

Military English

Lesson: Life of a UN Peacekeeping Medic – Part D – Deployment to Afghanistan – Listening

Overview: This is the fourth of four lessons that will teach vocabulary related to being a 'Medic' and Army nurse during United Nations (UN) Peacekeeping missions.

In this lesson, you will:

- ✓ practise listening while taking notes
- ✓ practise listening for details and ignoring distractors in multiple choice questions
- ✓ learn the meaning of, and practise, new vocabulary and expressions.

Prepare for Listening

- 1) Look at the pictures of UN peacekeeping forces working together. Discuss the questions with a partner.
 - a. What would be fun about working with people from other countries?
 - b. What would be **rewarding** about this work?
 - c. What would be challenging?
 - d. What problems can people experience when they are working with people from other countries?









2) Here are some words we need for today's listening. Match them with the pictures and definitions.

embedded // casualty incident // choppers // coalition forces // civilian contractor // delegate // wound // prioritise // surgery



(adj) to be placed or integrated into a specific group, organisation, or environment



b.









(n) an event where one or more people are injured or killed

d.

e.





(v) to decide what to do first

h



(v) to give someone else some of your work or responsibilities

i.

- 3) (()) Listen, check and repeat.
- 4) Practise the new words. Discuss the questions with a partner.
 - a. Why is it important for leaders to **delegate**?
 - b. What challenges are there doing surgery in a war zone?
 - c. How many of the members of the **coalition** in the war in Afghanistan can you name?
 - d. What are some of the ways soldiers can become **wounded** in a battle?
 - e. What jobs do civilian contractors do?
 - f. How do medics prioritise who gets medical attention first in casualty incidents?
 - g. What sorts of choppers do you use in your armed forces?
 - h. Which country would you like to have a chance to be embedded with?

5) Why is it important to take notes? Talk to your friend about times taking notes is important in your work.

Listening

6) **(**()) You will listen to an interview with an Australian Army nurse who served in a United Nations peacekeeping mission. Listen and take notes in the space provided. Compare what you understood with your partner.

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- 7) Use your notes to select the best summary of what she says.
 - a. Warrant Officer Beth Andrews, a doctor in the American Army, was interviewed about her overseas deployments and role as a medic. She detailed her experiences coordinating patient evacuations in Timor Leste. She shared a story about a challenging casualty incident where she was unable to help save lives, highlighting the importance of international cooperation.
 - b. Warrant Officer Beth Andrews, a pilot in the Royal Australian Air Force, was interviewed about her overseas deployments and role as a medic. She detailed her experiences coordinating patient evacuations in Australia. She shared a story about a challenging casualty incident where she was crucial in saving lives, highlighting the importance of countries working independently.
 - c. Warrant Officer Beth Andrews, a nurse in the Australian Army, was interviewed about her overseas deployments and role as a medic. She detailed her experiences coordinating patient evacuations in Afghanistan. She shared a story about a challenging casualty incident where she was crucial in saving lives, highlighting the importance of international cooperation.
- 8) (1) Listen again and select the correct option.
 - a. In Afghanistan, medics were integrated with the American team in Kandahar.
 - 1. 20
 - 2. 52
 - 3. 11
 - b. What was most of her work about in Afghanistan?
 - 1. Performing new surgeries
 - 2. Patient evacuations
 - 3. Operating on Afghan forces
 - c. Where did Australian forces go first if they were hurt in the war?
 - 1. Bagram
 - 2. Germany
 - 3. Australia
 - 4. Kandahar
 - d. How many people were working at a time in the joint operation centre?
 - 1. 80
 - 2. 24
 - 3. 82
 - e. What did she carry with her on the way to work?
 - 1. A handgun
 - 2. An assault riffle
 - 3. All of the above
 - f. Why was she awarded a medal?
 - 1. For her leadership in a major casualty evacuation
 - 2. For requesting a fixed wing aircraft
 - 3. For operating on coalition forces



Kandahar Air Field

9) Talk to your partner and reflect on today's listening. What did you find easy to understand about today's listening? What was more challenging? What do you want to improve for next time?



