I mentioned.

Kollath: Did any conflicts arise out of these differences?

Kromanaker: Um, I'm not sure I was privy to a lot of the true conflicts but there was a lot of—we'd make fun of the Air Force because—the "chair force" have to not really do much. They always had a meeting to go to, or the Army had to go PT all the time and do their physical training, and we just didn't get it. It was a different lifestyle. A lot of us—we were all Reservists coming from different lives too, civilians that are used to different paced—lot busier pace from the civilian world to dealing with a lot more patient care with less staff. So we weren't used to so many staff and less work to accommodate. It was a different mindset. There was a lot of the us versus them for a while until they saw who we were and we could get the job done. They didn't think we would know what we were doing because we were reservists and weren't trained to their Army standards or whatever it was. Conflicts? I don't know. Like I said, I didn't have privy to the upper echelons to know how they resolved all of it.

Kollath: Nothing with you personally though? Nothing that—

Kromanaker: No. No.

Kollath: Why don't you tell us when you got over to Landstuhl and what was it like when you first got there—what was the environment like, what was the morale?

Kromanaker: Of actual work morale, like the space?

Kollath: Yeah.

Kromanaker: Well the morale for the sailors when we landed in Germany was pretty low because at least for our living conditions were different than what we expected. They had set us up to believe that we were going to have these beautiful two-bedroom apartments on Air Force housing, which Air Force typically takes care of their creature comforts first and they do a good job of that. A lot of us were put into sub-standard, condemned housing so we had to overcome the housing issue and the personal space issues. But we were ready to work; we were ready to be there. We were actually very honored to be taking care of these wounded warriors. The morale, there was those things that even among ourselves—because we were separated on three different bases, and three different housing arrangements—there was a little bit of more segregation besides the branches, among ourselves, like "What base are you on? How good is your housing?" Then

when you kind of came to reality it's like, "We're in housing. We're not in the desert." Had to come to grips, wake up and say, "It's fine." I'm not sure if that answers your question, on that part of it but if you want the more of the morale in the hospital?

Kollath: Talk about then the camaraderie and relationships between nurses and doctors.

**[00:10:00]**

Kromanaker: You know, one thing I have to say about Navy medicine is it's always been—the Army would probably cringe to hear this but—one big family. We were always very close, sometimes people might think too casual in our friendships because we're one Navy medicine team. And the corpsmen, the nurses, the doctors, we work well together and we work hard, and we play hard off time. We're really together as the Navy and again I heard many times while we were there the Army physicians and others, they had doubts when we got there but after a few months they confessed right up to our faces, "You guys are amazing. You really impressed us. I've never seen such hardworking, intelligent staff." It was really nice to hear outwardly without soliciting it and they would just kind of spontaneously say that to you through the shift.

Kollath: Let's talk a little about the patients that you're tending to—how many patients are there at a given time, or did you see a high peak or a low valley while you were there? That kinda thing.

Kromanaker: I did. When we arrived it was really busy. The floors were full. They receive about twenty five admissions a day. Every day a plane would arrive from either Iraq or Afghanistan with wounded. It would depend on if they were—I mean, they could be the critical care wounded, med surg—which is where I worked—or psychiatric, or just out-patient people that would show up. The actual admission to your special section would vary day to day but we did notice a drop in the patient admissions and census during the surge. We definitely appreciated that. I think we really felt the surge really helped and seemed to continue to help as we left because there was a contingency ward we had to open for the overflow.

Everyday someone was on call, nurses were on call, and if they became overwhelmed with a flight that comes in with all the wounded, you get called in on your day off or your on call day and they open the contingency ward to take care of the extra patients. After being there about nine months—the summer before we left—they basically just opened that ward permanently. Ironically we ended up not needing it as much as we had prior to that but they kept it open anyway just to be stable and staff it with regular nurses and medics. Like I said, the surge seemed to help from what we could see on our end of it—it dropped the patient load and when it was low census it was nice, people were given the day off. It was a good thing that way.

Kollath: You said you worked in med surgery. Could you describe what exactly that is?

Kromanaker: Sure. It stands for medical surgical ward so someone can come in with a medical problem, such as maybe chest pain or pneumonia, or an illness that doesn't require surgery. Or they could have had surgery, whether an abdominal surgery or typically an orthopedic surgery if we were taking care of the wounded. They'd have some type of injury like an amputation or shrapnel to their extremities or abdomen, or actually wherever. We also took care of all the military that were stationed within Europe because we were the only US hospital there so we would get patients that would stay for quite a long time because it was their only in-patient option to be admitted to the hospital. So if they were stationed in Italy, or other parts of Germany, we would keep them at our hospital and they would recover there.

