A: **Interviewer**: Ben Renolds, Announcer for Radio Station 4U2.

B: **Interviewee**: Warrant Officer Beth Andrews (Fictious – based on real interview with WO1 Elizabeth Mathews)

**TEXT A**

A: Good afternoon listeners. Welcome, you are listening to Ben Renolds from Radio Station 4U2, and our program ‘**Life on the Line’**. Our program is a series of interviews with military veterans who have put their ‘life on the line’ for their country. Today’s interview will be with Warrant Officer Beth Andrews, who is currently serving with the Australian Army as a nurse. In this series of interviews, we are going to talk with her about her experience in **UN peacekeeping operations** as a **Medic**, her various deployments, and her life as a nurse in the modern military.

A: Hello Warrant Officer Beth Andrews, thank you for joining our program today.

B: Thank you Ben. It is my pleasure to share some of my experiences with your listeners.

A: Firstly, please tell us, how did you become an **Army nurse**?

B: Well, I’ve always been a very caring person. I became a nurse before I joined the military when I was 20 years old. Then, when I turned 21, I decided I needed a new adventure to do something more challenging.

I was keen to become a nurse assistant in the military and I thought my nursing skills would be easily **transferable**.

So, I applied for the army and was accepted as a military nurse.

A: What was it like to do basic training in the Army?

B: When I **enlisted**, I first went to Kapooka training base. It was pretty scary. I joined with 62 other girls in my platoon for three months of training, and we **marched out** with only 32 girls. It was **hard yakka**! The younger girls with no life experience found it most difficult. I already had a lot of life experience working as a nurse.

A: Did you do similar training to male recruits?

B: When I joined the army as a nurse, females were not expected to carry weapons or do **field work**. We mainly worked in hospitals and did **general nursing duties**. But this changed in the 1980s and women were expected to do more field work, including being **posted overseas** on **UN Peacekeeping Missions**.

A: Thank you, it’s been great having you here today. That was Warrant Officer Beth Andrews speaking for Radio Station 4U2. Until next time.

1. life on the line
2. UN Peacekeeping operations
3. medic
4. Army nurse
5. transferable
6. enlisted
7. marched out
8. hard yakka
9. field work
10. general nursing duties
11. posted overseas
12. UN Peacekeeping Missions

Length: ~2:45 min / 378 words

**TEXT B**

A: Good afternoon listeners. Welcome back to Radio Station 4U2 and our ongoing interviews with military veterans. In today’s interview we will continue talking with Warrant Officer Beth Andrews, who is currently serving with the Australian Army as a nurse. We are going to talk with her about her experience in UN peacekeeping operations, her various deployments, and life as a nurse in the modern military.

A: Hello Warrant Officer Beth Andrews, thank you for joining our program again today.

B: Thank you Ben. It is always my pleasure to share some of my experiences with your listeners.

A: So to begin, can you tell us, when and where was your first deployment?

B: Well, in 1992, I deployed to Cambodia to assist with the UN peacekeeping mission to help re-build the country. Before deploying we did two weeks of training at Portsea in Victoria, Australia. We learned about how to do **field medical procedures**.

I spent most of my time in Siam Riep, Cambodia. There were just 17 personnel in our unit and we were there to support the **coalition** of UN Peacekeepers – approximately 300 personnel.

A: What did your typical day look like in Cambodia?

B: On a daily basis, we started the day with a ‘**sick parade**’.

Then I would travel with the unit’s cook to the local market for buying fresh fruit and vegetables. We always had to travel in pairs for safety reasons. Everywhere we travelled, we also had to carry our weapons because the Khmer Rouge enemy **combatants** were always active in that area.

A: Where was your next peacekeeping mission?

B: After Cambodia, in September 1994, I was deployed to Bougainville, Papua New Guinea. There was a **conflict** in Bougainville, which was a problem for **peace and stability**.

A: Which forces were deployed to support the UN Peacekeeping mission?

B: The deployment included Army, Navy and Airforce logistics, and **health staff** to support UN Peacekeeping discussions in Bougainville.

A: As a nurse with this peacekeeping mission, what did a typical day look like?

B: As Medics, we treated injuries for both combatants and local people. The **injuries** we treated typically included gunshot **wounds**, machete wounds for people who had come from villages in the area to join the **peace talks**. Combatants were shooting people at local military check-points and we were also receiving those **casualties**.

