



Military English

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

TEACHER'S COPY

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.

Teacher's notes are indicated by this: **TN →**

Prepare for Listening

1) Look at the pictures of UN peacekeeping forces working together. Discuss the questions with a partner.

TN → Read the instructions as a class. Check the meaning of the words "rewarding" and "challenging" with the class and make sure they understand what they mean. Allow 5-10 mins for students (Ss) to discuss the questions before reporting back as a class. If your class has studied the other lessons in this series (Life of a UN Peacekeeping Medic, Part A, B, or C) you could ask students to recall as a class what they remember.

- 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. **TN →**
 Have Ss work in pairs or small groups to match the pictures and vocabulary for about 5 min. Have Ss compare their answers (ans) with a friend. Encourage guessing if Ss are unsure! The most important thing is that they have looked at all the words and all the pictures before they listen, check and repeat.

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

a. embedded



b. choppers



c. surgery



d. civilian contractor



e. coalition forces



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

f. casualty incident



(v) to decide what to do first

g. prioritise



h. wound



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

i. delegate

- 3) **TN →** Listen, check and repeat.


TN → Ss may struggle with the stress on **coalition**. This may be a good opportunity to remind Ss that in words ending in 'ion' or 'tion' that the stress comes directly before this. E.g. **education**, **liberation** etc.

- 4) Practise the new words. Discuss the questions with a partner. **TN →** Have Ss discuss the questions to practice. Monitor and assist with vocab clarifications as necessary.

- Why is it important for leaders to **delegate**?
- What challenges are there doing **surgery** in a war zone?
- How many of the members of the **coalition** in the war in Afghanistan can you name?
- What are some of the ways soldiers can become **wounded** in a battle?
- 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.
- TN →** Read the instructions as a class. Ask Ss to discuss ideas with their partners. Some ideas: Taking notes is a form of active listening, so people who take notes will remember what they heard more than people who didn't. Ss may take notes in training or school, meetings, etc. **TN →** Review what good notetaking skills are (e.g. not writing every word, using short forms and abbreviations of words, shorten long ideas into a few words (paraphrasing), always review your notes etc.

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. **TN →** Read the instructions together. Have Ss listen and take notes. When the recording finishes and the class has had a moment to review, ask Ss to compare their ideas with their partners. Lower classes may need to listen twice at this stage, which is fine. See on next page a sample for the notes. You can show it to the Ss this if necessary.

Radio Interview – WO Beth Andrews (ADF Nurse)

- Prev: Timor Leste UN mission
- Next deployment: Afghanistan → Nov 2011
 - Role: Duty Offr → Patient Evac Coordination Cell
 - Embedded: w/ US forces @ HQ Kandahar
 - Team: 52 medics

Responsibilities in Kandahar

- Collect casualties → AO ≈ size NSW
- Evac platforms across AO
- Critical events → dispatch choppers → assign field hosp/treatment facilities
 - Based on injury severity + resources (ORs, docs)

Treatment Process

- Afghan forces → Kandahar → own mil hosp
- Coalition/AUS → Kandahar → immediate tx → Bagram → Germany → repat AUS

Base Environment

- Air Base → ~30K ppl
- Coalition forces + civ contractors (logistics/support)
- Attached → US 82nd Airborne Div
- Joint Ops Centre → US, ITA, FR, CAN, SP, UK (~80 pers/shift, 24/7)
- 500m from airfield → jets daily → noisy, tense
- Weapons:
 - Inside wire → pistols
 - Outside wire → pistols + F88 Steyr (ADF std assault rifle) + full ammo

Key Incident

- 14 casualties N of AO → ~30-40 min chopper flight from Tirin Kut
- Choppers → 4 pers each → 2 choppers → 6 left behind
- Tx facilities @ Tirin Kut → US + AUS personnel
 - No direct comms → uncertain injury details → prioritization difficult
- Injuries: GSW + grenade wounds
- WO Andrews → managed whole response:
 - Adv shift dir (US Maj)
 - Asset req → patient transport + med resources
 - Req fixed-wing AC from SW AO
- Outcome: saved all 14 casualties → awarded medal
- Lessons: 1st joint op → successful cooperation

Abbreviation Key

ADF = Australian Defence Force

AO = Area of Operations

Opscell = Operations Cell

Tx = Treatment

GSW = Gunshot Wound

Maj = Major

Offr = Officer

Req = Request

AC = Aircraft

w/ = with


pers = personnel

approx = approximately

std = standard

7) Use your notes to select the best summary of what she says. **TN →** Ask Ss to use their notes to select the summary they think is the best. Have Ss compare their idea with a partner about which summary they have chosen and why.

