

**Wisconsin Veterans Museum
Research Center**

Transcript of an
Oral History Interview with

DAVID MURRAY

Medic, Registered Nurse, Operation Enduring Freedom, Operation Iraqi Freedom

2014

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Murray, David (b. 1955). Oral History Interview, 2014.

Approximate length: 2 hours, 27 minutes

Contact WVM Research Center for access to original recording.

Abstract:

In this oral history interview, David Murray, born and raised in Tomah, Wisconsin, discusses his varied military service of over twenty six years as a combat medic and Registered Nurse (RN), including two overseas deployments with Operation Enduring Freedom and Operation Iraqi Freedom.

Murray discusses growing up in Tomah, Wisconsin and the military involvement of his father and brothers. Murray tells when and why he joined the National Guard in 1986 at age thirty-one. He shares reflections on basic training at Fort Leonard Wood including drill sergeants and facilities. After finishing basic training, he went to Fort Sam Houston for combat medic training and he describes the program, what he learned, and camp conditions. He reflects on his years serving as a part-time Guardsman, completing a degree in Nursing, receiving a scholarship from the Veterans Health Administration, and working into management at the William S. Middleton Veterans Hospital, Madison (Wisconsin).

Bagram Air Base in Afghanistan had an opening for a nurse in early 2007 and Murray accepted, serving just over seven months. Murray discusses his deployment, including reflections on living conditions, other medical staff, and the experience of the war itself. Murray reflects on difficulties he experienced such as loneliness and lack of support from being a “onesie.” He discusses the types of individuals and injuries he and his staff handled at the field hospital, working conditions, and the experience of leaving Afghanistan and returning home.

In 2009 Murray was deployed to Operation Iraqi Freedom. He reflects on the experience of managing twenty five to thirty hospital staff contact with his family, what types of combat injuries he and his staff handled, the facilities, what he did with any downtime, and observations on the lack of the mental health component of returning soldiers.

Murray reflects on his own struggles with his emotions, the value of resilience training offered by the military, reflections on his four daughters serving in military conflict and what motivated them to join the military, advantages of making military service compulsory after high school graduation, advice he gives to individuals curious about the pluses and minuses of serving in the military, and reflections on the pride he experienced serving in his various military roles, including receiving an Army Commendation Medal.

Biographical Sketch:

Murray (b. 1955) served as a medic and combat nurse with the Wisconsin Army National Guard and the 115th Fighter Wing. He was deployed twice, with Operation Enduring Freedom in 2007 and with Operation Iraqi Freedom in 2009. He served with the Wisconsin Army National Guard

for eighteen years and in the Wisconsin Air National Guard for eight and a half years. He served a total of twenty six and one half years in the military, retiring in 2013.

Archivist's 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.

Interviewed by Andrew Thompson, 2014.

Transcribed by Audio Transcription Center, 2016

Reviewed by Neil Bartlett, 2017.

Abstract written by Neil Bartlett, 2017.

Interview Transcript:

[Beginning of OH1949.Murray]

Thompson: Today is December 8, 2014 and this is an interview with David Murray, who served with the Wisconsin Army National Guard and the 115th Fighter Wing and has served in Operation Enduring Freedom in 2007 and Operation Iraqi Freedom in 2009. This interview is being conducted at the VA Hospital in Madison and the interviewer is Andrew Thompson. David, let's start by telling me where and when you were born?

Murray: I was born on November 18, 1955 in Tomah, Wisconsin.

Thompson: Tell us a little bit about what life was like growing up in Tomah.

Murray: Oh, you know, as kids, pretty free range. I came from a very big family of ten kids very close in age. Uh, my dad worked, my mom didn't for a number of years. She went back to a program to become a nursing assistant, so she basically worked night shifts. She was only at work four weeks so she could buy a new refrigerator and then it turned into 32 years of work for her. But as kids, you know, things were so much different then. We could get up in the morning and be gone, and not be seen again until suppertime, and everybody was considered safe. You were out playing ball, you had a pickup game of ball, that type of stuff. We didn't -- not the same now where we really worry about kids when we're out and about people around them. So typical kid jobs. Newspaper boy for a couple of summers and then just worked through high school.

Thompson: Of those ten kids, where were you in that succession?

Murray: I was number four.

Thompson: Number four. Okay. What sorts of activities, and sports, and extracurriculars were you involved with?

Murray: In school?

Thompson: Uh-huh.

Murray: I did a lot of with like the yearbook. I was in football until I was a junior. I was too small at that point to keep playing football. Wrestled, did a little bit of baseball, a little bit of track. Uh, played a lot of extracurricular, the slow-pitch softball and stuff the last couple years of high school. Worked at a pizza restaurant that we eventually purchased. It was kind of unique because it was just a mom and pop type thing, but they said I was the only wrestler on the team that held a liquor license or a bartender's license and serving beer at that time and still being, you know, not violating the athletic code. That was also kind of interesting for us.

Thompson: Was your father or anyone in your family in the military, prior to—

Murray: You know, actually my dad. He spoke very little of it and until his recent death, we really hadn't realized he had actually served in the Army National Guard. That was way back when he was eighteen years old. He had joined a gentleman by— Norm Parker was his best friend and they had joined together and it was — October 7, 1949. And they only joined because they drilled every Wednesday evening and they made enough money to pay for their room and board while they were up at school at River Falls. It was about the time the Korean War was kicking off. My dad had a fairly big family. His new job down at Van Pack in Tomah really was—put a lot of pressure on him and being in the Guard. So, he missed a few drills. The first sergeant there decided to kind of play hardball with him. And back then if you were AWOL X number of times, they could kick you into the active component. That was—that was just part of the whole program. So they did that to my dad. He went down to MEPS [Military Entrance Processing Station] in Milwaukee. He was, got in there for the physical and stuff, and then when they did his paperwork—because they were going to put him in the active Army—realized he had five children and—and said basically, “How the heck did you get here?” And sent him back. And he basically finished out that piece of the military. But he was with the 121st Infantry at that time.

So the little that we knew about until after his death, and then Norm Parker, who was a lifetime in the military at thirty plus years, had sat and talked with us a little bit, so.

Thompson: When did you decide to join the service?

Murray: You know, it's kind of funny. I had brothers, two brothers that were Marines and I never really thought of the military at all. I didn't quite understand why they went in. Thought it was kind of like, “What are you guys doing?” Then again at that time coming out of high school, kind of a little bit of arrogance that the military wasn't for guys that wanted to get going. So I had kind of bypassed the military. Actually it was because of, in 1986, my wife and I had a small business in Wisconsin Dells. It wasn't doing very well. The writing was on the wall that we weren't going to survive that business. And I had been over to Farm & Fleet and right across the street was the Baraboo Armory. A big sign, two thousand dollar signing bonus, and then educational benefits. So I'm looking at that thinking and I talk to my wife. I said, “Man, you know we could really use that \$2,000 and it's only a week a month.” You know, the whole story. Went over and talked to a recruiter, and he wrote everything down, uh, had me do the testing, and I went down to MEPS [Military Entrance Processing Station]. MEPS that day -- wanted to send me and I'm like, “Well, wait a minute.” I mean I hadn't even agreed to any of this stuff. Well, then they got upset. I had to call my wife and she's crying on the phone. We're trying to figure this all out. And in the end, just said alright, alright. We got to do it.

So basically my enlistment was November 1986. At the age of thirty-one I went

into the military as a National Guardsman. Sent down to Fort Sam—or Fort Leonard Wood first. Kind of one of those where you get down there, you don't know what to expect. And I tell you, I was clearly out of my element and I was the old man of the group, they had no problem letting me know that. I can imagine—just remember those drill sergeants standing out on those front steps and just kind of clapping their hands, and telling us what a great day it's going to be, you know? And then they'd drop you for push-ups, or sit-ups, or whatever. And we were out on a field march one time and it was unbelievably cold. Just unbelievably cold. And they just kind of yelled at us and said, "You know, what are you going to do when it really gets cold here?" And I'm thinking, Geez. I've never been to Missouri before but holy crap, this is terrible and I can't imagine it getting any worse. But you survive that type of stuff. It was just kind of funny, the thoughts you put out. And I know by the end of the basic training portion—and my wife, and girls, and my mom had come down to see the graduation. And then these guys had no problem—your family is standing out there and they'd put everybody in a front leaning rest position and decide we're going to make you do push-ups in your class A uniforms and people would just do their push-ups.

It was like alright, is that all you got for us, because by that time it was like you could keep them coming. Fifty, sixty push-ups, you didn't have a problem with that anymore. My kids, now they were only there basically for about thirty-six hours, so they allowed—they came in on a Friday evening—they allowed to us to leave with our family at about four in the afternoon. But we had to be back at the base no later than four in the morning to get ready for the graduation ceremony and stuff.

But when they picked me up and we were ready to go, Julie—one of my younger daughters, a twin at that time, she was just a little over two years old—sat on my lap rubbing my bald head, and I'd lost probably forty pounds during basic training, and she said, "Do you remember when you were my real dad?" It just kind of broke my heart. I was like, "Honey, I'm still your dad." But I drastically—went in. The last time she saw me I had longer hair, I was a little plumper and stuff, but that's always kind of stuck with us, you know, that piece of it. And then we basically from there went to down to—the group went down to Fort Sam Houston for our training as Army medics.

Thompson: Just to go back to basic training a little bit. Can you tell us about the type of training that you did there? Maybe talk about some of your friends and during the downtime what you did?

Murray: Yeah. Well, it's always funny. Downtime. There is no downtime in basic training, which is—although I would say any time that you had a free moment, you were polishing your boots. That's all you were doing. You were polishing boots. And they made you put a white dot on one pair so you had to rotate your boots. You couldn't just have one grungy pair to go out in the field with and stuff, so you would have to basically be doing that type of stuff.

I had met a young man from Eau Claire. Pete Helmbrook [??] was his name and

him and I got to be pretty good friends throughout that period. But you're training. I always at the end kind of looked at it—well, their job was really to break us down, make us a cohesive unit, then turn around and get you physically in shape. So after a while, every time you heard the front leaning rest position and you kind of knew what was coming, the expectation was that really they're doing this to get you in shape, even though they try to make it sound like it was more disciplinary and that everybody's going to pay the price and that type of stuff. But every day was full from basically at five o'clock in the morning, you get up and get going. Breakfast, marching places, sit through classes, get back up, march. It's constant marching and moving, and whether it was going out into the field, um, field exercises basically learning to fire the rifle. Uh, I'm not a big gun lover, so I didn't—never had shot a rifle before, um, never wanted to shoot one again after that, but, you know, I made marksman or whatever [inaudible] was the lowest and I was no super shooter or anything like that. But I knew enough that I could at least fire if I had to. I think the—a lot of physical fitness. The training, the running. I know towards the last couple weeks that the one drill sergeant I kind of liked, he'd say, "Murray. How many push-ups can you do?" And I'd tell him a number. Thirty or whatever it was. He said, "Get down. Give me thirty." Every time we'd be standing to go somewhere. "Get down. Give me thirty." Again, trying to build you up.

He had selected me as house mouse and the house mouse basically had to do some of their paperwork for them at the end of every day and about the only privilege you got was you got thirty minutes in the bathroom after everybody else had left. I probably should call it the latrine [laughs] because you'd get dropped for push-ups if you said, "I'm going to the bathroom." So kind of funny there. But it was, it was interesting. I did scheduling for KP [kitchen patrol], and fire duty, and that type of stuff. We were on the third floor of a three-story barracks and each one had a main drill sergeant and the drill sergeants on one and two, for whatever reason, took kind of a disliking to me. So any chance they had to make you stand there and do mule kicks till they were ready to talk to you. Because it was always you had to stand at the door, knock, and then say, "Sgt. Murray, request permission to speak." And then if they told you to speak, you could speak.

Well, I got tripped up on one where it was, I said, "Sergeant, Sgt. Murray," because it was the drill sergeant, you know? And he said, "Get out there." Made me do mule kicks but he's not watching. I'm just jumping up and down, I'm not kicking my legs backwards like you're supposed to. Like this is stupid, but, they were the same ones that, when my wife and family came, kept me about four hours before they'd—everybody else was getting released—but it was like, no, you're going to do that. Kind of like you're going to do that too and stuff. In the end, you got out of there and just thought whatever. [laughs] Drill sergeants are drill sergeants.