I was a corporal on this deployment and I felt like I had learned a lot through my military training and **clinical** and medical training in Australia. This helped me to control my emotions and just do my best job possible.

A: Apart from Cambodia and Bougainville, were Australian Medics involved in other peace keeping missions?

B:After Bougainville, the ADF had a **contingent** of personnel deployed to Somalia and Rwanda for peacekeeping operations.

A: Thank you, it’s been great having you here today. That was Warrant Officer Beth Andrews speaking for Radio Station 4U2. Until next time.

1. field medical procedure
2. coalition
3. sick parade
4. combatants
5. conflict
6. peace and stability
7. health staff
8. casualties
9. injuries
10. wounds
11. peace talks
12. clinical
13. contingent

Length: 471 words / ~3:50 min

**TEXT C - Life of a UN Peacekeeping Medic – Deployment to INTERFET, Timor Leste**

A: Good afternoon listeners. Welcome back to Radio Station 4U2 and our ongoing interviews with military veterans. I’m Ben Renolds and In today’s interview we will continue talking with Warrant Officer Beth Andrews, who is currently serving with the Australian Army as a nurse. We are going to talk with her about her experience in UN peacekeeping operations, her various deployments, and life as a nurse in the modern military.

A: Hello Warrant Officer Beth Andrews, thank you for returning to our station again to tell our listeners about your experience as an Australian Army nurse.

B: Thank you Ben. It is always my pleasure to share some of my experiences with your listeners.

A: Last week you told us about your deployments to Cambodia and Bougainville. After this, did you deploy overseas again?

B: Well, my next major deployment was to Timor Leste in 1999 in what we call “**D+14”** or Deployment plus 14 days. So, D+14 means 14 days after the first group of troops has deployed to the area of operations, the medics deploy to set up a **field hospital**. The field hospital is set up to provide **humanitarian care** and obviously care for our own personnel who had deployed. This was one of Australia’s biggest deployments as a host nation for a very long time.

A: What was your role during the Timor Leste mission?

B: I was the Operation Sergeant for the opscell at the field hospital even though I’m a medic, and I was also what we call a “**Ward Master**”. Being a Ward Master means I managed all the patients in and out of ward, as well as maintain records and statistics.

Every day I went to INTERFET Headquarters to provide **casualty statistics**. I also assisted with **repatriation** of injured military personnel back to Australia and transport of local people back to where they needed to go in Timor Leste.

A: Can you share any memories from your time in Timor Leste that really stand out in your mind?

B: One thing stands out in my mind… well, on one occasion, we received an old lady who had been badly **injured**.

Some Australian Army Special Operations soldiers brought her to our field hospital for **treatment** and we needed to do some **major surgery** on this old lady. She was in her late 60s, early 70s and it was just unfortunate that she got a **severe infection**. She was only with us for about six days and she **passed away**.

Only the soldiers who brought her in knew the village in the mountains where she came from. But, we were determined to return her to her village for a burial ceremony, especially because she was very senior in her village. So we had to seek approval for a chopper to take her back to her village and find the original team who had picked her up. There were no roads to the village because it was high up in the mountains. There was only access by foot.

It was interesting to be a part of that trip to escort the old lady’s body back to her village. When the helicopter approached the village **landing area**, it was completely deserted, but when the chopper landed, people came out from behind the bushes in all directions.

One of the soldiers on board was an interpreter, who helped us talk with the village elders about how we had tried to save the old lady. The villagers were all so grateful, and very emotional. They couldn’t stop touching us and thanking us. Even the Special Operations soldiers with us were tearing up.

This was just one instance where we were able to help local villagers. Of course, there would have been many others out there who needed help. This was only brought to our attention due to the Special Operations guys being on a **recce** that day and they were flagged down. Many other villagers in these isolated areas would have passed away simply by not having access to basic medical services.

A: Thank you! That was a very emotional story. It’s been great having you here today. That was Warrant Officer Beth Andrews speaking for Radio Station 4U2. Until next time.

1. D+14
2. field hospital
3. humanitarian care
4. Ward Master
5. casualty statistics
6. repatriation
7. treatment
8. major surgery
9. severe infection
10. passed away
11. landing area
12. recce

**TEXT D:**

A: Good afternoon listeners. Welcome back to Radio Station 4U2 and our ongoing interviews with military veterans. In today’s interview we will continue talking with Warrant Officer Beth Andrews, who is currently serving with the Australian Army as a nurse. We are going to talk with her about her experience in UN peacekeeping operations, her various deployments, and life as a nurse in the modern military.