But the patients would, generally if they were coming from the combat zone, their average length of stay would be about three to five days because we were kind of that stopping point. They would stabilize them in the field—in the surgical hospitals in the field—come to us to maybe get what we called the wash-out which is a debridement. They open up the wounds and spray them down with saline at a high power, close them back up, check for any dying tissue, take it out, seal them back up and then we'd watch them for infection, give them pain medicines and antibiotics, and then send them on to Andrews Air Force Base on a flight a few days later. Then from there they'd either stay at Walter Reed [Army Medical Center] or Bethesda Naval Medical Center, depending on their branch of service. Or maybe if they were a burn victim they would all go to Brook Army Medical Center in San Antonio, Texas. If they were less severely injured but needed a long term recovery or long term rehab, we'd try to get them to a hospital closest to their home station. If they were active duty it was their home base, if they were a reservist that had been mobilized and deployed then we would get them to their home state and have them recover there, or the closest VA to take care of them.

**[00:15:16]**

Kollath: Can you talk a little bit about the types of injuries that you saw coming to you?

Kromanaker: Sure. Unfortunately a lot of amputations. The worst one I saw was a triple amputee and ironically the amputees had the best attitudes, it was really amazing. And I'm not sure, I think it might have a lot to do with the fact they are probably just grateful that they are alive and they've made it that far, and we're not at the point where they're in their rehab and trying to face reality for the rest of their lives. But it was amazingly refreshing to see that. It was mind-boggling when you'd think they'd just be depressed. Some collapsed lungs where they put a tube in their chest to re-inflate the lung, abdominal injuries where they'd have to open up their abdomen and operate on their intestines. A lot of soft tissue injury from shrapnel and weapons and a lot of IEDs. And then we started seeing—I forget the

name of the newest one they came up with that was the melting—I don't remember, there's a weapon that they came up with that was not an IED but it would create this melting metal, would basically melt the bottom of a bullet proof Humvee. So whatever it was.

Kollath: White phosphorous or something.

Kromanaker: I don't remember. Anyway we started seeing a lot of lower body injuries so they would have these, what were call wound vacs, on them to clean out the areas. They wouldn't always close up the wounds right away, in the field, or even in our hospital. And they would put these vacuums on their wounds to basically suck out any of the drainage and blood that's occurring so that the tissue underneath could heal and not be pocketed with fluids. They would have to keep those on until they would sew them back up—then they could fly. Otherwise they couldn't fly out obviously with a vacuum on them.

I think most of the patients that were coming to the hospital were psychiatric patients. I know that one of the statistics that I read about eighty percent of our veterans from these wars are having PTSD. And Landstuhl started traumatic brain injury screening program. They found that about thirty-three percent of the warriors are coming back with traumatic brain injury. Any sort of concussion or loud noise or loud impact near the head or brain just jostles it all up and they lose memory or change of emotions. It's causing a lot of problems back home and I think that's what our VAs are going to be dealing with for a long time. It's hard.

Kollath: Obviously you've been in the military for twenty-two years, did you have to adjust—how do I phrase this? The learning curve for you dealing with these new types of injuries—what was that like? How did you deal with that?

Kromanaker: Good question. Actually my training as a nurse has always been in critical care. My first three years as a nurse was ICU and the next six or seven were trauma. So actually—and I was billeted, or my Navy officer billeting code was a trauma nurse and an ICU nurse. So I was actually disappointed when I didn't get assigned to the ICU when I first was sent over there. I thought, "Oh man, I've got to work in med-surg, it's going to so boring." Back home, med-surg patients are not as sick and as exciting to someone who's into the critical care field. The critical care part of the trauma patient, it didn't bother me, it was okay. It actually turned out to be a blessing because I realized if I had been placed in the ICU I would have probably—I know I wouldn't have been able to talk with the guys like I did. I would get to sit down and talk to them: "Tell me story. What's going on?" And really get to hear what's going on in their mind.

**[00:20:00]**

In the ICU I saw a lot of my shipmates get worn out, burned out because they were so sick and so injured and so close to death every minute. They'd get



attached to these warriors and then their families would come over to be with them and then they'd learn they were a newlywed and they'd meet their newlywed wife and realize this husband will never be the same, or never have kids. And just the life changing things that they would see in ICU, I was grateful that I was placed where I was. It was actually a lot more intense than a normal med-surg would have been back home. The learning curve for me specifically wasn't that steep but I will tell you there were a few reservists that were mobilized with me that hadn't worked patient care in the recent past and had jobs as nursing educators, or computer nurses where they teach computerized charting, and they had to really pick up the pace and try to learn. That was the—I don't want to call it a disadvantage of the reservists but one of the challenges of it.

Kollath: You just alluded to your relationships with the patients. Could you expand on that a little bit?

Kromanaker: Sure. I was always amazed at how many of them, you sit down and you talk to them, and they can't wait to go back. They want to hurry up and get better and go back. I asked them, "Why? You're hurt—don't you want to go home? You've just been through hell and back and now you're in a safe zone. Go home, be with your family." They left a family back in the war zone too. They just have this amazing commitment and loyalty to the job they were doing. They understood what they were doing, and they had a team back there, and a family back there. I just always thought it was so cliché, you know, like "I've got to get back to the front. I've got to get back to my men." And it really happened. They impressed me so much. It was so amazing how they had their commitment.