Thompson: Do any of the drill sergeants stick out in your mind?

Murray: Probably the on—I can remember some of them and if I saw their names, it'd be like yes, great—but a drill sergeant by the name of Sgt. [Barrage?], and he wasn't

there to start the day or to start even the first couple of days. And the fill-in guy was a reservist who was like, "Oh, you guys." He'd kind of have a little powwow at night before everybody's going to bed and we'd all round up in one of the eight-man barracks—I mean we had eight-man barracks, two-man, that type of stuff—and he'd be telling us what's going to be going on, what you're going to expect. "Oh, my gosh. Sgt. Barrage gets here, you guys are going to love it. He's going to make it go well for you guys." And everybody's like yes, this is good, this is good. And that Monday morning, it was like what is going on? Just screaming and shouting. And it was just—people are like huddling against the wall, and everybody's just standing, and nobody's moving out of their rooms. And here it is, Sgt. Barrage, who is meaner than the dickens. [laughs] He wasn't going to put up with anything and that's where he was stopping people and going, "Where you going, private?" And then, "I'm—I'm going to the bathroom." "There's no bathroom here. Drop. Drop, Goddamn it. You're going to do this." And we're all like oh, my God.

Then he'd call everybody out. "Toe the line." And then you had to line up along the whole barracks wall and just stand there at attention and then he'd be doing his talking. And he was kind of yelling and we had one kid who—not that same day—but he went on the range and you always have alibi rounds, right? So alibi rounds. For whatever reason, he had a bullet left and he decided he's going to mail it home. So he takes it with him, doesn't turn it in. Well, then they do their health and welfare checks where they go through, dump all your stuff out on the floor, basically make you throw away a nail clippers because that could be a weapon, and get rid of this type of stuff. And they made everybody again toe the line, and they were really hollering about this. And the poor kid, he's standing against the wall and stuff, and you could see him. He was kind of across from me and he's starting to go down and this drill sergeant's in his face. "Don't you dare pass out on me. Get yourself back up here." And this kid is just like boom [laughs] he goes and the guy's screaming at him not to faint. "Ah, this is pretty good. I don't think that's going to work for you," but it was kind of that kind of silly stuff where, man, they were trying to control everything. And I understood why at the end, but man, they scared the bejeebers out of you for a while. Even at my age, running into something like that where you kind of were set up a little bit. You know, the oh, yeah, you're going to love this.

And in the end, I mean he was good, fair across the board. Everybody got the same beating down and yelled at and stuff. But I came home and I had that same mannerism, which was kind of funny because I always put my hand out just like he did. Talking to my kids, making a point to anybody and they'd be like kind of watch that hand. It always just led right to them. Even now, thirty years later, it still sticks in my mind and Sgt. Barrage will always be that guy that I remember that really kind of tripped us up.

Thompson: What about the facilities down at Fort Leonard Wood at that time?

Murray: The very first week—which was a fill week, they called it—because I went between Christmas and New Year's, my family, um, they—her, my wife's sister,

they all went down to Florida right after Christmas to spend a week, kind of break up the fact that dad's gone and the kids, get them going and stuff. But it turned out that fill week, um—it was just a wasted week. It didn't count towards your time or anything. You sat in these barracks and they were the World War II barracks, a lot like Fort McCoy's before they were remodeled and stuff. Just busted up flooring and the tiling and stuff is ripped. You could never make anything look clean and they're always making you keep trying to clean things, as the guys slowly filtered in. Once we moved over to our barracks area, like I said they usually were three-story concrete. Pretty austere, but it was—I was in a two-man room. It was about the size that a dorm room would be, but you didn't need much else. You had your locker and you couldn't have anything else, so you spend many a nights, early mornings, just sitting by the little radiator because they're kind of chilly and just polishing your boots. Everybody's coming up with a way of how it would make them look better and so on.

It was good. The food was good. I was remembering that I was so afraid that they were going to really bust you after lunchtime and so I would basically not want to eat very much. It might account for why I lost forty pounds or whatever, but it was kind of one of those, I'm not going to eat because man, they'll make you throw up. But I knew if—that anything you took, you couldn't throw away. You better eat what's on your plate. So it was always kind of a miniscule thing, but I always would sneak about four or five of these big green olives that still have the seed in them and stuff and I'd kind of slowly figure out a way to get them down into my cargo pocket. So then throughout the day, if we're marching or doing something, I'd slip one in my mouth to kind of suck on and chew on a little bit because you couldn't have anything at that time. The pogeey bait [military slang: candy]. You couldn't have pogeey bait. They would march us over to get our haircut and there was a little convenience place right next to it and they would allow you to go in there if you needed to get like boot polish, or shampoo, or soap, or something, but if you ever got caught buying candy or anything like that, big trouble. So what did we all do? We probably bought the entire stock of Luden's cough drops that they had there. They're cherry flavored. You had to throw those in your mouth and suck on them when you wanted something kind of sweet because you couldn't get anything else. So it was kind of those things as you think back that, eh, they were pretty, pretty silly, but again controlling.

Thompson: So after basic, you went to Sam Houston for combat medic training.

Murray: Yes.

Thompson: Uh, can you tell us a little bit about that?

Murray: Um, Fort Sam Houston, twelve week program. You did your kind of what they called the BMO, basic medical orientation. That was the first three or four weeks kind of to weed people out. Those that aren't going to make it as a medic and then it was also for those that were going on to higher programs other than just being a combat medic, but they needed that basic education.

We were probably the first group that they utilized cadre instead of drill sergeants. And so because we're coming out of a drill sergeant environment, everything's pretty tough and you're kind of trying to be on the straight and narrow. But, we got in and it was, oh, I'd call it oh dark thirty—I mean it was the middle of the night—and they put us in this big bay and we all just kind of hung around. Seven thirty came, they called everybody to attention. Everybody's standing there. This lady is barking out stuff to us and then said, "Report here 0700 Monday morning." This is Saturday and we're all like, "What does that mean?" We haven't had two days of freedom in any—so everybody is like, ah, it's a setup. It's a setup. So everybody basically sat in their bunks in their rooms just like, well, where do you think we should go get some food? We didn't know where the cafeteria was and stuff. But you slowly figured out that that weekend, even though we technically had a freedom, there was a theater down the road, there was just different things you could have went to. Everybody was like, no way, man. They're just waiting for us to screw up here and then we're going to get our butts—so nobody went anywhere.

And then of course, Monday came, they got us into classes and things. Other than trying to stay awake for a lot of classes, you're always buddied up with each other. So if you're falling asleep, I got to keep nudging you to stay awake and the same for me. And if you're really tired, you'd get up and stand in the back so you don't fall asleep. You get caught sleeping, you go outside, they kind of work you up a little bit and let you come back in so you don't fall asleep. But otherwise the program was good, um, probably the one thing I learned big time was when you're there and you're working and they're teaching classes, never give up your only pen. I borrowed my pen to somebody who needed to do it. He wouldn't give it back right away. He filled all his stuff out and it got down to the time everybody turned it in, I failed because I didn't have my pen back to finish my paperwork and stuff. So I had to redo that. I'm like, Hell no to 'oh yeah,' because I was always like 'oh yeah,' go ahead and use it. So it's kind of one of those, like, all right, lesson learned. Don't give up your last piece of equipment that you got, so.

Thompson: Do any instructors from that time period stick out in your mind?

Murray: Um, Sgt. Dew [??]. She was female drill sergeant or female cadre, but she was kind of our leader. She was—I don't know. I respected her, appreciated her, although it got kind of funny because we would run in formation now—remembering that we're male-female mixed together here—for exercise. And she's got on us on this run and it's kind of a slow-paced run and the guys—everybody's kind of wanting to run. And she got so mad at us that she stopped the run, put us in formation, half left, front leaning rest, and then she made us do push-ups. Ten. Everybody's like—[laughs] then she tells us to recover after ten and we're all like, you got to be kidding me. Well, she got that and then she's like, "Oh, shut up." And then she got us marching again and stuff, but I mean you could kind of give her a little grief but it wasn't out of disrespect. It was just that it was so funny that we'd come out of that environment where they'd get you where—until your nose was basically in the ground, and keep pushing, and keep pushing you. This was ten push-ups and you better understand you're being

punished.

Thompson: And how were the facilities at Sam Houston at that time?

Murray: Oh, again, these were big barracks. I know we had—could be sixteen guys in room bunk beds. Open base, much cleaner than what we'd had in the original World War II barracks and stuff. Easy to keep clean. Same thing, keep those boots polished. They didn't rotate them like before, but you still had to have everything ready for inspection. Your t-shirts had to be rolled to like a three-inch stay and so everybody would roll up a set, tape them underneath so they wouldn't come apart, and then you never touched the underwear, or the socks, the t-shirts. Everything in that drawer just stayed like a picture perfect for an inspection and then you kind of had your other stuff where you kind of hid it away and just pulled it out when you needed to wear it. Stuff like that. So yes, it was good.

Thompson: And what sorts of things did you do to train up to be a combat medic?

Murray: I guess it's almost to the point where you learned all the basics that you would need in terms of doing vital signs, recognizing somebody that's maybe in distress, talking about how to put in an IV if that's needed, pain control issues, how to put a sling on, how to protect somebody's airway, protect their head for a C-spine injury. It had morphed into almost like an EMT type training to allow for people coming out that actually they could test out for their EMT if they wanted to. I was looked at as a cross between kind of that EMT/LPN type training, because they did teach you what you would do in a hospital setting, some of the things that would be required for ADLs, activity of daily living-type things that you would have to work with people on how to make beds and how to take care of some of the lower-end jobs that would be expected of you.

Thompson: Sure. And were you able to select combat medic as your specialty when you enlisted or—

Murray: I did.

Thompson: —were you not able to?

Murray: Yeah, yeah. I mean basically what—and you learn it how you do it kind of look [sic] back. But the drill—when I first enlisted, Sgt. Knutson [??] was the recruiter over there in Baraboo. And when they tell you, you know, my recruiter lied to me, I wouldn't say he necessarily lied. I would say they kind of withheld all the facts. I'll put it that way. But he initially had said, "You could do anything, anything you want." Your ASVAB [Armed Services Vocational Aptitude Battery] scores are—you select you're your MOS [military occupational specialty]. But he kept wanting me to be a fuel—uh, I forget the full name they use. But I basically would go out and sit in a field somewhere and when tanks came by, I'd fill them up with fuel. That would be my job. I was like, "I'm not going to do a job like that." That's pretty mindless. To me it seemed pretty mindless. And so we worked on the combat medic, and he found a spot where they would need a combat

medic, and so that was my first choice. If you didn't pass that, if you couldn't handle the course work, then they could drop you down to what they wanted you to fill a slot that they needed in. So you pretty much had to make sure you got through that portion or you would have a mindless—I call it mindless, sorry if anybody's [laughs] been in that field, but I didn't see myself wanting to sit out there doing that kind of stuff.

Thompson: Did your family come down for graduation from advanced training?

Murray: Actually they couldn't. We—you know I went into the military to help—get help with both education, and we were on tough times for money, and so it would have been an impossible drive to come down there. So we had basically that graduation, and then they got us off to the airport, and flew us back home.

Thompson: So then talk to us about what happened once you got home? Uh, you were in the Guard so you started drilling—

Murray: Yeah. Yeah. You get back home and you're kind of readjusting to things. Like I said, I'd lost a lot of weight, I no longer wore my hair long, and I had to go to drill probably in July. I got back the end of May. So July, first drill, it's going to be up at Fort McCoy. You're leaving on a Friday evening to drive you up there and then go. And of course my wife drove me over, and got all the girls, and then they're all crying because they think I'm going away again for a long time. You try to tell them, "Dad will be back Sunday. You'll come get me and everything will be good." But, got on the bus, went up there, didn't know anybody at that time because you'd been gone. They knew I was going to be a medic for them and that type of stuff. So it was kind of unusual. And I found the Guard to be unique in such a sense that I never was a drinking person and so it seemed we'd get up there, they'd kind of release the guys about 7:30, eight o'clock. Had to be up by five the next morning, so it's like, hey, I'm heading this way. I'm going to sleep. Well, boy, about 2:30 this group would come in just howling at the moon and it's like, I've got to be up in three hours and you guys are—it was kind of nuts.

