

Navy Medicine

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Christie

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Navy Medicine 1966

NNMC Nurse-Artist Portrays the OR Experience on Canvas



Nurse Christine Laubach is not content simply with assisting surgeons as they repair the ravages of war. To her the OR is more a cathedral of healing where these gifted physicians practice their art. Her art is capturing their skills and dedication on canvas. “I witness firsthand the unfaltering bravery of the men and women of Operation Iraqi Freedom who come through NNMC, and I am privileged to participate in the many stages of their healing process. As a nurse, I am so inspired by these heroes, both the patients and those who dedicate themselves to making them whole again.

“My recent works include an exploration of unfaltering human bravery, dedication, compassion, conviction, intelligence, focus, and sacrifice. To capture these qualities, I concentrate on the faces, particularly the surgeons’ eyes and gestures. My initial inspiration was a person who exemplified all these qualities, my brother, the late CAPT John E. Smathers, USA.”

Ms. Laubach’s portrait of CAPT Kenneth Kelleher (Cover) is one of several paintings in her series “Faces of the OR.”

“My vision for this series is to explore this human drama of surgeon and patient through black and white oil on large canvas.”



Corpsman Down

***H**M3 Bob Ingraham served with 3rd Battalion, 1st Marines, in Quang Ngai Province, South Vietnam. On 5 March 1966, the second day of Operation Utah, his platoon engaged elements of the 21st Regiment of the Peoples' Vietnam Army, commonly but erroneously known as the NVA—North Vietnam Army. Operation Utah was the first major engagement between the Marines and regular North Vietnamese troops. Ingraham was seriously wounded in the ensuing battle for a hillock named "Hill 50."*

To the Marines of 3rd Platoon of Lima Company, 3/1, the sunny, warm morning of 5 March 1966 hardly seemed dangerous. Just ahead of us Marine Phantom jets were dropping napalm into what appeared to be an empty field. But throughout much of the night, the entire area had been subjected to heavy bombing and an artillery barrage which no one, it seemed, particularly the enemy, could have survived. In short, there appeared to be no direct threat to the platoon at that time.

Our anxiety levels increased when we started receiving fire from a nearby hill—"Hill 50," whose name I would learn many years later. The Marines responded with a few shots. But then word was passed to cease fire—South Vietnamese troops had fired on us by mistake. We relaxed and moved up the hill. No one on our side, apparently, knew that Hill 50 was a maze of tunnels and spider traps. Nor did they know that we were walking, oblivious, into a trap set by heavily armed North Vietnamese soldiers.

The assault on 3rd Platoon was sudden and furious. Second LT [Eugene] Cleaver, our platoon leader, was hit by a heavy-caliber shell that almost blew his right arm off at the shoulder. A rifleman had the top of his head blown off by a rifle or machine gun bullet. A 3rd Platoon sergeant sustained a pumping chest wound. Enemy soldiers we couldn't even see tossed grenades over the high, dense brush that surrounded us; a Marine hugging the ground next to me during a grenade attack was put out of action by a piece of shrapnel that pierced his buttocks.

After doing what little I could for LT Cleaver and the sergeant, I was told that a wounded Marine was farther up the hill. I soon found him. His abdomen had been blown open and his intestines were spilling out onto the ground. Amazingly, he was still conscious and seemed relatively calm. I was just beginning to consider what I could do to help him when a Marine further down the hill yelled, "I'm gonna throw a grenade over you guys! I'm gonna get that

sniper!" I didn't want to be killed by a Marine grenade, but as I started to hit the dirt I heard a loud gunshot to my right. In the same instant I was slammed to the ground by a bullet.

The bullet hit me on the right side of my right leg about 6 inches above the knee. It shattered the femur and blasted out through my inner thigh. It was like a really big sledge hammer had hit me. I don't remember falling; I was just instantly knocked flat. I knew I had been shot. I noticed that my foot seemed to be on backwards. Then I shouted: "Ski, the bastard shot me!" Ski, another corpsman, had been nearby when I was shot.