I mean, there were so many things I saw in that hospital that I would never imagine seeing in a civilian hospital. My first day on the floor, walking down the hall, and here's a guy with his leg in a bandage up on a pillow, whatever happened to him I don't know what, I didn't even meet him that day. He's all bandaged up but he's cranking out abdominal crunches like you wouldn't believe. I'm just laughing because what civilian hospital would you see a patient so committed to fitness that they're doing abdominal workout? They kinda joke about their—one of the amputees we have to move him from these horrible stretchers and litters onto our hospital bed and it takes a team of us to do it. We struggled with this one, one time and he was an amputee and he goes, "Sorry guys, I tried to make myself lighter for you. I left part of my leg behind." I'm like—I just wanted to cry. It just hits you that their whole life is so different.

And then there's in the same room I had this—I'll never forget this—I had this officer facing his bed to this enlisted and I think they were in the same unit even. The enlisted guy was really sick— besides being an amputee, he'd lost so much blood he kept needing blood transfusions. So he was really sick. The officer had some pretty major wounds, he had a chest tube and some flesh wounds and what but all of them recoverable. But I tell you what that officer was complaining and whining and just not setting the right attitude. Here's this junior enlisted guy being

strong and good attitude, and he's so much worse off. Sometimes it got so frustrating as a staff member and you want to, "Would you look at the bed across from you and realize what he's been through and you haven't. You're going to recover and he's not. Set the good example!" So that got frustrating. But some of the guys were coping pretty well. I met a soldier who I found him writing poetry. He let me read it and he actually gave me his copies of it. I said, "Keep doing it. It's therapeutic for you." They were pretty moving—I still can't read them without choking up when I read 'em out loud. I was pretty impressed because he was a young kid and I can call them kids because when I interview some of these guys when they come in and I ask them their birthdate for their admission paperwork and their birthdate is after I joined the Navy I'm like, "Okay, it's time for me to retire." [laughs] They're just babies. That was what made it so hard for us because the reservist is on average a lot older than the active duty because we may have had active duty time, got out, but stayed in the military and the reserves, and continued on. A lot of us were a lot older. These were all just babies that we were taking care of.

**[00:25:13]**

Kollath: On average—for the most part—you brought up coping—how did the patients handle things on average? How much work did you have to put into help them along with coping with recovery? The psychological aspects.

Kromanaker: Psychological aspect? Just listen, you know. Just listen to them if they were willing to talk. I think that's one the biggest things that are facing our vets that come back is that they don't want to talk. They hold a lot in and then they go back home and their families don't know what's going on and they don't know how to deal with it. And if you can get them to talk, just to vent, because we can't assume what they're feeling. We can't assume that if they're not speaking about it that they're okay. And so part of our job was just to encourage them to talk and encourage them to get help and to realize getting help doesn't mean you're weak. Because a lot of what, especially the Marines, are taught that pain or getting help is weakness leaving the body. They don't want pain medicine, they don't want help. Sometimes I've had to pull rank, say, "You will take this pain medicine. Because your body needs it. I'm the medical professional and I need to tell you, your body needs this. And your CO isn't standing over this bed right now telling you you're weak—it's okay." So you had to be sometimes encouraging and sometimes tough to get them to recover. Unfortunately, or fortunately, however you want to look at it, we didn't see them for very long. They were there, like I said, typically less than a week. Unless they had a lot of stabilization to happen, they pretty much got back to the States in under a week. Sometimes we'd get them from the front within hours of them being injured because the great evac system we have going on. I don't know if I can—other things?

Kollath: The counseling aspect of it, that's a big thing that we've heard—the rising PTSD and the rising need for counseling and that kind of stuff. Does Landstuhl—did they have anything there not only for the patients but also for the caregivers too?

Kromanaker: Good question because they did make a point of trying to monitor for what they call compassion fatigue. That is when the caregiver shows so much compassion that it wears on them. They take it so much to heart trying to take care and heal and work on these young men and women, and they take it home with them. They get worn out and burned out. And so they tried to monitor for compassion fatigue. Oftentimes we rely on each other—just break down and cry with each other about what we saw or what we're dealing with. And unfortunately sometimes just turned to alcohol, I mean a lot of people did. They tried to monitor—I really worried about my shipmates in the ICU for that because they were so immersed in it, so much more. There was no outlet for them to have a good patient—a "good patient" meaning stable or somewhat healthy. They were the ones you could see had the biggest stressors, the biggest effect on their morale. Plus they didn't have a very cooperative management—they had an Army management that thought the Navy was there as strictly reservists there to just—because we were deployed without our families, they were pretty much going to just use them to cover everything—all the holidays, all the weekends. And that created a lot of tension in that unit specifically because they were trying to abuse the newly single sailor that was there working. But we tried to monitor each other, make sure everyone was okay. And the chaplains were very good at making rounds and they would not only check on the patients but the staff too and just say, "How are things going?" And have confidential meetings and just let you vent if you needed to. Definitely was a part of the year for sure.

Kollath: What was it like for you personally?