Well then we'd all fall out at five. This group wouldn't come and they'd just say, "[?], we don't need breakfast." And so by the time we got done and back over there at 6:30 at worst, they're up and ready to go. But I found it kind of the most bizarre type thing. And there were a few that would get away with probably drinking just a little bit on the way up. And the one night we went up—not that same time, but in that time frame of the going into the fall—we were run up to do, uh, live fire, individual weapon training.

I mean I'm a medic, right? I'm going to be out there. I have to fire, too, but I have to kind of watch people, and all I'm thinking is, Man, these guys back here, they're going to drink and they're going to have weapons in their hand. What the hell – what's going on? And it was probably, uh, I don't know how it happened, but we got up there, unload all the weapons. The fly sergeant that was in charge, he forgot all the firing pins. So he has to drive back to Baraboo, they send everybody back. Rack out, we have to get up early and shoot in the morning and

stuff. And I thought, Wow, divine providence. Thank goodness that they didn't have the—guy forgot his firing pins and stuff. So it was, again, a lot of different things. Training issues. And as a medic, you sat many times on different ranges just making sure. I was with a tank unit, the tankers and the scouts, so if they were—whatever they were doing, you were there with them, just making sure everybody's safe, hearing protecting, or a bump, bruise, or whatever they had, so it was—

Thompson: Which unit was that at the time?

Murray: It was Troop E 105th Cav out of Baraboo and we were a Baraboo-Reedsburg contingency, so, they were the debt unit to us. We did a lot of the tank training, so I was with them for about five years before moving on to be with the evac hospital. But the last two years I was with them, the one year they sent me out in advance with the 632nd Armor Group out of northern Wisconsin. We all went to Gowen Field in Idaho. It was the second largest tank range for firing before you would go to the National Training Center down at Fort Irwin. So they knew they were going the next year, so they said, "Well, why don't we send you out here? Hook up with them, see what the environment's like."

And it was hot. I mean it was a really hot environment. And so the next year, we go out there and same kind of stuff. Hotter than blazes. These guys are all trying to be tough machos and things and I kept trying to tell them you really don't want to train hard from 1:00 to 3:30, four o'clock in the afternoon. Take the downtime and let's do it in the evening.

Well, that's the not the way the young lieutenants were thinking and I always tell them, "You got to stop. These guys got to get hydrated. We've got to get just people to rest." You know they're all buttoned up in these tanks and these scout vehicles and stuff. I can still remember this. I won't even say his name, but the first lieutenant who was with us, and I'm telling him, "Sir, you've got to do this. You've got to just"—and he's like, "You're just an effing Spec 4 Medic and you are not telling me what I have to do." I'm like, "Okay, all right." And I think the biggest satisfaction from that was about ten o'clock that night we're chopping him out of there because he's dehydrated, he's got the shakes. We had to put an IV in him and send him back. So I thought, "All right, that's due satisfaction." And the guy wouldn't listen to me, we told him what was going to happen if we didn't, and then it did happen, so.

Thompson: How were you treated by the rest of the guys in the armor unit? Were you viewed as their equal or?

Murray: You know actually, I don't know. You almost had a little nudge above them because you got close with the group, you're always walking around, working with them, and then eventually you got known as Doc. That's what they called you. I mean I was an E-4. I made E-5 sergeant, just before I left. But it was always—whenever they addressed me it wasn't, "Hey, Sgt. Murray," or this, that. It's, "Hey Doc, come here, we need some help. Can you tell us?" So whether you

were teaching a class for them, or walking them through safety issues and briefings and stuff—so that was kind of cool to be kind of pretty much part of the group and embraced fairly quickly with that group.

Thompson: Did you know anybody in that unit before you got there?

Murray: I knew of Sgt. George Stopper because I knew his sister. Didn't—I just knew of him, didn't really know him. But otherwise there was nobody in the unit that I knew personally before I started.

Thompson: And what about after you left? Did you know everyone?

Murray: Yep. You knew everybody and actually you knew a lot of the guys from the Reedsburg—yet you only drilled with them in the summertime, you didn't see much them much in the off tour, but they all became kind of, at least, really good acquaintances. Some were really good friends, um, but like anything, you move onto a different location, and people you're going to stay in touch with, it just doesn't happen. But every once in a while I'll run into somebody and it's been thirty years. They'll say, "Hey, weren't you with us in the medics?" And kind of work through—there's kind of a—still that common bond that we can still talk about, shared experiences and stuff.

Thompson: Sure. So this was—you were in this unit right around the time of Operation Desert Storm? Was there any concern about that? Did you—were you alerted for deployment or?

Murray: We weren't alerted for any kind of deployment, although everybody was getting ramped up, everybody's getting a little excited. Tank ranges—tank units were being selected. I was in my last semester of nursing school, so then it kind of became this, aw, man, if I get pulled then we're not going to graduate on the cycle, and what am I gonna do then, and how long is this gonna be? And my kids were worried that my daddy might have to go to war and all that type of stuff. Um, but once it started, it was over fairly quickly, so we worried about something we really didn't need to worry about because we had no official orders or anything, and it was only about a six-week stretch from the time you were at the drill noticing it and then all of the sudden they start the war and it's over.

Thompson: Before you had a chance.

Murray: Yeah. Yeah.

Thompson: So you mentioned nursing school. Let's back up a little bit and talk about what else was going in your life at this time after you got back from training because you're only serving part-time at the time.

Murray: Right. Right. And the reason I had went into the military at that time was four years, get my education, and get out. That's really what we wanted to have happen. Well, I got—going to school at Baraboo. They had a, uh, two-year

campus, got my basic core stuff, and truly that first year while I was in school, my thought was I'm going to get a degree here. I'll get my two-year. But then I'll go up to Stevens Point and finish, get a teaching degree. And that's kind of where I was thinking and I had a couple older friends that—that were doing kind of the same thing. And I can't tell you why, and again, you think divine intervention, why did this happen? Mr. Straitee [??], who was kind of the student adviser at the campus—didn't know him from Adam, really didn't know him. And it was the fall of my—the second year there and he pulled me in one day and just said, "Hey, you know, did you ever think about nursing?" And I was like, "No. I'm not sure I want to be a nurse." Even though I was a medic, the blood and all this stuff was like, nah, I'm not thinking that's where I want to be. But he said—he encouraged me—he said you should at least go down and talk —Madison, uh, I came down, kind of talked to Joan Nellis [??] was her name. Great woman. Kind of walked through things. I was like, oh, my God, Madison. I'd never really—and here I am, what, thirty-two at that time—never had been in this area, downtown campus area, of Madison. You know, maybe hit the outskirts of East Towne Mall. A small town boy didn't do much. So driving and trying to come into the campus was like, oh, my goodness.

But I did look at Madison. I looked at Viterbo up in LaCrosse and the financial aid offer—Viterbo just would cover the tuition. Financially, from the UW, would cover my tuition and just a little bit of extra money because I'd be driving and stuff. I couldn't move down here. And so started down here and that first year—well, first semester, I'm walking around at the lower end of campus. I've got this book that's got kind of a three-dimensional view of the buildings and where they sat and trying to find these different halls that I had to go to, to get to classes. And I'd just be grouching the fact—"Geez, this campus is so big, how do people find things?" And I finally had an instructor that said, "Dave, don't worry about everything else out there. You have two buildings you need to get to. You know where they are." And so it kind of like make sense, like, okay, forget about trying to know what all these other buildings are, just go to your classes here. And then by the second year at Madison, everything was in the nursing school, so you all went to the same place. But that first year, parked way at the low end, I was walking blocks and blocks because I didn't know how to get there. I didn't know the bus system, didn't know how that worked, which really was free for students, but I didn't know that, so.

But my wife was trying to work at that time. We had the four girls and they—we kind of looked at it that when she tried to do a job and then having to have someone watch our children, it was like a dollar an hour was all she was making, and we were like we can't do that. So she started babysitting during this time that I'm in school. And I mean she'd get in trouble nowadays, but back then she'd have anywhere—she could have eighteen to twenty kids. Not all day, but parents knew that—"[Theresa?], could we drop them off?" So they'd come from the swimming pool and stay for two hours until their parents picked them up, but it would get some days pretty crazy and I always said I was fortunate enough to stay at school, and study, and not coming home until it was somewhat calm. But my wife, I mean, bless her heart, she dealt with this, felt very guilty at the time.

If—we usually would get like two children, some three-children families that would come in and stuff, but felt very guilty about getting fifty dollars a week for two or three kids. And she felt—it was like with a kid nowadays, it's like a hundred bucks a day or something. [laughs] You don't have any kids, it seems like. So we were kind of crazy with that. I was trying to do some work at the nursing home. I couldn't really do a full-time job, but would piece together different hours so I could have some money coming in. The drill check—I was so just tickled pink. Here I get eighty-six dollars. That was my first month drill check and I thought that was awesome. And then later in life, your time and grade makes a big difference, and you're ending your career making ten times that and thinking wow, what a change that was, so.

Thompson: So after the 105th Cav, you then transferred to the 13th Med Evac Hospital, correct?

Murray: Yep. I was, um—took a direct commission, was offered the possibility for that. I had interviewed for the position. I can remember Col. White sitting there asking me, "What are your goals? What do you want to be?" And I said, "Sir, I want your job." He was like, "Well, a little early." But [laughs] I kind of put out there that I'm not, if I'm gonna do this, I'm not just coming in here just to get a commission and sit on my butt. Started down there.

If there was a bad thing about it all, it's that I started right after everybody came back from Desert Storm because the 13th Evac Hospital had been deployed over to Saudi. And so they maybe at that time lost their motivation. I'd come to drill and they'd all just kind of hang around this one break room area, and nobody's doing anything, or pretty soon they were talking about what happened over there, which they had different stories for the length they were over there. You kind of felt like, wow, I'm like the odd man out here. I got nothing. I got no experience, no shared nothing that I can talk with anybody about. It probably took a good year before I even felt comfortable, finally starting to figure out personalities, and who's gonna—if I call it—recover from this, and get up and start working again, and who's gonna just ride it out because they're close to retirement and they'd kind of just said that's it type of stuff. And then it evolved from a 13th Evac, down to a 13th Combat Support Hospital, then it went down to what they call the current status, which is 13th MEDD [Medical and Dental Detachment] and it was basically a state asset that would do the physical exams, dental exams, pre-deployment type stuff, SRP—Soldier Readiness Process.

So we became a big part of that and that was our drill weekends. And so some weekends, you might be busy and do some things. Other weekends, there's not a lot. You don't bring a lot of people down, to work with that. But it was around that time frame that one of my previous commanders had went and was part of 54th Combat Support or, uh, sorry, Civil Support team and it was kind of a weapons of mass destruction. It was a big time back then. Every state was developing it. All your Guard units were picking these up. It was a twenty-two-man unit that would, in the event of any kind of catastrophe, would go in. You had

a certain number that would go in downrange, check for chemicals or any kind of agents, bring them back out. So our job was basically check them before they go in, where are they at, bring them back out of the theater, check them again, determine how long before you can go back in, or can you go back in while they're trying to determine that type of stuff. So I was our medical officer for about two years. Then they decided they were going to go full-time, that they couldn't just be a weekend asset and we pushed to say, well, you're going to have a full-time group. Geez, wouldn't it be good to keep seven or eight of us as the weekend group that could come in? So the medical officer's gone, you still go somebody that can fit in. They didn't want anything to do with that, so I moved back over to the 13th.

At that time, I was only there for about maybe six months because I talked with our chief medical doctor at the time and I said, "Sir, you ever see us getting deployed, being involved in this whole—whole stuff?" He's like, "No, you'll never deploy. You're a state asset. That's—just not gonna—" I get a little heartburn with that. I thought, "I've trained all my life to do this." And I had one of my friends, uh, who had been part of our military Army group, had transferred to the Air Force 115th about three years earlier, and he'd gotten ahold of me and said, "Hey, you might want to think about transferring over here."