I had enough strength to lower my fatigue pants to examine the wound. The bullet had left a blue-rimmed hole on my outer thigh. It was about a third of an inch in diameter, roughly the diameter of a 7.62mm M14 or AK-47 round, and was hardly bleeding. (One North Vietnamese soldier who was killed that morning had been using an M14.) On my inner thigh was a patch of mangled flesh a few inches in diameter where the bullet, or what was left of it, had exited my thigh. It looked like fresh hamburger. Just a trickle of blood oozed from it; my femoral artery had apparently escaped damage. I could wiggle my toes: I had no major nerve damage.

In case I started bleeding heavily, I removed my belt and put it around my thigh to use as a tourniquet, but I was quickly losing strength and couldn't tighten it. Fortunately, I didn't need a tourniquet.

I tried to give myself some morphine, which we corpsmen carried in our Unit 1 medical bags, but I was so rattled that I forgot to puncture the seal of the foil syrette. When I tried to inject myself, the tube burst in my hand. It was the only syrette I had.

The battle was still going full blast. Nearby, a hidden rifleman continued to shoot, and I assumed he was the one who had shot me. I could hear him operating his rifle

bolt. Rockets and grenades were exploding and the sound of rifle and machine gun fire was constant. It seemed that every time an enemy rifle fired, a Marine screamed. I began to fear a "human wave" attack, so I took out my .45 pistol and held it on my chest, determined to kill the first Vietnamese I saw.

Eventually, a Marine crawled up the hill to try to help us: he was shot through the shoulder. So now there were three of us lying there. The Marine with the open abdominal wound kept asking me if he was going to die. I tried to reassure him, but I don't know to this day whether he lived. Another Marine crawled up the hill to help us and was also shot.

It wasn't long before I was almost completely incapacitated, not so much by pain but by extreme discomfort, for want of a better word. The sun was high overhead and intense. My thighs were getting seriously sunburned. (I had not been able to pull my pants back up after lowering them to see my wound.) I was sweating profusely. My skin became ultra-sensitive to touch. Even small bits of debris falling out of the sky from explosions resulted in pain. My entire body began to vibrate. It was as if every cell in my being was charged with electricity. It's hard to describe, but maybe there aren't any words for what I was feeling. Soon I began getting painful cramps in the muscles of not only my wounded leg, but my good leg as well.

A corpsman eventually reached us and managed to put a battle dressing on me. The shooting had slowed by then. Finally, I was half-carried, half-dragged down the hill on my poncho. I screamed every time my butt hit a bump. I don't think I'd been given any morphine. With every bump, I could feel the shattered ends of my femur grating inside my thigh. I feared they would cause more bleeding.

At the base of Hill 50, helicopters were starting to arrive to evacuate the wounded. I talked with the Marines. One Marine was crying. His best friend had just been killed before his eyes. I asked someone to take a picture of me, and I took one of him. The picture of me shows me holding my helmet tight to my head. I recall being afraid as bullets were still flying.

Eventually I was flown to a nearby field hospital. The corpsmen bandaged my wound more thoroughly, immobilized my leg in a splint, and packed me off to the hospital ship USS *Repose* (AH-16).

I don't remember arriving on the *Repose*, but recall lying on a gurney in a dark passageway for what seemed an endless period. It must have been late afternoon or early evening when surgeons finally operated on me. My femur was badly fractured. An x-ray shows shattered pieces of bone and frag-

ments of the bullet lodged in my muscles. The exit wound on my inner thigh told just part of the story. The muscle for several inches around the exit wound--and all the way down to the femur--had been turned to pulp by the bullet and had to be excised. Skin and some muscle around the entrance wound had to be trimmed away as well. I received two units of whole blood during the surgery.

When I left the OR, I had some new hardware--a threaded steel rod that went completely through my right shin about 6 inches below my knee. Later, it would be used as an anchor point for traction, which would stretch my thigh muscles and hold my femur at its original length while it healed.

Following surgery, the wounds were packed with cotton and thoroughly wrapped with bandaging. Next I was encased in plaster from my right foot all the way up to my armpits and down to my left shin. I was ready to be shipped home like a parcel.

I don't recall much about my short time on the *Repose*. I probably was getting morphine or Demerol regularly; I don't remember being in pain and I slept a great deal. I was probably also on antibiotics at this time. Any gunshot wound is a dirty wound by definition and subject to infection.