**[00:30:00]**

Kromanaker: Mostly inspiring on refocusing my own life. It made me realize how fragile life is and how short it is and how valuable time with your family is back home. Being separated from my family for a year was obviously the hardest part of the whole deployment. The next hardest was watching all these guys come through that were sacrificing so much more than I did and not knowing how to help them. And it definitely made me refocus that whatever I thought was a complaint or a problem in my life before, paled into comparison with what these guys were going to face when they got home—the recovery and rehab. And it made me come back home and quit two of the four part time jobs I had and focus on different things in my life. So it was a refocusing year for me, prioritizing what's important.

Kollath: While you were over there—

Crew: We have to switch tapes.

[break in recording]

Crew: Okay, we're going.

Kollath: Why don't we start off with what we were just talking about—off-camera—about coping?

Kromanaker: Oh, the methods—meeting up with friends. Friends would get us through but then alcohol also helped and early on in the year a few people that were based at the Landstuhl base for housing wandered down the hill. They called it the hill because Landstuhl—the hospital sat on top of a huge hill. They wandered down to downtown Landstuhl and found this family bar, restaurant - it was called the Botschkopf [sp??]. It's a German word for a type of beret cap. The owner of it, her name was Rosalinda but she was went by Rose, so we affectionately called it Rosie's or Rose. After a while we realized it sounds like *M\*A\*S\*H*—the whole thing it reminded us of that. It became a second home for many, many sailors. Many nights spent down there closing the bar down and they became—the whole family, the mother, daughter, granddaughter, son all knew us by name. It was a nice place to go and you walk in it and—was kind of like *Cheers*—everybody knew your name when you walked in. It was a nice getaway and I know they miss us—the first group. I don't know that the second group that followed us continued that tradition but they renamed the bar A Sailors' Inn because all the sailors went there.

Kollath: Were you able to do much travel for R&R, and able to get off the base?

Kromanaker: Yes, that was definitely what helped us cope. 'Cause I remember many times travelling to some city or another whether it was Rome, or Dublin, or Prague. All these cities, you'd get to the city center and Europe is just so amazingly different and beautiful. Compared to the sprawl we see in the United States of all the cities, the quaint little villages are still existing, and you walk in the middle of these towns and you go, "Wow. I can't believe I'm really here. I'm standing in Paris. I'm standing in Rome." Your shoulders just kind of drop and you realize, "Okay, now I can cope again with going back to work the next week." You get so revved up at work and so tense and stressful and dealing with either the Army lifestyle or just the long hours on your feet or dealing with the severely wounded victims that just break your heart. You're like, "I can't do this." And then you get a weekend away. Maybe once a month you get to travel somewhere and you get to these amazing historic places and just go, "Wow. I can't believe I'm in this city. And I'm getting paid to be here." That part really definitely made it worth it and balanced it out. Again, made us very grateful that we were deployed to where we were and we weren't in the sandbox, as we called it, and we weren't being shot at and we counted our blessings in that regard that we were able to do these wonderful trips.

Kollath: Talk about the relationship with you and your fellow sailors and German civilians, and then when you visited other places in Europe. Being American but then being in the service during a time of war—can you talk a little bit about that?

Kromanaker: A little bit. I remember when I first arrived, the nurse that was training me on the floor, she would drive me around because I didn't have a car yet and we went to a few small towns to sightsee and shop and whatnot. She made a point of avoiding the knowledge to the local community—the nationals—that we were in the military. She would try to not make that known. I think because the general feeling was that we weren't really welcome in Germany, taking up their land, their space and maybe they didn't agree with the war either. So in general we tried be—tried to not flaunt it. Some people still didn't grasp it but we still could hear the loud Americans on some of the city streets or the village streets and you kind of go, "Oh, please. Don't represent us that way. You're living up the stereotype that they have of us." But it was kind of unavoidable when you drove around because the license plates that we would get would say USA on them. They were a European license plate but they'd have USA so they would know us in our vehicles if nothing else. They started making in a change in that option so we could blend in more and not be so much of a target for the—I don't know what you'd—not so much terrorists as just anti-American feelings in general.

**[00:36:10]**

Kollath: From the time the war began to the time you were deployed and to now, what have your thoughts been on the conflict as a whole?

Kromanaker: You know, there's the Iraq conflict which so much of the world is in disagreement with—so many countries are pulling out and not agreeing with the Iraq and they're staying in Afghanistan. The Afghanistan war is more focused on the whole terrorism, Global War on Terrorism and the terrorism cells there and the Iraq conflict had the muddy start of not really sure what was the cause of it and the start of it. I'm really torn on it. I really want to say, "You know what? We've been there so long, let's get our guys safe out of there. Come on, pick up the slack, Iraqis, and get yourself—we're training you and stuff." But I don't know how soon we can really do that and not just leave it in a bigger mess than when we got in. Because I'm thinking about these countries that have been living the same way for 2000 years and barely have running water, plumbing or any modern conveniences in the majority of the country and we're going to expect them to just in five, ten years be completely efficient and protected on their own? Personally I don't know how much is our responsibility. I mean, I think since we went in with the intention of trying to make it a safe place, I think we should get it the majority of the way there before we get out. My gut is that we'll probably keep some presence there for a long, long time, just to keep the watch over, hopefully for the right reasons—for human rights and civil affairs. But politically I have really no idea. [laughs] No idea.