I went and talked to him and stuff, and geez, low and behold, they had a nurse—a chief nurse position, a lieutenant colonel. I was a major and so it was kind of like, you know what? This could be a good deal for me. And I thought, oh, joint forces, everything kind of—this would be a pretty slick look. It took over six months just to get the paperwork to move through and they had a couple extensions where they were kind of releasing me from here to go to here, but it just hadn't been opened up. You had to stay. So they kept moving the calendar because they didn't want me just saying I'm out of here, see you guys. Kind of a—almost like a mini stop-loss type thing so they didn't lose some people. But—[coughs]—excuse me. I got there in June of that time frame and I think it was, um—yeah, it was June of 2005 and they immediately sent me to training up in Alpena, Michigan for kind of their field hospital training. I think maybe it was called EMEDS [Expeditionary Medical Support] at the time and you had to go in and learn how to set up a facility, and your role, and what you're going to do. There's only three people from our group that went up, and then a group from Alaska was there, and some stragglers just filling this out so they could have this required training. And the Army rank is different than the Air Force rank and [laughs] I had a heck of a time figure out who is who, and I'd call people by the wrong ranks, and they'd give me this, "Do you know who I am?" Because you're an officer, and you're all laid up, and you don't know nothing type of stuff.

But it was—that's kind of the beginning of the whole Air Force piece. I liked the training. I actually found that while the Army was good—I won't take that away—and I was as busy as an enlisted, but we moved into the hospital realm. Outside of being involved for a couple of years in training courses up at McCoy for Soldier Wellness Program, and basic life support training, combat training, and stuff we did, the home station group pretty—pretty tough weekends to get

through because you're just not doing much. And again, I'm somebody that wanted to kind of—we got it from here, I want to work, I want to do things, and we weren't getting a lot of that, and so you just kind of went through the motions. It's like, you were exhausted at the end of a drill weekend, it's because you didn't do anything. It was like, oh, my goodness. So Air Force side truly—I mean, their training plans, you were moving all the time. If you weren't doing—Saturday was the PHA [Periodic Health Assessment] as they called them, health assessments, where the Army called them SRPs, readiness, process. But either way, we did the same thing. So we're seeing a lot of the airmen coming through and we'd see a 100 to 150 every weekend on Saturday. Get all that done. Then on Sunday, it was peer training, whether it was PowerPoint or hands-on. So you didn't—days went fairly quick, training.

And I think I'd been there about a year, and that's when I'd asked the—the UDM [unit deployment manager] and he's the, I forget the initials, but he's the guy that help look for deployment type issues, and worked with Sgt. Reese, and said, "If the opportunity's out there, I'd love to be able to go and do what I'm trained for." That type of stuff. And so that kind of led to the getting up, kind of ramped up with the 115th. Just prior to my deployment, we went through a health service inspection, became one of the top-rated outstanding units to pass. It's all medical and they look at all your records and how you do things, so it was kind of that great feeling that wow, we did this really great thing. And they'd been there inspecting for three or four days.

That Sunday morning, when they were gonna do kind of their out brief, I had to go down over to the—Dane County's firing range. We shared that, they let us use that. So I had to learn how to fire a pistol because I was gonna be deployed. And that was two, three hours over there training and stuff, and low and behold, I get back and there's only three people around. And I was like, "Wow, where'd everybody go? This is my last drill and nobody to say goodbye to," type of stuff. And they're like, "Oh, man, Sir, did you hear? We got outstanding. We're really good. Commander cut everybody loose." And I was like, "Really?"

Kind of went like, "Geez." Nobody just wanted to hang out and just say hey, Sir, see you, have a good time. Be safe. Whatever. So it was kind of that nobody around type of thing and I was leaving the next month, so I wouldn't see anybody then until six months later when I'd come back.

Thompson: Just to back up really quickly before we get into your deployment, after you finished schooling, you took the direct commissioning. What was going on in life after that?

Murray: Um, so once I graduated from nursing school, I'd had my last clinical here at the Madison VA Hospital and it was a critical care of clinical, 240 some hours. [phone rings] And kind of got talking and said—can we stop that?

Thompson: Okay we are back here with David Murray.

Murray: So, well, we're talking about the working as a student in the critical care area. And they kind of always told me we don't hire new grads. You're doing good, but we want you to have some floor experience. And so because the summer before, when I was out at Gowen Field, I had put in for a scholarship, uh, through the VA that my mother had found in the *Tomah Journal*. Just a small article about this scholarship. And I queried the VA here, they dug around, found it. I applied for, um—I was one of 200 candidates across the country that received this. It was, basically took care of your last year of school, and you got a stipend, and your only real obligation was you had to work for a VA. They chose the VA. So I still remember Charlotte Beeson [??] was out at the VHA [Veterans Health Administration] in Washington—had called my wife while looking for me, but I was gone and said, “Well, he needs—he has to let us know in twenty-four hours. Does he accept or not accept?” I'm out in Gowen Field.

So somehow she got ahold of our armory in Baraboo. There was enough—we had some admin people. They got ahold of me out in Gowen Field. I was downrange. Somebody came out, got me, said, “You got to come back in. You need to make this call to your wife.” Everything's going on, and so I get on the phone with her, and it's like, “They've offered you the scholarship. They need to know by tomorrow morning. What should I do?” I said, “Well, what do you think? We could go anywhere.” I said, “Well, we could take the risk.” Milwaukee, Tomah—not our first choice, but Tomah was there—there was one in Iowa, which wouldn't be a long drive because we're, like I said, stuck close with our families, we weren't really sure we wanted to move far away, that type of stuff.

So we took the risk, said okay, because it's going to help us financially, we really need to do that, and so I was awarded the scholarship. We elected it. So when I worked—when I came for my clinical, which had nothing to do with my getting hired, technically—but because I knew I kind of wanted to work at the VA, I had contact with the manager on the respiratory floor, at that time it was the third floor, and she hired me, when I got out of school. And during that time frame that this was going on, we had gotten a letter from Washington, D.C. saying here are all the states with VAs that need nurses and dang if Madison wasn't one of them on there. So I was like, “Yeah.” [laughs] So I just signed up, said yep, Madison, Wisconsin, I'll accept that.

And so because of my scholarship, I got to start here. And actually, they had some turnover in the ICUs and they asked me, “Before you go to 3B, would you think about maybe staying here with us? We know you're a new grad, but you fit in well, we think this will work.” And so I was like, “Yeah, I mean that'd be great.” So I'm doing the—all the ICU courses that had to be completed, and studying for my finals, and getting ready for the NCLEX [National Council Licensure Examination] exam. All this stuff's going on in this three week period that was just kind of like, man, when you think back, it's like, how did we do this? But it all ended up working out and I stayed basically in the ICU until I went back for my master's degree. Got my master's as a nurse practitioner in adult health and then that's kind of started me on a different trajectory here in the VA system, um, was utilized at—within the military because I then could function as a kind of an

independent provider, second hands for the doctor, however you want to look at it as a nurse practitioner. So that worked out real well.

Thompson: Okay. So then in 2007, you deployed to Afghanistan, correct?

Murray: Yep. I was notified, early—end of 2006, early part of 2007. They called me and said, “Sir, they need a nurse in Bagram [Airfield].” I had no clue what Bagram was or what that was all about, and they had to explain to me, “Well, it’s Afghanistan.” And I’m like, oh, because I thought all the fighting was over in Iraq or something. I’m like, well, all right, if they need a nurse, I’m going. I’ll do that. So you always got to be careful what you wish for. So, like I said, we’d went through the HSI [health service inspection], that health service inspection. They’d had me out there doing my weapons firing and this stuff. Come back, nobody’s around, and the next month they’re putting me on an airplane and sending me off to land eventually in Bagram.

My wife was able to take me to the airport. They let her come right up to the flight to the —where you normally can’t come in, but let her stay there with me, and she said, “Sir, you’d be the last one to board if you want,” and stuff, and we just kind of hung out and thought, well, another time frame away. Basic was pretty hard. Here we are now going down there quite a few years later, but, same thing. Leaving the family for just a titch over six months, um, and then just kind of got on the plane and didn’t know what was going to be out there. Kind of from there they—you fly out towards Baltimore and then I think we were in Newfoundland. I don’t—you forget the whole order of fire of where you land. We ended up in—Kyrgyzstan was our staging area and that’s where you, um—you wait there and then when the plane’s ready to go down into Afghanistan, then they’d call your number and you’d load up and go. And I think we did the bag drag twice. It was a fairly significant distance and you got these two giant bags you’re carrying with you all the time. Get over there and then they’d cancel because they need—the Army needs the plane. They got more people, they need—we were low priority because there were already nurses in the hospital. It just delayed them leaving for us to get in there.

So, again, finally get on the plane to go to Afghanistan. Kind of—Bagram is situated kind of in Hindu Kush Mountains and we’re kind of centered, so it seemed like everywhere you looked around there were mountains, snowcap mountains and stuff. I said, “Geez, if you weren’t here in a combat zone, it’s kind of pretty standing there looking around.” I mean I’m not that—but we were the first rotation that was—the full rotation was in a new fixed facility for a hospital. So we didn’t have to go through the previous cycle. We basically spent the first half in tentage, and then they migrated over when the new hospital was built, and then we were replacing them. So didn’t have the real austere measures that many had in working condition. Ours was pretty clean. Inside there’s no windows in this hospital. But inside doing the things you do, it felt just like the ICU that I’d been in. They had all [??] area—all bells and whistles. Everything’s there. It’s like outside of a—going outside, hotter than blazes, and you’re in a combat theater, and taking care of different kinds of patients than anticipated.

Thompson: How were your living conditions there outside of the hospital?

Murray: Yeah. They're getting hot, dusty, a lot of snow. Snow, sand, storms type of stuff that would come in. We were situated right—the hospital was right on the flight line, and then our—I hate to call them barracks—but the buildings we stayed in were right next to that, and we were attached a small component of Air Force personnel, and then the Army had theirs. These were basically plywood buildings, so I figure them to be about thirty feet by 20 feet, because there'd be six, three on each side. Space, again, not much bigger than a college dorm room. It didn't have windows in them, but they'd cut out the plywood, put hinges on them so you could lift that up to try to get some air to come through.

But the problem was most times it's like really hot air, and dusty. The only time I ever opened that window was like early in the morning so I could see what time it was, get dressed. So we never turned on the overhead lights because guys were working many different shifts and stuff, so kind of that in-and-out there. And it was, we had to walk maybe a quarter mile or so up to the DFACs [dining facility] for any meals that we wanted. [coughs] And we had to walk maybe a hundred yards, maybe, give or take, to get over to the latrine area where you could use the bathrooms, take a shower, that type of stuff, and then head back to your little area to get cleaned up, and head back over to the hospital. And the hospital was not even fifty yards. You just kind of walked through some razor wire-type stuff set up along the airport border so that people couldn't get in on the airstrip. But, um, just—all I remember is hot, dusty, and it didn't really matter because the time your day was over, you're so tired you just fell asleep and got up and did it again.

Thompson: Did you feel like you were at war? Was there any reminder that it was an active warzone?

Murray: I think probably the biggest impact for the warzone—because Bagram's a pretty big base, eight miles around the perimeter. Um, you had to walk quite a ways if you needed to get any kind of supplies and stuff, but, I think between, one, the casualties we would receive kind of brought that, or when somebody was killed downrange and the body was brought back from Kandahar and then shipped up to here they would kind of have that hero's welcome—whatever they call it where people line the streets—as best we could there. And as the casket came through, people stood at attention, saluted, kind of got through there on the way to the airport, to finally—last journey to get home, type of stuff. And so those were kind of those moments that kind of struck you as wow, this is kind of happening.

Thompson: This is the real deal. Did you ever take any incoming fire or anything along those lines?

Murray: Not at Bagram. I guess on that end you felt fairly secure in that nature. There were many Army bases within the whole Bagram arena, and Marines, I'm sure. So on that end, no. It was more of a surreal environment to me. The first part of the rotation, we could actually jog or walk the perimeter, and you're kind of out there

looking at this kind of busted up, what must have been villages at one time, and you'd see a goat herder out there with some sheep and stuff as you're walking, and just thinking this is kind of weird where you're at. And it was always funny, we had to carry a weapon all the time, but you couldn't carry any bullets. [laughs] I was like—seriously. And then you'd have a little pouch of bullets that you could keep in your room if you needed them, but you couldn't carry them around with you and stuff. But towards the end then they stopped us from doing that and they—because there was an active minefield that we always kind of bordered around and some people were out doing things they shouldn't have been doing, and it was like no, you can no longer do that.