Tirin Kut is in the middle of Afghanistan

Learning tip:

Reflection is a great way of taking **responsibility** for and **control of** your learning. When you reflect on an activity or lesson, ask yourself what went well, what didn't go well, and what you want to change for next time.

Learning Military Vocabulary

10) The words listed in bold below are important vocabulary and expressions that you should learn to use. Match the vocabulary on the left with their definitions on the right. Look at the example.

Τ	a	b	le	1

Table 1		
Duty Officer Patient Evacuation	С	 a. (verb phrase) to send helicopters to a specific location or on a particular mission, often in response to an emergency or operational need e.g. a medical evacuation b. (n) a situation where too many people need help, and local
Coordination Cell		emergency services can't manage it alone; a bigger, organised response is needed
<u>crit</u> ical <u>cas</u> ualty e <u>ven</u> ts		c. (n) an officer who is responsible for managing operations after regular working hours; responsibilities include acting as a point of contact, handling emergencies and making key decisions
we would dispatch choppers out to pick up the casualties		d. (n) the organised removal of people from a dangerous area to a safer location
delegate field <u>hos</u> pitals		e. (n) places patients can get medical care e.g. a small first aid station, a large field hospital
treatment facilities		f. (n) a temporary medical centre near the battlefield where injured soldiers get life-saving care before being moved to a bigger hospital

Table 2	able 2			
available resources like field operating theatres	g. (adj) feeling tense, anxious, or nervous, often due to emotional stress or anticipation of a threat, particularly as a result of fear, or a sense of uncertainty			
re <u>pat</u> riated back to Australia	h. (n) a unit or team responsible for planning, coordinating and managing specific tasks or missions, often in real-time			
sitting in the ops<u>cell</u> , we could hear	 i. (n) mobile or temporary medical units in conflict zones or disaster areas where doctors do urgent operations to save lives; these are usually inside field hospitals 			
I was always on edge working there	 j. (v) to send a person to their home country, often after an illness/injury, or emergency/crisis situations 			
when out<u>side</u> the wire , we would	k. (n) resources or items that a military owns or controls that can be used to achieve specific objectives e.g. equipment, property, vehicles, personnel or financial resources			
what <u>a</u> ssets were needed	 (n) various tools, supplies, personnel and facilities to provide healthcare and medical treatment 			
including required medical resources	m. (phrase) not being in the secured or protected perimeter of a military base, camp, or compound in a conflict or hostile area; there is a higher risk of encountering enemy forces, ambushes or other threats in this area			

- 11) (()) Now let's practise saying the words. Listen and repeat.
- 12) Complete the transcript with vocabulary words from the table.

Practice and reflection

13) (1) Listen to the interview and check your answers.

A: Last week you told us about your deployment to

on vocabulary, and to understand why you might have missed some answers.

Learning tip:

Using a transcript after a listening can be a

notice pronunciation features, to reflect

great self-study tool. You can use it to

Timor Leste for a UN Peacekeeping Mission. After this, did you deploy overseas again?

B: Yes, after Timor Leste, I wa	s next sent to Afghanistan in November 2011. I was one of 52 medics
embedded with the Americar	s in the international headquarters in Kandahar. I was a Duty Officer in the
Patient ^{1.}	Coordination Cell.
A: What were your responsib	lities in Kandahar?
B: My role was collecting casu	alties across a huge area, about the size of New South Wales, so we had a
number of evacuation platfor	ms situated across that area. When critical ²
events occurred, we would di	spatch choppers out to pick up the casualties and delegate field hospitals and
3.	_ facilities where those choppers could deliver casualties, depending on how