Kollath: Did you find yourself questioning things while you were in Landstuhl and working with the wounded soldiers?

Kromanaker: You know what, if anything I became more convicted to it because the guys were. I figured they must know more than I do because all I received is what you received on CNN—headline news. I knew we were going to be busy when headline news had an outbreak of something. I thought, "Okay, I guess I'm getting called in tomorrow or whatever, the days going to be like." So I was very limited in my knowledge base, like the American back home. When I would talk to the guys I'd ask them, "What do you think? Do we need to be there?" Most of them were committed and said, "Yeah. We're doing the right thing but the media has their spin on it." I guess it made me more committed. I'm like, "If you believe in it and you see it, then maybe you do know." Of course, you had your few that didn't, that thought, "I want to get out." But that's human nature, not everyone's going to agree.

Kollath: One of the big things that occurred—it's been almost two years now, I guess—was the conditions at Walter Reed, the hospital there—

Kromanaker: Oh yeah.

Kollath: —and the care that the soldiers are receiving when they get home. Do you have any observations on that at all?

Kromanaker: We did see some results of that directly. Because of that situation, everything came down around us. They started building new barracks for our wounded that would stay there for long periods of time. Yeah, we did get a lot more inspections and morale and welfare conditions were definitely inspected. Even the commanding officer of the hospital would make rounds through the ward and he'd start pointing out just small things that you know when you're somewhere and you forget seeing certain things, they're just there all the time and that messy bulletin board or that off-center frame or picture or something. He just went through and started pegging details. This is the commanding officer, a colonel walking through saying, "Get that fixed. Get that painted." Because of the Walter Reed thing, it was definitely a direct impact on Landstuhl.

**[00:40:00]**

One thing I didn't mention that one of the morale things they would do for the patients—if they were ambulatory patient or an out-patient that would come for clinic visits or maybe the psychiatric patients that weren't severely wounded or something like that, the chaplains group would take them on weekend trips and they would do day trips for them around different European cities. That was a nice kind of R&R morale booster for the patients too, as far as coping, trying to get 'em out.

Kollath: Did you have a lot of female soldiers that came to Landstuhl?

Kromanaker: Not many. I do remember the few that I had - I had one young woman. I think she was, boy, probably nineteen or twenty at most. And she was stung by a scorpion and the toxicity of the scorpion sting stopped her heart and she actually had CPR done on her—survived, she was at our hospital recovering and obviously going home but she wanted to go back. I was like, "Everybody wants to go back." Just amazing. I had—in the same room I had a female Marine with a female corpsman which was kind of nice because the Navy, Marine connection there. And I remember taking care of an Air Force captain, I think she was. She was an intelligence officer overseeing the detainees, in the security watch that watched the detainees. She was in for head pain and she told me about her daily life was constant stress. These detainees would threaten her life, all her airmen lives, security—get feces thrown at them, just constant. She said she's not had one day off in eleven months. Her only downtime was walking to the post office or to the exchange to pick up some toiletry item or a snack or something. Eleven months, not a day off. I'm like, "Huh. I wonder why you have a headache? I wonder why you need so much pain medicine?" You know, people accused her of seeking narcotics, seeking drugs—addicted. Well, yes, when you kind of need something to help your headache that is caused by where you're at. I felt bad for her; I didn't believe she had ill intentions for wanting narcotics. I think she had a true illness and it was caused by a constant state of stress. The body can only take so much. Not many females overall though.

Kollath: Is how you care for them any different?

Kromanaker: Females versus males?

Kollath: I shouldn't say care. The interactions between you and the female soldiers, is it any different than what it is with male soldiers?

Kromanaker: Probably, only because of human nature. Not so much the military part of it but the just the way men and women generally relate. You kind of learn what tactics work and what don't. Just as a nurse you'd kind of learn those things and psychology aspect of it. But, yeah.

Kollath: You mentioned the gentleman who wrote poetry—are there any other particular patients that stand out as memorable, or do you keep in contact with anybody?

Kromanaker: No, I wish I did. I didn't really think about getting information from them. I'll never forget this one man from Hawaii, he came in—he was the triple amputee. I still remember him. In fact a lot of the staff remembers him because he was so jovial and happy and I remember, I think he was on the phone talking to a family member and he said he had this best friend back home and he and she would play this game - "What would you rather have? This or that?" They used to joke about losing an arm or losing a leg. And he's like, "Yeah, now I've lost both." I'm like,

"Oh man." People like that stick out. Or the one story I wrote home about was you get a transfer patient from the ICU to the medical surgical floor. It's a step down—a graduation as it were.