Thompson: What did you do during your downtime? Did you have downtime? And if so, what did you do?

Murray: Yeah. Afghanistan—it didn't seem like I had downtime quite so much. We got one day, what they called reconstitution; otherwise you were basically doing twelve-hour days. And so by the time you got up, got cleaned up, got to the hospital, ran your day, gave your report, got out of there—I mean, there were many days where, again, I would maybe snag a box of cereal out of the kitchen in the hospital that had food, basically for the patients. But if they had leftover, you could grab some. And so you'd get to where you're so tired that you didn't even choose to want to walk up to the DFAC and eat. And it was a kind of a—for me it was a kind of an unusual—and it could be my own thought process, but you really can't have—as a lieutenant colonel working in a field, you can't fraternize. And so, basically captains and below are kind of off limits and enlisted are off limits. And I was a onesie that went to Bagram to fill in a specific shortage that they had, so it was quite a lonely time, if I would call it that. It was more than I anticipated initially, created a lot of strife that first probably week or so. You didn't have real good access to phones and so I would have to be up at three in the morning to try to connect with my wife if I wanted to talk to her at all, and usually you'd get over there as early as you can, and then you got to wait in line, because other people, and there's only two phones, and you had to work your way through that.

But I can remember that first call, I actually could hardly talk I was just so—you start shaking and you're just so—I don't know if it was the stress, and the lack of sleep, and the stuff that's going on around you, and just saying that I don't know what the hell I got into here, what I thought I really wanted to do and stuff. But it just felt to me like almost like a major breakdown for that moment, and I—you know, I'd—I'd only talk to my wife for probably two minutes because I said, "I—I can't talk. I can't. I'll just call you back later when I feel like I can get myself back where I needed to be," and stuff.

So that kind of set the tone for that whole Afghanistan deployment. So I was—I'd go to work by myself, walk back by myself. If I decided to eat, I'd go up by myself and come back. And a lot of times I'd walk by the different tentages where other Army units were set up and you'd see all these people just sitting on their cots all by themselves, sitting around, playing games, just—and I know people get absorbed and I know this is their downtime. They've come in from downrange

and stuff, but I just—I worried about what's this doing to them to maintain that cohesiveness that needs to go on, and stuff? And because I didn't know anybody in the hospital when I first got there, uh, it got to be a little bit of a struggle. I had my expectations and I was worried that I couldn't meet the standards of the active component. Really worried about that, that you're a Guardsman, you don't get it type of stuff. And truly as we kind of got going, I realized that there's a lot of these people, because at that time I left, I was a manager at the VA Hospital, still working as a nurse for the military, and I thought, Man, I don't think I'd hire any one of these people. I'm just kind of watching them, and it kind of helped me get through some of the days, because some of them, they were just—just didn't treat the patients the way I would have expected. And remembering that, one, while we were there at Craig Joint Theater Hospital there, the transportation had gotten so much better from even the Vietnam era and stuff. So people could be out of theater, in surgery, in Germany within less than six hours. So even at the hospital we're at, stabilizing shit, it was rare—rare, that we would have an American soldier in our midst more than twelve hours while they were waiting for the flights, whatever.

So they would be on their way, which means what did we do? We took care of a lot of the insurgents. We took care of a lot of the collateral damage to women and children. Um, there'd be some—if I called them mercy cases—where people would bring their children and drop them on the outside of the gates where they'd been scalded, knowing that they only used kerosene for heating out in those—and they somehow had pulled the pan down, or whatever, lit their backs on their fire, whatever it was, so [coughs]. The biggest thing that I had to deal with initially, um, again active component meeting. And they're grouching about having to care for these people, because, what if we need supplies for American soldiers? We shouldn't be giving this kind of care, and it was just kind of this whole on-and-on between some of the enlisted and some of the newer officers, and it finally got to the point where you had to just kind of let them—just give it to them, say, listen, we don't look at what type of patient. It doesn't matter. We care for the patient. We provide care, comfort, whatever we can do, and we don't worry about tomorrow, because there's supplies coming all the time or whatever.

This whole what if, what if, we shouldn't be doing this. So a lot of grouching going on about that. And it actually got—towards the end where, uh, my commander, we had kind of talked and at first she had talked to me saying, “You're a little—maybe a little rough on these kids in expectations,” and that type of stuff. And I told her, I said—you know what? I unfortunately thought it would be hard fitting into the active component, but it's struck me that you're in a kind of a—well, you are in a combat zone and we're dealing with combat injuries, and telling people—I didn't get into the would you please go do this? To me it, it was just like listen, that's got to be done. So you tell—you direct them and that was offending a lot of the younger guys that I was pretty rough on them, telling them what to do.

But in the end—I don't even know whether if it was a good thing—most of the techs and some of the younger nurses requested to be on my side working with me because they felt they learned more and worked through things, where the

others—and then they'd be offended, like what's going on? But if you're a negative Nelly all day long, after a while it's like you know, I'm going to go somewhere where somebody's talking, can teach me, walk me through why are we doing what we're doing type of stuff, because some of them were still people that were going to go on and aspire for a career in medicine and stuff.

And most of the time, they would be sitting at the desk and you can see a couple of the rooms from—it's kind of like an upside down U. We got wings on our left and right side, and then the group in front of us, bigger bays. And some of that group would just sit at their nurses station, and just sit there, and they're playing music, and they're—it's like we're not—this isn't party time, but they didn't take it very seriously. And I would be in patient rooms, and dard was the word for pain, and you would walk in and there'd be eight patients in this bay, but only two maybe were my patients. And I'd walk in with the pain medicine for my two patients, take care of it. All the way down, "Dard! Dard! Dard!" And so I would just kind of walk down through and give each one a milligram because you had a ten-milligram syringe. Right, wrong, or indifference, we didn't have real orders. We had the stuff, but it was nobody was getting up to take care of these patients, and then you'd get to the next bay and the same thing happened. And it wasn't until I—we were probably in the—I don't know, sixteenth, seventeenth week there, and my commander, she said, you know—because she started helping us with recoveries out of surgery—and she said, "I kind of misinterpreted what was going on." And she said, "Nobody comes in these rooms." She's recovering a patient, I'm here helping here about—dealing with stuff. And so that was a good feeling, too, that she said, "You really do the right thing for these guys and you're there."

I mean sometimes, uh, silliness—that would go on. We'd have an enemy combatant seriously injured, but not killed, and they would have to bring a guard—the Army—whatever Army unit captured this injured person. So they'd sit out with their rifles outside the door. If the interpreters went in, they had to have a mask on or stand behind the curtain and talk to the person and they would make us sign waivers that you're never going to talk about this, or identify who this is, and then you had to take your blouse off so they couldn't see your name. And I'm thinking, in Bagram, Afghanistan, you think this guy is ever going to come to Wisconsin Dells, Wisconsin and look for Murray? I mean [laughs] I'm just kind of going, this is stupid you got us doing this stuff. And I thought, and how would I ever talk about somebody? Because everybody that came in got assigned a name by us, so you could have Green Bay Packer and Dallas Cowboy in the same room together. You're going, really? Seriously? What am I going to say about this? So some of the silliness of—and I understand this serious stuff, and we always talked about the secret squirrels, because they'd come in and you had to do all this different stuff, but it was kind of peculiar, I guess, what they looked as so intensely important versus kind of that bigger picture of, "what are we doing here" type of stuff. Nobody knows these people and what's going on.

And for me, I kind of talked about—if I called it the loneliness—dealing with some of these injuries. I think probably the first couple injuries were, one guy had

got hit by a M50, the caliber rounds, and had holes like this, probably the size of a small orange in his back. Four spots where you could go right down to the bone and everything, and we had to pack the dressing and change them. Again, you train for this stuff, but you've never seen this stuff in reality, and then just that smell of the blood and the dried up—it just got to be kind of one of those where you're like, geez. And then I had one that was so burned, he just—he looked like a charred skeleton, and they had tried to have done some different skin grafting that they could, and he had staples all over him where they were trying to get these pieces to fit, and trying to deal with him. And his ears had been burned off and he didn't have a nose, it was basically just the nostrils through, and eyes were burned. So I mean he was really—it was gonna be tough to see if he survives. He wasn't in an ICU because he's still at—his airway was protected. But kind of that gruesomeness and that cry. You know, hearing them cry because of the pain that they're having. And I said, “You know, that sound of pain—I don't care what language it comes in—that anguish that you hear and feel, it's like this is—this is just—” I don't know. It kind of struck me as man, what are we doing in this whole craziness.

And kind of, I think, emotionally I started backing up just a little bit. And it was about maybe ten days into the deployment and we had this little baby brought in. Uh, he weighed maybe nineteen pounds, but he had a huge tumor in his belly. And again you know, you question why did we do what we did because this was not collateral damage anywhere, this was not something—somebody hurt on the battlefield. This was a baby brought because he wasn't gonna survive. And we did have a pediatrician that was there—a lot of that was because of all those younger kids being brought in for burns and all this type of stuff—and she elected that she was gonna operate on this little guy.

And so he was put in our area for basically hydration and try to nutritionally strengthen him up prior to the surgery. We'd have to put IVs in his head and everybody's kind of holding him. About that time, my daughter was having her first child. My grandchild, Maddie [??]. And it was—you're rocking this little baby, and you're thinking about it. And he—he got the surgery and things that you kind of go, “Uh, I'm not really sure.” But the little guy comes out of surgery. He had a seven-pound tumor that they removed, but he made it one day. And it was kind of like, “Wow.” That curtain kind of fell over you like you know, I didn't want anything to hit me again like that hit me and stuff. So you're kind of like numb. And I think I—I didn't know it at the time, but I emotionally shut down, and I just went through my routine, did the stuff I had to do, get that type of stuff done.

And you kind of moved on, didn't realize how maybe—how much it had affected you while you were there. And I mean we had countless cases. The Polish Army had done some tank firing down at a—unfortunately they had the wrong coordinates and basically blew up a building where a wedding party was going on. It was women, and men were—they always kept people separate, but, so we had a lot of casualties from that and some pretty seriously injured. Some we cared for and were able to get them back to their communities and stuff, but kind of that

whole politically type stuff. And we had the Polish Army coming in and they're all trying to figure out—now it becomes this big governmental thing about reimbursement, and how are they gonna pay for these injuries, and the deaths, and the stuff that happened? A little guy that comes in and he's brought in—fractured legs. His whole adult male family had been killed. Again, a misfire of a mortar downrange that—while they're out tending the goats, or sheep, or whatever they had out there. Killed all of them. He survives. We've got him for four or five weeks, just trying to get him where he needs to be and stuff. And we had inherited one little guy who—he had been burned severely and infection in his right leg. And of course, mothers were never allowed to come into the hospital. Now if we had women that came in, they had to have a male chaperone with them. But never a woman come in to sit with their children or anything, even knowing they're dying. We know they're going to die. And mom's sitting out at the gate, nobody can be there with her. It's just like—you're like, this is not right. They should be there.

But here nor there, they would basically try to get through what they went through. I don't know. You kind of go on and on, and think about some of that stuff, and the burn pits in the evenings, kind of walking around, but you didn't—I didn't think a lot of them, because you'd see the smoke and every once in a while you'd get the stuff kind of dropping on you and stuff. But it was like, you know, part of the everyday, so you're just like, well, it's the burn day, or whatever day they chose to do that type of stuff. But I think that Afghanistan—like I said, you be careful what you wish for because you get there.

And I don't know if because I was a onesie, um, didn't have a lot of shared experience, support type stuff where you could kind of talk to people, decompress yourself. Most of the younger nurses I was upset with, and many times, you know, I'd go in and shut the music off, and say, "We need to be working here." And then they, "Col. Murray, just what kind of music do you want to listen to?" I said, "I really don't want to listen to any. Listen to what you want. But if I can hear it in the patient rooms, I'm shutting it off." I mean, I wasn't trying to be a prick about it or anything, but it was just kind of one those things that you're—we're here for a certain reason, embrace what you're here for. Whether you thought this a good deal, or a bad deal, or you only came in the military for a couple of years because they helped you with your school and the minute you get home you want to get out of here, I said, "It makes no difference." While you're here right now, do the best you can. Walk out of here saying I did everything that I could do. I wish I could have done more, but—and not walk away just like I could care less. And there was that—kind of some of that attitude amongst the younger enlisted, the lieutenants and early captains. So, uh, kind of where we were at.