A: Hello Warrant Officer Beth Andrews, thank you for returning to our station again to tell our listeners about your experience as an Australian Army nurse.

B: Thank you. It is always my pleasure to share some of my experiences with your listeners.

A: Last week you told us about your deployment to Timor Leste for a UN Peacekeeping Mission. After this, did you deploy overseas again?

B: Yes, after Timor Leste, I was next sent to Afghanistan in November 2011. I was one of 52 medics embedded with the Americans in the international headquarters in Kandahar.

I was a **Duty Officer** in the **Patient Evacuation Coordination Cell**.

A: What were your responsibilities in Kandahar?

B: My role was collecting casualties across a huge area, about the size of New South Wales, so we had a number of evacuation platforms situated across that area.

When **critical casualty events** occurred, we would **dispatch** choppers out to pick up the casualties and **delegate field hospitals** and **treatment facilities** where those choppers could deliver casualties, depending on how badly the soldiers were injured and available resourceslike **field operating theatres** and doctors.

A: Did you treat both coalition forces and Afghan forces?

B: If they were Afghan forces, we would bring them back to Kandahar to their own military hospitals.

If they were Australian, or coalition forces, then casualties would be brought back to our facility in Kandahar first for immediate treatment, then sent off to Bagram and then onto Germany, prior to being **repatriated** back to Australia.

A: What was it like working with coalition forces at your field hospital?

B: I was located on an Air Base with approximately 30,000 people. It was a very busy place with numerous coalition forces and other civilian contractors who were there to provide various logistics and other support services.

I was attached to the United States 82nd Airborne Infantry Division. It was an interesting experience being embedded with the Americans.

Within the joint operations centre there were also Americans, Italians, French, Canadians, Spanish and British – with approximately 80 people on shift at any one time, 24 hours per day.

We were 500 metres from the airfield – so sitting in the **opscell** we could hear jets taking off and landing every day – I found it very exciting.

Living and working on the base there was constant noise of military aircraft and troop movements. This was a very tense atmosphere. I was always **on edge** working there, especially when walking to and from work. When at work we only carried pistols, but when “**outside the wire**”, we carried pistols and F88 Steyrs. The F88 Steyr was the ADF’s standard assault rifle and they had a full load of ammunition for protection purposes.

A: Are there any particular memories from Afghanistan that you would like to share?

B: As I was embedded with a coalition force, I felt like I was always having to prove myself – prove that I was as good as my training.

One casualty incident stands out in my memory, and I was awarded a medal for my response. There were 14 casualties north of our ‘AO’ – or area of operations – about 30 to 40 minutes’ chopper flight from Tirin Kut.

As the choppers could only carry four casualties at a time, we used two choppers to transport the injured personnel, which meant leaving six of the injured soldiers behind.

We initially took the casualties to two separate facilities in Tirin Kut, which were run by a mixture of American and Australian army personnel.

The problem was that both these facilities didn’t normally maintain direct communications and we didn’t know the nature of the injuries and how to categorize the patients, except that there were gunshot and grenade related wounds. So managing treatment for the injured soldiers was very uncertain and challenging for prioritising surgery and necessary treatment.

In this incident, I was responsible for managing the whole response, including advising the shift director who was an American Major, on what to do, what **assets** were needed for patient transport, and required **medical resources**. This also included requests for fixed-wing aircraft from other AOs in the south west of Afghanistan to assist with picking up casualties and bringing them back to Kandahar. Overall, our efforts required a lot of problem solving and learning how to operate together between coalition forces.

We learned a lot of lessons that night. It was the first time we had workedtogether, and our cooperation proved to be successful for saving the lives of all 14 casualties.

A: That’s a fascinating experience, and you have clearly saved many lives in your military service as a medic and nurse. Thanks for sharing all that with us, and our listeners. That was Warrant Officer Beth Andrews speaking for Radio Station 4U2. Until next time.

1. Duty Officer
2. Patient Evacuation Coordination Cell
3. critical casualty events
4. dispatch choppers
5. delegate field hospitals
6. treatment facilities
7. field operating theatres
8. repatriated
9. operations cell (opscell)
10. on edge
11. outside the wire
12. assets
13. medical resources