A bar hung from a frame over my bed that I could chin myself on, but its main purpose was to make it easier for me to use a bedpan. However, it also allowed me to raise myself higher so I could see the ocean through a nearby porthole. The *Repose* steamed constantly in big circles, or so it seemed to me, but I have been told by a former *Repose* crewman that the ship sailed back and forth between Chu Lai and Da Nang.



HM3 Ingraham lies seriously wounded as the battle continues around him.

Photo courtesy Robert Ingraham

I wrote a letter to my parents a day or two after the surgery. In handwriting even worse than my normal bad scrawl, I described the battle, explained how I was shot, and told them that my recovery would be long. I did not mention that I might lose my leg. I'm not sure that I myself was aware of just how serious my wound was.

After 2 or perhaps 3 days on the *Repose*, I was flown to Danang. The next morning personnel bundled me on board a C-130 Hercules, which flew to Clark Air Force Base Hospital in the Philippines where I would stay overnight. I was able to talk to my parents from the hospital via a telephone-ham radio link. Until that call, they did not know I had been wounded.

The next morning I was taken out to the airfield and put on a huge C-141 Starlifter. I recall little about that flight, but remember being in a huge, dark, noisy cavern filled with stretchers. Nurses and medics ran back and forth constantly. I had little pain but infections were raging in my wound and in my bladder. The bladder infection apparently came from poor procedure when I was catheterized on the *Repose*. I assumed that most of the wounded on the Starlifter were Marines from Operation Utah, but not until years later would I learn just how bad the casualties were. Historical records are not in full agreement, but it is clear that at least 94 Marines were killed and some 278 were wounded.

According to the 3rd Battalion's "Combat Operation After Action Report" dated 11 March 1966, 42 Marines were killed and at least 100 were wounded. Ten Lima Company Marines had been killed and 20 wounded, including myself.

The aircraft landed in Hawaii and an officer came on board to hand out Purple Hearts. My next memory is being at the hospital at Travis Air Force Base near San Francisco. A day later I had arrived back at the Naval Hospital at Balboa Park in San Diego where I had had my Hospital Corps training. I have fleeting memories of my arrival. I do remember very clearly, however, when corpsmen at Balboa removed my cast and the dressing from my wound. The blood-soaked cotton was firmly stuck to the wound. When the cotton was removed, it felt like flesh was being torn away. As soon as the cast came off, I was put into traction where I would be for the next 111 days.

My infections slowly yielded to antibiotics, and skin grafts helped to prevent the formation of excessive scar tissue—but scarcely improved the appearance of my leg!

Early in the summer I received another cast that kept my right leg immobilized but at least allowed me to hobble about on crutches. I also got my first liberty and had my first date with my fiancée, Susan Overturf, who had started writing to me when the 3rd Battalion was training in Okinawa. In August, I got a new, smaller cast just covering my right leg, and got my first leave home to New Mexico. Then it was back to San Diego for a few more months. Finally, late in 1966, I was fitted with an ischial weight-bearing brace and told that I would have to wear it for the rest of my life. That meant that I would never again be able to bear weight on my right leg, which could break easily and might not heal a second time. Instead, when I stood or walked, I would literally be "sitting" on the brace, bearing weight not on the leg but on the right ischial tuberosity, my "sit bone." The brace wasn't comfortable, but it gave me a lot of freedom. It was hinged at the knee so I could sit down. The brace was fitted with a special shoe which was permanently attached to it, until I needed new shoes. Very stylish.

I was finally discharged from the hospital in December and flown to the Veterans Administration Hospital in Kansas City, Missouri. Susan was already teaching in Kansas City, Kansas, and I planned to enroll at Kansas City campus of the University of Missouri.

My transfer to the VA hospital came with good news. An orthopedic surgeon told me my brace was not necessary and that I should throw it away. Susan and I were married on 27 December 1966. After our honeymoon, I began taking the brace off while I was at home in our apartment. I eventually started going out without it. At first I had a deep limp. The muscles in my right leg had atrophied and could not easily support my weight. Soon, however, I was walking almost normally and eventually was able to enjoy hiking, running, and cross country skiing.

The greater task I faced, although I did not know it at the time, was the task of putting Vietnam behind me. I was unaware that combat veterans do not necessarily have the luxury of packaging the past and putting it away in a dusty attic. It turned out that my greatest challenge lay ahead—coping with the psychological trauma of combat. 