[00:45:08]

And usually when they come from ICU they probably are pretty sick and I had this one guy that had a fractured trachea—his windpipe was injured—and he was on the ventilator. He just was taken off the ventilator, and I thought, "Oh, man. He's going to be sick. I better get ready for this." So I walked down to the room—I couldn't get here right away to settle him into his bed so I let my staff help me out with that. So I get down to the room and I look in his bed where I'm thinking he's supposed to be laying, this sick person that just came off the ventilator. Bed's empty. I see this guy standing at the sink shaving with a bandage on his neck. "Are you by chance my patient from the ICU?" He goes, "Uh-huh." He didn't stop shaving, just kept shaving. I'm like, "Okay. Well let me know when you're done, I'll be back to assess you." Here I'm thinking this guy is going to be down and out. That's what I mean—another example of they're tough, they just bounce back. He had to shave, that was the military thing, "I got to keep in shape, I got to keep my uniform." It just cracked me up—the whole different warrior patient was so different than a civilian patient.

Kollath: Did families come often to visit? Visit the wounded?

Kromanaker: I didn't meet many families unless the warriors were stationed in Europe. And because they stayed such a short time in my area by the time you'd processed the paperwork to get them over they were pretty much back in the States. Now the ICU staff did get to meet families because of the critical nature of their injury or illness they maybe weren't going to live—they would expedite families travelling over and the ICU staff did get to meet quite a bit of the family of those patients but I didn't—just a few local families.

Kollath: Did any of the folks that you served with, especially in the ICU units, after their stint overseas, did they leave the Navy?

Kromanaker: Mm-hm.

Kollath: Did they leave the military altogether as a result?

Kromanaker: Good question. I don't know if it was—well, actually I couldn't give you names but I know there are a handful that said, "I'm done." Yeah, it did burn them out, it did affect them. I think if not all, the majority of them came back ready to face their civilian jobs going, "Oh, man." Here was the difference: treating the ICU patients over there was so—I can't speak for their emotions but I did hear them say how, "Man, the people we take care of back home are all self-induced problems. 'I smoked too much. I ate too much. I drank too much. I'm overweight,



I have liver problems, I have heart problems, and I'm in the ICU. I didn't take care of myself.' And now I'm the nurse that's got to take care of you and your problems that you didn't take care of." Not that you'd be that poorly compassioned, but then you come over to Landstuhl and you take care of these twenty to thirty year old guys that are putting their life on the line for our country and are never going to be the same. It was a completely different focus, a different motivation to go to work and take care of them. It was an honor to do that job because they were doing a lot more than I was to defend our country. So I know they weren't looking forward to going back to work for that part of it because it wasn't going to be as rewarding coming home and taking care of the—it would be less stressful.

Kollath: What was it like for you coming back and readjusting to your life here?

Kromanaker: A lot harder than I thought. I really didn't expect it to be as difficult as it was. Because I didn't have that ICU stressful job, work—like I said, I quit two of my four jobs, so I simplified my work life but I was really surprised at my family life. I have a strong marriage and great kids with no—they don't have any physical or medical problems that I have to—you know, like a really stressful mom job, either. But, boy, I came back after living alone for a year in my own apartment. On top of it I didn't even have a roommate. To live with people again was really hard. Just to have somebody in the same house making whatever noises they were making was just like, "Stop." It really made me appreciate those combat vets coming back going—again, the dramatic difference that their lives were coming back. You can see how adjusting to real world for them is so hard.

**[00:50:00]**

But for me it was just—again, like I said, it was hard. I was surprised how long it took. I thought, you know, a month or two we'll have to adjust. My husband and I talked about it before I came home—"It's going to be different. It's going to be difficult." From his aspect he was able to run the household as he wanted. He's military too, and very strict and disciplined, and he had the kids doing laundry and chores. He's working full time and they were kicking in and he had a whole routine down. I came home and was off from work for a while of course, so I was kinda laid back and relaxed and taking over some of their chores and he's getting mad at me because I was letting them get away with what he had just created. "This perfect system and now you're letting it get out of hand." That was tension for everyone. The kids were like, "Oh man, we gotta still do chores?"

Like I said, just living with people again—he had his routine, I had my routine, and now we have to figure out how to get them back together again as one. Because I started school over there—my master's degree—so I came back still focused on school. I was just school and work over there - school and work. I didn't have to worry about a family life and I think that's what helped me cope over there too because that was my distraction. I didn't go home and dwell on work or dwell on the fact that my family was thousands of miles away. I came

home, resumed school more than fulltime and was just consumed with it. So I think that probably delayed some of my re-integration because I was still wanting them out of my space [laughs] 'cause I needed to focus on school. You know, of the seven of us that deployed from the Madison reserve center, pretty much six of the seven of us have said we're not the same, we're not—it's still hard coming back, and the one that isn't having problems is a single grandma that doesn't live with anybody. It affected everyone—you can't come back from that the same.

Kollath: How are you not the same?

Kromanaker: Well, like I said before, priorities are different. Stuff doesn't mean as much—trivial stuff, I don't let the small stuff bother me. I get even more angry at the anti-American sentiment from Americans or the lack of patriotism from people that don't get what's going on. It really, really bothers me when people don't respect the flag, it bothers me when people don't stand up during the national anthem, it bothers me about removing God from the pledge of allegiance. I'm a religious person too so that whole part bothered me. I guess people just don't get what's being sacrificed. They don't see what we see. They don't see the devastation that's happening to people's lives, bodies, spirits, families. Not just there, for the rest of their young lives, and that's what—just to see it first hand, the sacrifice, makes you more patriotic to say, "Look what these kids are doing for you. At least respect the flag if nothing else."