Thompson: So, through all of this, what kept you going? Was it shutting down emotionally, was it support from home? I mean it sounds like you had a pretty...

Murray: I think—which is probably sad to say—but I think what kept me going was fear of failure. I'm a National Guardsman thrown in with an active component that's—Air Force component that's basically—it's an Army hospital run by the Air Force.

These people all kind of came out of Wilford Hall [Ambulatory Surgical Center] down in Texas, and just, I think, the fear that I couldn't cut it. I mean I knew as I'm going along that I'm, in my mind, doing better than some of them are doing. But you still always that fear that if you showed your emotion, if you broke down, if you did something that clearly, they'd say we got to get this guy out of theater. He's not safe or whatever it was. And so that striving, that when I came home I could hold my head high, and say I accomplished what I was sent out to do. I represented the 115th Fighter Wing, the Army National Guard here in Wisconsin, the Air Guard as best as I could, and that nothing goes back saying why the hell did you send this guy? He was no good or he didn't—but we had some that ended up having to be sent back. Not from our area, but other states that had sent people. So that challenge.

The first deployment, I had little contact with my family. Like I said, it was, you had to get up really early to get to phones and different things, so it made it kind of hard to do that. Could I have written more letters or cards and stuff? Probably. My wife was great about getting them coming from the other direction, but sometimes you just went, put your head down, and six hours later got up and did it again, and it was just kind of this continuous cycle of stuff going on, so.

Thompson: So then talk to us about coming home. What was that like?

Murray: So leaving Afghanistan, it was kind of weird. You get on this plane, they fly you up to Kyrgyzstan, and they're going to basically get you out-processed. Now for me, my daughter, Jamie—one of the twins who was in the Air Force—actually was in supply up at Kyrgyzstan during the same time frame that I was there. She was gonna be there two weeks longer than I was, but she met me at the plane and stuff, and we got to just touch base for that one day, kind of that overnight thing. I'll get my stuff. She had access to washing machines, cleaned stuff up, and kind of got me where I needed to go. So it was kind of nice, that little piece, kind of touching base with her, and knowing I'm going to see her in a couple of weeks—she'll be home and stuff—and then it's basically that twenty-four plus hour flight, that you basically feel like you're just on airplane. They'd stop for refueling and off you'd go and stuff. You didn't stop anywhere. And we all get to Baltimore, and then from Baltimore, they basically, uh—everybody skedaddles. So the few people you were on that were flying in that direction, it's kind of this quick down and dirty, "See you, guys," type of stuff.

Again, one of those where you probably wouldn't have contact, but you—in this time frame, there were four or five people that had become pretty good—I'd call them friends. I mean people that you were starting to share experience, and talks, and things. So you're gonna kind of get that daily routine of somebody to kind of talk to and stuff. And you land in Madison, Wisconsin, and you walk off the plane, and you're kind of the lone dog, and then you're watching as you come out of the airport. My wife is there with the kids and then a couple of representatives from the Fighter Wing, like Gen. McCoy was there and Col. Botton [??], kind of welcoming me home and they quickly get me over to the base. We do kind of our out-processing and stuff so you don't have to come back down and get that done,

and then you go home.

And then you're at home and it's kind of like starting all over again. You're like wow. Things have happened, things have changed. People talk about stuff and you're like, "So what are you guys talking about?" Because you've been out of the loop for six, seven months now, you didn't know what's going on. And I think I didn't notice it, but my wife had said my daughters had told my wife, "Dad just seems different from when he left." I didn't recognize it and I kind of just went on my way of where we're at, but I truly, truly felt like I'd left something behind. That I didn't—I still had something I felt I had to do over there. And so that desire to be almost like, "Just send me back, I got to get—I got to do this," which my wife never really understood and it's hard, I suppose, for anybody that wasn't there.

But I got real, I'd call it, close with some of the interpreters who lived in this country and we talked through a lot of different things and strife, and where they were at, and what was going on. I mean, we had doctors that were educated doctors from Iraq—or from Afghanistan, sorry, that were making seventy-five dollars a month, and that was a lot of money for them, just to come in and every day be our interpreters for twelve-hour shifts and just it—but anyway. And so right, wrong, or different, I said something to our UDM, that, "If they need a nurse back over there, I'm in. Get me on the list." And then kind of forgot about it, went on kind of living your life, and trying to catch up at work, and figure out what's going on at work, and trying to—home life, and where we're at, and then that was kind of that whole piece. Through that time period, they'd actually said to me here at work, um, there was a manager that had covered for me. And when I got back, they kind of said, "Well, Dave, we really don't want to disrupt 7B. Jackie seems to be doing well." And she had been my senior charge, and I knew Jackie, and I said, "That's good." So they didn't know really what to do with me, and then they're going to leave me in management, but they kind of moved to me to the outpatient side and I was helping with the indoor clinics and all of our community clinics.

I did that for about seven months and at that time, which was kind of weird, I wasn't on the best of terms with Becky, our associate director of patient care services. I was a little frustrated with some different things. I didn't think she understood the military quite—she was new to the VA. She had been here three years, four years at that time. And I felt a little that I'd been pushed away from my job, let somebody else have it, because I developed this group. So it was in about November of that next year, she came to me and just said, "Would you ever think about coming back to the inpatient side of the house?" I said, "Well." I said, "Yeah." I mean I really liked the inpatient side. You get young nurses who are excited to learn, they want to help build and stuff. So apparently Jackie had taken a different position, so they're going to lose a manager. But I said, "Well." I said, "Becky, I just want you to know I just got notified I'm being deployed again." "Oh," she was going, "Oh, my God." She said, "When?" I said, "May." "Oh, okay. That gives us time." She said, "Okay. If you come back, I'll promise that you will come back to this position when you come home. We won't do that

again.” I’m like, “That’s okay with me, but staff have to understand, too.” And so we talked to staff and they were like fine, we support you, and if you’re coming back, great guns.

And so I kind of set it up with staff and stuff as to what was going to happen, and worked for those next five or six months, and then basically got ready to go again in May. At that point, I was going to be sent to, uh, Bagram [Airfield]—no, Balad [Air Base] in Iraq. I had been in Bagram that previous rotation. So kind of in an eighteen-month period, I kind of got what I’d asked for when I first got home because I was in that state, but now, I’m in this “what the hell was I thinking” type of thing. But, again, I volunteered, here it is. I’m not backing out. I said I would do it. And so basically, again, same process. Get you out on the East Coast, get you all lined up. We shipped out of one of the naval bases out there that then shipped us up on our journey again to go into Iraq. And I think we never really stopped anywhere like we did when we went into Afghanistan, but we came through Turkey, and then down into Iraq, which was a much different—similar, but different environment. I mean it was all just flat, desert-y type land. Not much green. A few trees, dusty green leaves on them. I think they were eucalyptus or something like that that they had there, but, um, same kind of deals happened.

You land—the housing was a little bit different than what we had. Maybe, I’d say, it’s better in Iraq than it was—it was kind of these pseudo trailers. Again, the rooms were like ten-by-ten, but because I was a lieutenant colonel, I had my own room, rather—there was two beds in there, but I got my own room. And I was put on the other end, the backside of the main housing area, which again isolated me from things. You were still—we called them T-walls. But you were surrounded by these huge twelve, fifteen foot concrete bunkers all around. So it was a like a maze inside there. I mean you could look up and see the sky. But a lot of the times you’d be like, “How the hell am I gonna be walking down different ways,” trying to figure out where you’d get back to, until you got your routine of, okay, go in this way, go down three, turn right, you’re where you need to be me. Leave here, go out this way, bathrooms are right there. That whole, trying to figure out where you’re at. So that was different in that direction.

Some of the staff—now I was an element leader when I was over in Afghanistan, but I was actually the flight commander coming into Iraq, which basically meant, if you equated it to the real world, I was a nurse manager. I had—I don’t know, twenty-five, thirty staff underneath me. Dealt with a little bit more—I’d say a little bit more mass casualty, some more civilian type injuries, some things that politically really upset me that they allowed to happen. But again, I think I went in there and I was still numb from the previous and really wasn’t, wasn’t really gonna open myself up to anything. Kind of arm’s length of what’s going on around you and try to control my environment as much as I can, even though I was having to make sure that these twenty-six other people were taken care of, and got what they needed, and got their downtime, and that type of stuff, and rotations for work, and things like that.

Thompson: How was contact with back home during all that?

Murray: Actually that was better because, one, they had better computer access. They actually had a room, the warrior's lounge, you could go to and get on, and I didn't know anything about Skype and stuff at that time, but people were able to do that. Thought that was the greatest technology in the world the way a lot of people did it and it's probably something that had been around for a while. But here or there, I was able to really email my wife just about every day, just to kind of go with it. But some of it—and even in Afghanistan, where you kind of felt guilty about your contact with home and even—you'd send off a quick message or something.

But the challenge was that you're trying to be focused on this mission and what I've got to do right here, right now to take care of and make sure I'm safe and everybody around me is safe. And so right, or wrong, or indifferent, I didn't want the distraction from home. I mean I loved everybody at home, but it was like I don't even want to even kind of want to deal with this stuff. And so it kind of got to where my wife would maybe have an issue or something and it was just like, okay, well, I know you can handle it and just kind of leave it at that. I don't want to get into do this, do this, do this, and stuff. So the contact back to the States was probably better. But even though it was better, it felt like I shouldn't be doing this so much because I need to—so usually the quick email and sometimes I might go a day or two and not send an email just because, again, same long days, things going on, taking care of the different victims, and things that happened. And we had a couple of mass-cals [mass casualties], we had some big—they had a bomb exploded down in, oh—it was by the airport. Uh, you mix the two towns up and stuff, but it doesn't matter, I guess. It was just they had a huge bomb. We had thirteen or fourteen people. None of these are—they're all civilians for Iraq or Baghdad. I kind of lose track of where they were at. So Baghdad. So of course, again, it really wasn't war related, it was just a bomber incident. Civilians. So we really couldn't provide definitive care, but they evacuated them to us. Came in, we did what we could to clean them up. We had an eye surgeon there that was able to start some things, but then we had to ship them on to Spain for definitive care because we couldn't and a hospital in Spain accepted them for their casualties and stuff. And so they're kind of moving that group through.

Many years ago in the Bush administration, there'd been some insurgents in Iran and these were high-level scientists and different people that were kind of anti-government. And if you remember Saddam Hussein early back in those days, he was—he didn't get along with—so Iran and Iraq, kind of friction. And so he allowed this whole group of insurgents—if I call them that—to move to his country and he would protect them, and it was called Ashraf, a little community on the border between Iraq and Iran. And for years, we'd been using them, pulling as much information from them about nuclear technology and different things that these scientists and people could provide, and we'd always said we would protect them.

And we were—it had to be October time—from October-November time frame—with the new regime, whatever was going on in Iraq, and trying to realign themselves with Iran to be buddies, gave Iran permission to go in and get these

people. Now, we had a military—small outpost military base right next door, and they were told to stand down, and these guys go in and none of these people have any kind of modern weapon—they got sickles and things—and basically let this slaughter occur, and then gathered up all those basically that were dead or injured. And we even had one person that panicked and brought us a dead patient. It was like, oh, why'd you bring him in here, because then it creates this whole problem. But they just panicked, thought there was some way. They didn't do the really triage thing – “this person is not going to live, don't bring them to us and stuff.” But they brought the casualties to us. There's a small article in the *Stars and Stripes*—kind of covered up a little bit about what really went on, and basically they were going to take all the survivors of this village that had grown and move them, and they were going to house them in this kind of a compound, multi-story away from everything they'd ever known and stuff.

It just got very perplexing, the political piece that happened there, because Hillary Clinton was involved and different things, and it just—I don't know—it just didn't feel right to me. If there was a shining moment, we had a half-dozen or more injured casualties that we could care for. They didn't get sent to like the Baghdad facilities and stuff, we could take care of them. And one gentleman who had what would be kind of an acetabular fracture—the entire pelvis region fracture—and could not move for at least the five months we were there. You look at minimal type beds. These aren't hospital beds. These are more kind of a cot-type type, pad type, but nothing like modern day beds with being able to control the pressures and all the different things.