badly the soldiers were injure	d and available resources	like ^{4.}	operating
theatres and doctors.			
A: Did you treat both coalition	ı forces and Afghan forces	?	
B: If they were Afghan forces,	, we would bring them bad	ck to Kandahar to their (own military hospitals. If they
were Australian, or coalition f	orces, then casualties wou	ald be brought back to o	our facility in Kandahar first for
immediate treatment, then se	nt off to Bagram and ther	າ onto Germany, prior to	o being ^{5.}
(repatriated) back to Australia	J.		
A: What was it like working wi	th coalition forces at your	field hospital?	
B: I was located on an Air Base	with approximately 30,0	00 people. It was a very	busy place with numerous
6	_ forces and other civilian	contractors who were t	here to provide various
logistics and other support ser	rvices. I was attached to the	ne United States 82 nd Air	rborne Infantry Division. It
was an interesting experience	being embedded with the	e Americans. Within the	joint operations centre there
were also Americans, Italians,	French, Canadians, Spanis	sh and British – with app	proximately 80 people on shift
at any one time, 24 hours per	day. We were 500 metres	s from the airfield – so si	itting in the ^{7.}
we could hear jets taking off a	nd landing every day – I fo	ound it very exciting.	
Living and working on the bas	e there was constant nois	e of military aircraft and	troop movements. This was
a very tense atmosphere. I wa	s always ^{8.}	working there, e	specially when walking to and
from work. When at work we	only carried pistols, but w	hen outside the wire, w	e carried pistols and F88
Steyrs. The F88 Steyr was the	ADF's standard assault rif	le and they had a full loa	ad of ammunition for
protection purposes.			
A: Are there any particular me	emories from Afghanistan	that you would like to s	hare?
B: As I was ^{9.}	with a coalition f	orce, I felt like I was alw	ays having to prove myself –
prove that I was as good as m	y training. One casualty in	cident stands out in my	memory, and I was awarded
a medal for my response. The	re were 14 casualties nort	h of our 'AO' – or area c	of operations – about 30 to 40
minutes' chopper flight from	Γirin Kut. As the ^{10.}	coulc	d only carry four casualties at
a time, we used two choppers	to transport the injured p	personnel, which meant	leaving six of the injured
soldiers behind. We initially to	ook the casualties to two s	separate facilities in Tirir	n Kut, which were run by a
mixture of American and Aust	ralian army personnel. Th	e problem was that bot	h these facilities didn't
normally maintain direct com	munications and we didn'	t know the nature of the	e injuries and how to
categorize the patients, excep	t that there were gunshot	and grenade related w	ounds. So managing
treatment for the injured sold	iers was very uncertain ar	nd challenging for priorit	tising 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 ¹¹.______ 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 worked together, and our cooperation proved to be successful for saving the lives of all 14 casualties.

Speaking

- 14) Spend some time making notes on these questions. Think about how you can use words from this lesson to help them stick in your brain. Then discuss them with a partner.
 - a. What would some of the challenges of working in an international environment like this be?
 - b. What new things can you learn working in an international environment like this?
 - c. What sorts of qualities do you need to be successful in this situation?
 - d. How can people working in these tense environments do about feeling on edge so much?
 - e. What are the challenges of being a Medic in a warzone?
 - f. How would you feel 'outside the wire'?
- 15) In a group discuss the challenges faced by military medics on UN peacekeeping missions.



An ADF medic during training at a treatment facility in Afghanistan.



An Australian medical team assists in an aero medical evacuation in Afghanistan.

It is not only Medics who can help casualties. Watch the video titled "<u>Field</u>
 <u>Medical Assistants Course (FMAC) enhances the capabilities of UN peacekeepers</u>" or
 scan the QR code >



Answer the questions as you watch:

- a. What can Sergeant Danquah do now that he couldn't do before?
- b. Where on their body was Sergeant Suryanto's friend injured?
- c. What is the most common cause of death on the battlefield?
- d. Why does Corporal Adeniyi believe everyone should do the course?
- e. According to Milena, when is the critical stage?
- f. How does Colonel Imran describe the attitude of his students?

• For more practice with the words you've learned from this lesson, scan the QR code.



This lesson links with: Lesson: The Life of a Peacekeeping Medic – parts A, B and C – Listening
 Vocabulary Builder: Parts of a First Aid Kit – Basic and Combat