I just have to say one more thing and I don't mean to get—it's one of my soapboxes is the pledge of allegiance 'cause I was at my daughters school and they didn't stand up for the pledge—not everybody stood and I asked my daughter, "What's going on? Why are they not standing up?" She goes, "They think it's their freedom of speech thing." I'm thinking, "Do you understand how we received the freedom of speech? Do they even understand?" The pledge of allegiance is not a political statement - it's a patriotic statement. But that's another soapbox. [laughs] Anyway, I couldn't help but say that, sorry. You can delete that.

Kollath: What are the one or two things that will just stick with you forever from your experience in Germany and from your service?

Kromanaker: You could have warned me on that one. Wow. I don't know that I can answer that, it's hard to narrow it down.

Kollath: Well, you can choose more than one or two.

**[00:55:00]**

Kromanaker: I know but it's like, that sticks with for the whole thing. I guess just the amazing commitment of an all-volunteer force. I mean, no one was drafted for this and they still want to go back. The commitment, the courage, of our young Americans that we have with us, really impressed me while I was there—seeing what they

were doing. And just seeing another part of military life that I didn't get to see in my first twenty-one years of being in the Reserves. I'm really glad I was able to go—it fulfilled my Navy career. I really felt like, "Okay, now I can retire." Even though I hit twenty years a few years back, I hadn't been deployed and so I felt like I could finally check that box and say, "I did something." I made a difference, I hope, in at least a few lives while I was there. The opportunity to travel was amazing. But, um—I don't know—it's a hard question. It's just so much of a year wrapped up. And I'm glad for email that I can retrieve things that I sent home because I forgot so many of the things that I was thinking, seeing, feeling, that it was really nice to be able to—if I wanted to—retrieve those and re-read them and go "Oh, yeah."

Kollath: If the call came up tomorrow that they wanted—needed you to go back, would you go again?

Kromanaker: I was definitely ready to go back. I wanted to stay but you know without my family it was really hard. I was ready to go again this August. I was like, ninety-five percent going say "I'll go back again." But when my daughter started crying when I mentioned it, it just broke my heart too much and then I realized, "No, you focused on your priorities when you were over there and you have to remember your priority is your family." And I'm thinking about going back as a civilian though. I'd like to go back and work in the hospital there and see those guys again and work there, and bring my family. [laughs] Then I could have the best of both worlds.

Kollath: Was your experience over there, maybe the most rewarding thing you've done in your career?

Kromanaker: Absolutely. It definitely was the highlight of my Navy career, without a doubt. I was honored to do it. And it was a great crew to be with because we were shipmates and comrades to begin with and we just became closer through that whole ordeal. Anything you go through with anybody that's a hardship, you always come out stronger at the other end. Your bonds, if you didn't have a bond before you definitely create one through a hardship.

Kollath: Is there anything else, any other stories that you'd like to share?

Kromanaker: I'll think of 'em when I'm driving home I'm sure.

Kollath: Anything else that you think is important?

Kromanaker: I think we covered most of the highlights. I assume you went over the things I sent you so I probably captured a lot of the highlights. I think that's it. Unless you want me to read those poems for the film.

Crew: Did you ever get any--

Kromanaker: No, they don't ever ship those out, they all stayed.

**[break in recording]**

Kromanaker: We took care of Australians, Canadians, Kosovo, Latvian. I'm trying to think—a few other nationals we would have.

Kollath: Really?

Kromanaker: And the civilian contractors of course, would come through our hospital.

Kollath: Let's talk about that for a little bit. Taking care of them, was it any different than taking care of soldiers?

Kromanaker: Yeah, it was. Not your young, fit guy in their twenties. Kind of always joked they always ready to have a heart attack on that application. It's like, "Why are they all coming here with cardiac problems?" [laughs] But I have to tell you a story about one contractor that—how they meshed with the military because I don't know what this contractors' job was, I don't remember. When we were transferring him from the air evac stretcher onto our hospital bed, we were just going to move some of his blankets off of him so things wouldn't get tangled up. And this man grabbed this blanket like it was his life raft. I mean, you could tell the way he grabbed it was so emotional that I knew it meant something to him. I finally had the guts to ask him, "What's up with the blanket and why does it mean so much to you?" He said, "The medic that saved my life - it was his. And he lost his life." The medic did. He would cry—this man in his late fifties was brought to tears any time you brought it up because he knew that that young medic saved his own life and gave his life. So I could see why it was sentimental. To me that was unique in a way because of the meshing of the civilian contractors and the military connection there.

**[01:00:18]**

Kollath: What was it like dealing with the foreign nationals—was that a difficult situation?

Kromanaker: No, it wasn't difficult at all. It actually was fun, it was amusing. Especially because the Brits and the Australians because of course their accents are so much fun to tease. And I learned new words. It is English but what they call it is different. I had an Australian patient that they even brought over their own Australian nurse team, team of nurses—they were at his bedside and their private nurses would take care of him. We just worked side by side, an Australian nurse and I, taking care of this Special Forces guy. They were interesting. It was fun being able to speak English with another culture so to speak because they had their own ways of doing things too. You could actually communicate easily.