Mr. Ingraham is now retired and lives in Vancouver, British Columbia.

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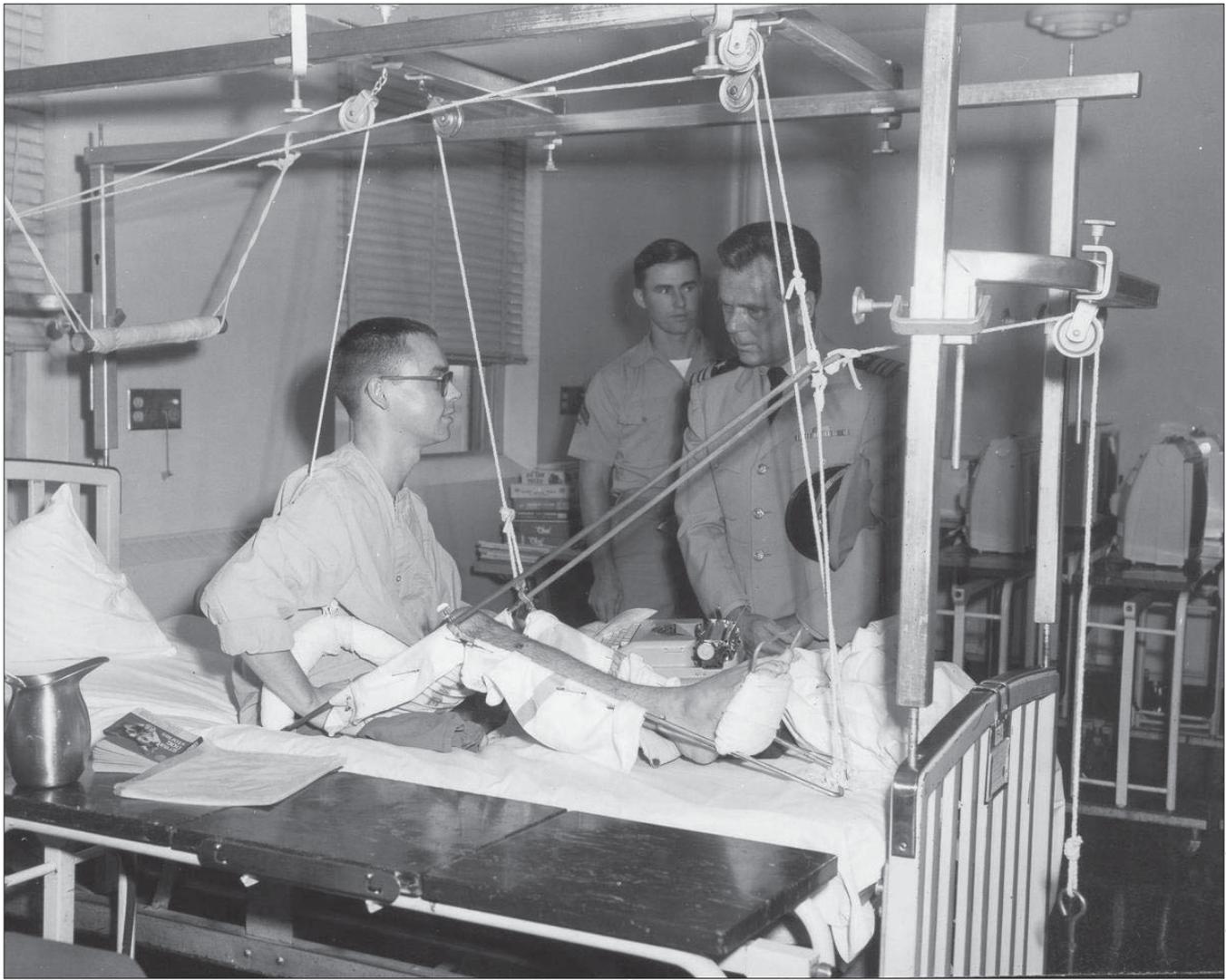


Photo courtesy Robert Ingraham

HM3 Robert Ingraham recovers from his wounds at Naval Hospital San Diego. His visitor is Navy reservist and actor, Jackie Cooper. (See story on page 27.)