But we got him out of there where he could stand, walk using a walker, and never had any skin tear, skin breakdown issues. So I thought if nothing else, our nurses here performed outstanding, because they would have to logroll turn him so he was on his hip, and do all their cares, and bring him back gently, go the other way, do their cares—and this is every day, every shift, making sure. So we—I thought that was an outstanding thing for us to be able to do that. And I think working with the group it was kind of funny, because coming from this hospital—and I'll talk a little bit about Magnet status, and Magnet status is probably the highest award nursing service could receive across the country, and we were on our kind of Magnet journey at that time. And so trying to—and what it does is tries to empower nurses.

So I'm in charge of these people and I'm saying, one, I don't care if you're a lieutenant. At the bedside, there's no rank. So if this major isn't doing what they need to do or—I said you need to call them on it. Need to talk to me. We talked about having different counsel type things where they could just talk about what's going on here, practice. And they were all just so befuddled and it kind of dawned on me that it's counterintuitive to the military to allow the lowest to have a voice with the highest as we're sitting there. So they struggled with some of that. But kind of got it across the facility and the chief nurse at the facility, um—she said, “You know what? Let's do this.” Because I said when we go home—we have to practice here, like we would practice at home. I don't want you going back with bad habits, or workarounds, or things that suddenly you say, “Well, we did this

overseas, so it was okay.” It’s like, no, it’s not okay. You perform here as if you’d perform at home. I think that helped some of them to stay focused. The old “don’t count the days, make the days count, do everything you can do.” We worked through that pretty extensively and stuff.

Thompson: Did you have a lot of—[coughs] excuse me—did you have a lot of U.S. service members come through that facility? Was it the same type of care as in Afghanistan or—

Murray: Yep. It basically was anybody that was injured in combat came. Sometimes they’d leave from Baghdad. They’d directly ship them. But if they came to us—because we were a level—well, in the military, level three, which would be the equivalent of a level one trauma center here in the states. Like a UW [University of Wisconsin] or something like that. We had all the capabilities to do everything that had to be done. So they would come to us. If they were critical, they’d basically be in the ICU for—like I said—that short window of time, maybe upwards of six, eight hours while they’re waiting for the plane. And then we had an air evac group right next door to the hospital. So they’d come in, get everybody prepped on the litters and stuff that had to be transferred. So every night there was this rotation. Usually three or four patients. It wasn’t huge. We were busy enough, but not overly busy. Things were kind of starting to wind down in Iraq and so towards about, uh—I came home, what? In January time frame. So about November-ish we were sending some people home, kind of starting that whole downsizing process so that everybody stayed busy instead of having people just sitting there with not things to do. So kind of worked through that process.

And again, it was hard for some, because some that were being sent home didn’t really want to go home, and some that were chosen to stay didn’t want to stay, and so you had to deal with that kind of grousing. But a lot of it depended on where they were going to, what was needed back at their base. Because now in Iraq it was Travis Air Force Base out of California that staffed that facility and then we filled in their shortages. So again, I was a shortage for that position—to fill them in.

Thompson: Outside of work, what sort of facilities were available? If you talk about downtime in Iraq, how that was different from Afghanistan.

Murray: Well, things were closer, so you could get to the DFAC a little bit better. I was in a little bit different environment. I had Maj. Paul Ward—a great guy—came out of Wilford Hall, so he was a tag-on with the Travis group. He was the ICU manager—the leader over there—and so we kind of shared space and he had a hell of a laugh. I said I never heard a guy laugh—it was probably—just make you laugh yourself because he had such a belly laugh. And he would be watching something on a tape and he would just roar. You didn’t even know what he was roaring about, he’d just make you laugh. You’re over here working, he’s laughing, you’re like, “Ha ha ha.” Just because he laughs so much.

But we would be able to spend a little bit of time. They had a little bit better rec facilities. I just had to leave the housing area I was in and kind of cut through a different housing area where the main gym was and stuff like that. Did get shelled there a few times, but it was never one that—and then we'd have the whistle, the—what they do they call it? The big boxes. Anyway, they would kind of go off, and you're supposed to hit the ground, lay down, wait until it was all clear and stuff. But many times it'd maybe be like sailing over your head. These guys—I said, "Geez, they probably killed all the guys they could direct target." It just seemed they're gonna—shouldn't downplay it as much because anything can happen at any time. And they would tell you, people that didn't get down, that's usually ones who would get—because the blast would shoot up, and they'd nail you in the back, and pretty much kill you from that. But it was not as frequent as it had been in the past for people. But you still had to be careful.

And we had a couple that hit buildings around us, uh—slammed into a couple of T-walls and things like that, but if it happened once a week—so maybe you got too cavalier with it like, ah, they're going to shell us. If it's my time, it's my time. I mean really you had a kind of this fatalistic view of things anyway. You're here, you can't control it. If it's my time, it's my time. I'm just going to keep doing what I do because it could fall of the sky into those trailers, too. I mean there's nothing—it's not like we've got any big cover. A portion of the hospital had a cover so that any incoming mortars—if it did hit there—was like a protection so it wouldn't come through the hospital and stuff.

But yes, there wasn't—outside of the gym, sitting in your room reading books. I had a little DVD player. I could watch movies that would be received. Stateside people would send things and be—oh, I never saw this, gonna watch this tonight type of stuff. But again, having to be careful, because of one of our mass casualties—one of our young docs went—he went home. Geez. [laughs] I think that gets personal. But he went down to his trailer, he had a little trouble sleeping, trying to get on the cycle, and so took an Ambien, plugged in his little headset. And of course we had a mass-cal, so everybody has to come in, and they can't get him. And he doesn't hear them hitting on the door and stuff because now he's out with the Ambien, music playing, and he felt really bad the next day. I mean, it would have been a good experience for him and stuff. But he was like, "Why didn't somebody come get me?" It was like, "Well, we really tried." So I guess my only point there being is that, um, you had to be really careful and I wouldn't take anything to help me sleep. It's either sleep, you don't sleep, you're fitful or whatever. But you want to hear that—when it's all medical personnel report to the hospital and that's booming out, and you got to kind of get there.

Thompson: How long were you in Iraq?

Murray: Iraq, I was there just a titch over seven months. And again, one of those surreal environments where you're up at five o'clock in the morning. It's kind of dark, not darkness of night, but it's kind of starting to get light and you hear the call to prayer around you off in the distance and these guys. You just think this is really kind of weird. [laughs]

You're in this area and they're kind of right next door and stuff. And all of our interpreters would—they were always, uh, every five—I think it's four or five times a day. They're—I don't know how they knew inside these buildings where you got no windows, but they knew were East was and they always faced the East and did their prayers. So you had to respect that time before you'd have them come and help work with the patients again and stuff.

Thompson: And did you have a homecoming for that deployment?

Murray: No. Same—basically again, same thing occurred. Uh, family, a couple of military guys from the base, and really kind of that exact same thing occurred. So you're home, trying to figure out what's going around with you, where things are at. I was told at times it's like, well, we get—you just look like you're not here with us, type of stuff. And I was home—I got home in January or February of that year—and I don't know. By late fall, things started kind of—I'd call it crashing it around—and kind of figured out emotionally things happening, what's going on. You just kind of—I think that overwhelming hit me of all this stuff that had been kind of bottled up and that I wasn't able to just put aside. And they always tell you to—when I got back, the big push at that time, because there was a high suicide rate especially in the Guard and active component was getting it and stuff, but they started, um, pushing out this resilience training. People have to be resilient. So now you're sitting here getting just feelings of not being able to control some things. And now you're thinking, man, I'm just not resilient. I don't have the resiliency I need. Is that good or bad? Because I don't know what it was anyway. Supposed to be able to handle situations better than you handle them. So then it's like you feel like, so man, I must be really messed up. But see a lot of that stuff you kind of kept to yourself for quite a while. I worried about that with a lot of the Guardsmen because I went through that twice with kind of the cherry-picked into environments where you didn't know a lot of people and going into that. And then coming back to—not that it wasn't a welcoming environment—but even when you went to your base to report for your duty after you'd been off a month or two, you had nobody to have that shared experience to talk about, break it down, chew on it, think about it type of stuff.

And that to me was probably—the hardest part was that even though people would say, “Why didn't you talk about this or why didn't you tell me about that?” It's like, uh—I can remember way back in the '91 when we talked about the first war and people saying—and I wasn't in it—but I would hear people saying, “I'm so sick of that person talking about what they did over there. It's like why can't they just move on?” And you'd be like, well. At that time you're kind of like, well, yeah, maybe at some point they need to let it go. But they needed that talk, but nobody was really wanting to listen to them. So you'd come back and it's like, this kind of feels like the same thing. And even when a Guard unit all went as one and came back as one, you still disperse. You go back to your communities, maybe somebody in the community is also with you, but they got a different life, so you're not together. So it wasn't like the active component, where you're going to see each other every day once you get back to Travis, or Wilford Hall, or

wherever you came from. You're gonna be intermixing with people who've all had kind of this shared experience that you can talk about. I think I always thought that that hurt us more.

I know that, um, Gen. White had been concerned about it. He'd actually done an article in the *Isthmus* where somebody came and talked to me, and we kind of talked through some of that and I said, "These are not things I'm going to share with you because I'm exposing my belly to you and you have nothing that you're going to give me." And I said, "I don't think I want to do that." But I laid out my concerns. And when the general kind of called and asked if he could meet with me, not as a military type thing, but he said, "When you talked about the 'they' in here, about not understanding the onesies, and programs. And we're setting up all these wonderful programs." But these programs are not in Superior, are not over here in Rhineland, or wherever, and a lot of people can't get to these programs and stuff.

And he said, "Well, these are—you're talking about me and what I need to do." And we kind of talked through some of the things I just felt might have been beneficial to some. But like anything, it's no different than—I used to see patients in primary care here at the Madison VA as a nurse practitioner. And those guys that came home from Korea, those guys that came home from Vietnam, every one of them said, "All I wanted to do was get the hell home. I didn't want to report anything. I didn't want to say anything, because if I say anything they're going to keep me here longer and I just want to get the hell out of here."

And I think the same thing was kind of occurring where people—Air Force, you came home and you went home. Army, you came home and then you sat at Fort McCoy or somewhere for a week, ten days—or whatever—out-processing, doing all this stuff, and all they want to do is get home. So if I say anything, I'm not going to get to go home. I'm saying nothing. Get me out of here. And I think that kind of happens in a lot of the times, where maybe they could have sent people home and then brought them back after a certain number of days. I don't know. I don't know what the answer would be, but it was clearly one of those that—unintended consequences of trying to do the right thing.

Thompson: Well, you have a very unique perspective of working for the VA, having worked for the VA for a long time and then deploying to a war zone as well—and not just once, but twice—so having that experience of both places. Can you talk to us a little bit about that perspective? Were you cognizant of it while you were there?

Murray: I don't really remember other than talking about how good it is to work with the VA and what we were trying to promote. And Madison VA was maybe unique. There's 156 VAs, so not everybody's is the same. But clearly had an entirely different perspective coming back.

And I'll say one of the weakest suits in nursing was mental health issues. Come on. Sock it up. Let's move on. Get past this. Didn't understand what was going on. And I think that was probably one of the more bigger impacts coming back

from theater. Especially—not so much Afghanistan—Iraq, we sent a lot of kids back to Germany with a lot of emotional issues and things, just breaking down in theater. It might have been their second—third time there type of stuff. That you kind of now understood what they went through, what that loneliness or isolation that kind of occurs with some of these deployments, especially when you're kind of the odd person out and don't have that group and stuff. So I think that that kind of raised that awareness. The others—I always respected the veterans that we were dealing with. And when I first started it was mostly kind of World War II, Korea, a little bit of Vietnam veterans and stuff, and now it's kind of moved more to the last few, and then Korea, Vietnam, and we're seeing more people that have come out of the OEF [Operation Enduring Freedom], OIF [Operation Iraqi Freedom], OND [Operation New Dawn] type of a situation.

So I think for me, the greatest change was appreciating and understanding a little bit better the mental health component of people coming out of theater.