Kollath: Sure. If we can stop for a second and have—

**[break in recording]**

Kollath: First of all, why don't you tell us kind of the back story about this poetry—who you got it from, if you know anything about the person?

Kromanaker: I wish I could remember his name—I had him autograph his poetry. I went to a patients' room and I found him writing poetry. Actually I didn't see him actively writing it, I saw it on his bedside table and I asked his permission if I could read it, you know, for privacy. He agreed and he let me actually have his original writings because he was keeping a website or on MySpace—he had an account on MySpace where he was documenting all his poetry. So just for fun I had him autograph it but unfortunately his signature is illegible [laughs] and I didn't write his name because I actually want to contact him and see how he's doing. And I encouraged him to keep it up as part of his healing and therapy. But there's one that I think kind of sums up what I think a lot of what I keep talking about a lot of the veterans are going to have to deal with - life after war. That's the title of his first poem that I saw.

"We are trained to live a certain way, which we know we will have to change unless we stay.

How to fight, how to kill, and how not to express emotion.

And then try to change as soon as we cross the deep blue ocean.

People think we are crazy because we want to talk about what we've done—people think we are crazy, because we won't talk about what we've done.

And how killing and blowing up things can actually be fun.

We try to show love and not think about the war.

We know we've changed but accept us because we're not like before.

I look around and see everybody living a normal life.

Men come back and try, but cannot connect with his wife.

Not many people appreciate what we do.

We want like everybody else for the war to be through.

We sit for hours and think about this god-forsaken war

and wonder what it was our brothers had to die for."

Then he has one—"A Night of War."

'The night was clear and still hot like the night before.

We have a mission; we want to settle the score.

All loaded up and my equipment heavy as ever, figuring out a plan because the enemy has gotten clever.

Grab my weapon and proceed with a function check.

We have briefing so we know what to do and what to expect.

We are travelling to a place we have been many times.

Out of our safe area, to the enemy's front line.

Nervous as hell and dodging every hole,

'cause you never know when one will blow.

Patrolling the streets and scanning the roofs,

looking for the best place where someone would shoot.

When out of the distance a shot rings like a bell; the night has started and I tell myself, 'Welcome to hell.'

The sky lights up from a blast by an RPG.

We have an advantage because the enemy can barely see.

Sweat in my eyes and an ache in my back, our lives are at stake so there's no room to slack."

Kollath: So this poetry, were there guys or drawing or doing any sort of art that you saw or anything?

Kromanaker: There were some therapy things— a cart would come around. Occupational therapy would bring a cart around of crafts for these guys to do. It kind of reminded me of these crafts that you would get in a Boy Scout, Girl Scout troop in second grade. [laughs] Making moccasins or things like that. They would take it just for something to do, a diversion. They had some things like movies and

people donated DVD players so people could watch movies in their rooms. But as far as active occupational therapy, not very much, just a few of the models.

[01:05:32]

Kollath: Rudimentary, simple stuff.

Kromanaker: Very much.

Kollath: Like at the VA out here they have an art therapy treatment, they encourage them not to paint war stuff—they want them to paint dogs, and fields, and cows, and stuff like that.

Kromanaker: Pleasant things. Take your mind off where you were. You could cycle down into this abyss if you continue to think about that.

Kollath: Did you ever write anything—you sent me those emails—but did you do any writing or anything like that when you were there?

Kromanaker: No. I probably would have if I wasn't so focused on school. Every time off I was at the computer for a different reason. No.

Kollath: When you read this poetry and look back at it, what does it conjure up for you?

Kromanaker: The connection—like this other one that he writes about, "Why did my brother have to die?" Just the title of it was again that connection that you get with brothers in arms. You're there together to do a mission and it becomes emotional as well as a fight or flight instinct to fight back. You do get emotional about it. Once you get through that adrenaline rush, you stop and think—these are people's lives completely changed.

Kollath: Why don't you read the last one?

Kromanaker: Okay. "Why did my brothers have to die?"

"Why did my brothers have to die in a place considered hell?

We fight for our country and remember the ones who fell.

The life was full and had plenty left to do, we hear about a fallen brother but cannot believe it's true.

Lots of people are around but yet they died all alone.

Also one man gets his satisfaction as he sits atop his throne.

They fought for something they believed in, which what they fought for they did not believe in them."

This one I really wish I would have gotten the end of it because it started out: "Thank you for taking care of me. Thank you for service without I wouldn't make it that far." And he started notes on the back. "With a gentle touch of the hand and a warm welcoming smile." I'm sure that was about me. [laughs] I'm just kidding. I'm sure it was about the staff that was taking care of him because while he was in the hospital it would have been interesting to see his perspective of the military nurses coming to his bedside. That's why I wish I would be able to find MySpace for him—to see his aspect of it.

Kollath: Anything else that you'd like to share?

Kromanaker: No. I'm good, thank you.

**[End of interview]**