Thompson: Do you feel like it makes you a better nurse, having been there and seen that, or a better manager?

Murray: I think it gives me a way to better talk with staff. But it also enables me to talk to, if I would say, the public—and I'm just saying people I interface with in the public—to kind of help them understand when they make comments about, "This guy just needs to suck it up," or "Gee, he's got service connection, the shit he's out doing and—" and it's like, well, one, whether you want to look it at as a service connection for post-traumatic stress or some other issues, I said, "It's really more being compensated for something that they're going to deal with the rest of their life." So many people equate service connected as like a disability, where to me the service connected is being compensated for an issue, whether it's medical, or physical, emotional, whatever it is, that you're being compensated to try to help you deal with that as you move through your life. Some do, some don't, some it's there forever.

So, uh, I mean I would not—at this stage, looking back, there is nothing that I probably would have done different. I might have thought more about how to get engaged a little bit better with either the chaplain service over in Afghanistan or something, where I did get a little bit involved on the Iraq side, which at least spiritually helped me a little bit trying to work through some of this stuff and where we're at. But it's like anything. Hindsight's such a wonderful thing, to say, "Well, if we would have done this, this, and that."

But rank drove some of the things that happened to me because of the isolation and I understood that. Could I have fraternized and stuff? Maybe. But like I told you, the fear of doing something wrong that would send me back, I wasn't willing to take that risk, and so probably isolated myself more than maybe I had to. Because the other lieutenant colonels were female. Well, I'm not gonna basically hang around with the females. It just—again, my moral structure said I don't want even the slightest thought that, oh, yeah, he's out—they're going here, there, walking, whatever. Whatever it was, I didn't—I said I don't want any part of that

type of stuff, so. So that created kind of that isolation.

Thompson: You also have a very unique perspective having daughters who have served, and in the case of Jamie, at the same time that you were overseas. Could you talk to us about that perspective? Does that make it harder, easier?

Murray: I think having all four daughters having served in conflict—Jenny was in Kosovo, at Bosnia, Herzegovina. She was there when they started Camp Bondsteel. It hadn't been built. She lived in tents during that time frame, dealt with ethnic cleansing issues. She was a military police. Kelly being deployed over to Kuwait and processing over there for a year, dealing with the ins and outs, people coming, going into the theater. Julie and Jamie both, uh, a little shorter rotations for them. But at the same point in time, multiple trips into theater. And again, they'd all served, Dad hadn't served, and there was a little bit of, I need to understand. Was I envious? Maybe. I'd been in the military twenty plus years. I never had an opportunity to really do what I said I wanted to be able to do in the military, which may have led to kind of like, "You know what? I'm—just put me on the list if something comes up." And truly, until I deployed—to truly understand what everybody kind of dealt with on their own, again, it was hard to put yourself in that perspective. I think if you hadn't or haven't ever been there, you can somewhat understand because you understand the military part of it. But to understand the emotional component and how it can cut right through you. The loneliness and just that feeling of being isolated and then coming back, and still feeling isolated, and trying to get readjusted, and people kind of expecting that you're just going to step back in, and it's like, hell, you know? What's going on here?

So I think it helped me. Probably what's maybe my fault, maybe their fault, I don't know—when you think about now we've got five of us. My wife has dealt with eight or nine times sending people off to different combat theaters, but we've never sat down and talked about each's shared—share that experience of what they've gone through. And part of it—I'm a very closed person. I mean—but then when emotionally, things break down, I've had to deal with some of those issues, but not willing to do it in front of kids. And I don't know if I'm—the fear of weakness, which probably isn't true, but it's still there. That I'm supposed to be the strong one. I'm supposed to be able to hold this all together and work with everybody. And so I think maybe I did a disservice. Maybe at some point, the kids—we all sit down and kind of talk about, what were your frustrations and stuff.

But it always seems that we—life is so busy. And then the four girls—and if the moment came and I talked to one, we just spent some time talking about it. And of course, then they'd tell their sisters, "Oh, Dad and I had this heart to heart. Man, you wouldn't believe." Then now you've got three sisters that are really upset. "Well, he's never talked to me like that. He never sat down. He never—" So you're kind of like aw, man. I don't know. When's the right time? It just never seems to occur. But I think we all kind of know what everybody's done. But at the same point in time, we've never had the, "Let's share our experiences and talk

about it.” It’s kind of like, let’s just—here it is. Let’s let it be.

Thompson: Sure. So then you are recently retired?

Murray: Retired June of 2013 after, uh, twenty-six and a half years.

Thompson: Twenty-six and a half years. Has your perspective on your service changed now that you are retired?

Murray: Um, again, you can’t change time. I think my initial thoughts of the military were unfounded and just, I can’t even tell you why I thought the military was not good, people shouldn’t do that unless they—end of the line, it’s the only thing you’ve got left. Although, I suppose somebody could argue and say, well, yeah, you were at your end, too, though when you decided, hey, the Guard has something to offer to you. You get in there and kind of a win-win for both of us.

But I missed—I missed—and still at times you get whimsical about things where people that you’ve worked with for a number of years, you just don’t see them anymore. You think about them, or something pops up, or I wonder what they’re doing now. Man, they really helped me through this issue or that issue and stuff. But I wouldn’t do anything different. I think in the long run, the big picture, this country—everybody should serve two years in the military or—there was a time that you’d go into Peace Corps or something. I think people need to serve. Have a purpose, understand a structure, live in a regimented environment, that everybody’s taking care of everybody, and kind of learn that. Will that ever happen? Probably not. But I think it would make a difference in a lot of young people’s lives.

And I don’t—people argue about, oh, they need to get started on their education. They’ve got to get through it. I think they’d do better when they came back because they’d have a different perspective on life itself and understanding, and then in their studies and why this is important. You wonder if it would change the number of dropouts of freshmen. They get into college and can’t handle it because of immaturity or whatever. These two years would allow that maturity to happen, so...

Thompson: Was there anything throughout your military career that sort of surprised you and left a mark on your memory?

Murray: [laughs] I mean there’s a lot. You think about all these different things that are tucked away that kind of pop into your mind. I think if we just took the most recent things, I think being recognized, both in Afghanistan and Iraq—being recognized for the work I did. Uh, we used to have the—as I told you—women couldn’t come into the theater hospital. But they’re the guardians, so either uncles or whatever sat with whether it was females, males, whatever. But this one day, there was seven of them sitting around this little corner outside of the room that had eight patients and they’re all men. Some amputees, some burned, some gunshot wounds—whatever it was, they were there. And I’m kind of doing some

paperwork and sitting there. And you'd kind of look and they'd be looking at me. They'd be like—their heads would turn and I kind of see them point their finger and stuff. Oh, I asked one of the interpreters, I said, "Just come here for a second." I said, "What's going on? What are they talking about? I can't understand them." He said, "Well." He said, "They're saying you are the only one that cares." It was like wow. Because I would be in those rooms helping, doing what I could. And you just kind of—you kind of sit back and think, okay, I am making a difference, whether I know it or don't know it and whether these patients—I mean all they're going to know is they were cared for. But I thought that that was kind of a striking moment while I was there. Just that little...

And I think both—I mean not that we all look for awards and stuff—but in the Air Force, working at the Craig Joint Theater Hospital in Afghanistan and to receive an Army Commendation Medal for the outstanding—as they put it—the work, the volume, the people we saw, what we did and reacted to. And again, the same thing happened in Iraq, where, um—but that was Air Force Meritorious Service. And you're kind of looking at that, and you look at the write up, and you think, well, that does encapsulate a lot of the things we did, the lives we touched, the limbs we saved, the visions that we saved. For our little corner of the world during that point in time, I said—I felt like we did good.

Is it a huge pat on the back? No, because the vast majority of the world doesn't know or care and stuff, but it kind of at least told me that—as I had said going in—I didn't know if I could compete with the active component. That being a Guardsman, maybe not knowing all the rules and regulations. But by far, in the end, it was, I knew rules and regulations probably better than some of the active component, and the way you should act, and when you do a job, you do a job good and do it right. Don't walk away. I tried to tell that whole group—the second rotation I had when I went into Iraq—I said, "You're gonna leave a footprint here and you want that footprint to be something that you're proud of. I don't want to see any of you have to go back home and start thinking about, well, maybe I should have done this, or I should have done that, or why did I act this way towards that person rather than just provide care." We're nurses, provide care and stuff.

Whether it affected or helped anybody, I don't know. But it was kind of what I lived by was that. You leave a footprint, you walk away. What little bit of memory you leave behind to other people, saying, "This person really did what he needed to do or took care of these people." I left some of the upper command impressed. As I was leaving Iraq, the hospital commander met me at the airport and coined me—he said, "Col. Murray, you did a great job. I think you handled some situations pretty well that might not have been handled as good as they should have." He said, "I suppose you're going back to Texas." I said, "No, Sir, I'm going back to Wisconsin. I'm a National Guard." And he just kind of stopped, that kind of pause like, "You're National Guard?" I said, "Yeah, I serve with the 115th Fighter Wing." And he's just kind of like, "Great job." It was kind of like, yeah, okay. Here this guy thought I was an active component guy doing all this stuff and handling the paperwork, and the things that—disciplinary issues and things you

had to keep on there. So I thought that was good.

Thompson: To be recognized for your service, certainly. Is there anything else that you want the listener to know about military service, about your service? Any stories you want to make sure to include?

Murray: No, because as you notice, I could talk all day about things when I get involved with it. But I think if I look at it globally, the military certainly surprised me with the opportunities and the ability to kind of grow. I feel pretty honored that I was able to give back. After twenty-plus years of in the military, being able to step up and fill a gap that they had, whereas maybe somebody else doesn't have to do a second or third time around to be able to help with that. I thought that that was good. Basically, that's kind of what encouraged some of my girls to go. Although for many years growing up, they hated Dad's rules and then, you know, "Never gonna do this kind of stuff." And then as each one got close to graduation, military didn't seem like the worst scenario. But each one of them that kind of went in had their own particular reasons why, what pushed them. Some of it was more that—the youngest one, "I'm tired of being broke and seeing my sister with all this money." Because her twin was in the Air Force about two years before she was. To, "I've kind of messed up my life a little bit here and I need to get on—figure this out and what I'm gonna do," and that was kind of the path that helped them get squared away. I think that that's good.

Talk highly—anybody that comes and talks to me about the military, I tell them the pluses, the minuses, the Guard over Reserve, or active component, whatever you want to fit in your life. How does it fit your lifestyle? The Guard fit my lifestyle very well. It's almost like a symbiotic relationship here with the VA and the National Guard, and the ability to kind of work and they'd allow the time off.

But I could do the things I need to do, come bring things back, and I thought that was a win, again, for the both of us.

Otherwise, there's just—there's so much. So much that you don't think of it and then if somebody said I need to sit down and start jotting things down, the page gets longer and longer, and what about this and what about that? And some were just great moments of friendship that you wondered what happened. How did we not stay in contact? Um, again, life gets in the way of so many things. But I guess I hope that as I went through the military, even not in necessarily deployments, but across that every day you were there, you performed to the best of your duties, you left your mark, made yourself prepared, always ready for whatever the next assignment's gonna be or whatever they want you to do. I never wanted to be somebody that went, "Why do you get all the breaks?" Or, "Man you're lucky. I wish I'd have done that." It's like no, I did that. I knew if I wanted to be this, then get this course worked on, get this down. Whatever had to be done going into be an officer and if you wanted to get promoted, what's the next thing? What's the next course? So that you were ready—always ready—instead of standing on the sidelines saying, "Well, I wish. I wish," type of stuff. And I think that's served me well. It's kind of that just be ready for whatever's next. It's no different than here.

I've had six or seven different jobs since I've been at the VA, but they've all been progressive in getting the next thing chopped out, so that if and when it opens up, you can compete, you're ready for it and can step in, and people trust and know your work. They know this person's a good troop or whatever, that will do the job for us. You don't want to be one just randomly like, well, nobody knows about this guy, but let's try him.

Thompson: Sure.

Murray: Yeah, so.

Thompson: Well, on behalf of the Museum and myself, thank you very much for taking the time to interview with us today.

Murray: You're welcome. Thank you for letting me to have the opportunity. I appreciate it.

[End of interview]