- 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)  Listen again and select the correct option. **TN →** This listening task practices a common skill seen on multiple choice listening questions - distractors. Distractors are when Ss hear all the options, but must carefully listen to the correct answer for the stem. If distractors are new to you, you can learn more here. <https://www.youtube.com/watch?v=JMiHkOXhzhY>. Before Ss listen, ask them to carefully read the questions and guess the correct answers to get their brains ready to read. Then have Ss listen and check. Ss will do an activity where they look at the transcript in more depth in exercise 13.

- 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 rifle
 - 3. All of the above **STOPPED HERE**



Kandahar Airfield

- 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

- 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? **TN →** Read the blue box together as a class. You could also explain that reflection is also connected to having a growth mindset if you have looked at this together before. We reflect to think about what skills we need to improve in order to do a similar task more effectively in the future. It is unhelpful to simply say a listening was 'hard' or 'too fast'. More useful is to think about the subskills needed. Is it the accent in connected speech? Unfamiliar vocabulary? Is trying to translate into your first language distracting? Helping Ss to identify their specific challenges will help them to plan self-study. Ask Ss to think for a minute by themselves before they discuss their ideas with a partner. Can they think of any plans to help them improve?



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.

TN → Ask Ss to look at the example. Explain: 1. match the words in bold on the left with the definition on the right; 2. the tables are separate so the ans for table one are only in table one. Give Ss 10 min. It's important to monitor. Go around the class and randomly check Ss' ans. If they're incorrect, just say they're incorrect and let them work out the mistake. Give Ss more time if necessary. Then ask them to check with a partner.

Table 1




<u>Duty Officer</u>	c	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
Patient <u>Evacuation</u> Coordination Cell	d	b. (n) a situation where too many people need help, and local emergency services can't manage it alone; a bigger, organised response is needed
<u>critical casualty events</u>	b	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 <u>dispatch choppers</u> out to pick up the casualties	a	d. (n) the organised removal of people from a dangerous area to a safer location 
delegate <u>field hospitals</u>	f	e. (n) places patients can get medical care e.g. a small first aid station, a large field hospital 
<u>treatment facilities</u>	e	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

available resources like field operating theatres	i	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
repatriated back to Australia	j	h. (n) a unit or team responsible for planning, coordinating and managing specific tasks or missions, often in real-time
sitting in the opscell , we could hear...	h	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	g	j. (v) to send a person to their home country, often after an illness/injury, or emergency/crisis situations
when outside the wire , we would	m	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 assets were needed	k	l. (n) various tools, supplies, personnel and facilities to provide healthcare and medical treatment
including required medical resources	l	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

TN → Ask CCQs as necessary.


11)  Now let's practise saying the words. Listen and repeat.

TN → Play the recording twice. The first time, ask the whole class to repeat; the second, ask individual Ss to repeat. Correct stressed syllable if necessary.

13) Complete the transcript with vocabulary words from the table.

TN → Ask Ss to use their guessing skills to fill. . Tell them they will listen to the recording again in task 14, to check their answers.

Practice and reflection

14)  Listen to the interview and check your answers.

Learning tip:

Using a transcript after a listening can be a great self-study tool. You can use it to notice **pronunciation features**, to reflect on **vocabulary**, and to understand why you might have missed some answers.

TN → Read the blue box together as a class ↗. Ask Ss to recall what they said during their reflection discussion in exercise 9. Can they use this opportunity to work towards improving in any way? Start playing from 0:47sec.

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 ¹**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 ²casualty events occurred, we would dispatch choppers out to pick up the casualties and delegate field hospitals and ³treatment facilities where those choppers could deliver casualties, depending on how badly the soldiers were injured and available resources like ⁴field 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 ⁵repatriated 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 ⁶coalition 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 ⁷opscell 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 ⁸on 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 Steyr. 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 ⁹embedded 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 ¹⁰choppers 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 ¹¹assets 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

15) 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.

TN → Read the instructions together as a class. Allow Ss a few minutes to think about what they are going to say and to think about what vocab they would like to use.

- What would some of the challenges of working in an international environment like this be?
- What new things can you learn working in an international environment like this?
- What sorts of qualities do you need to be successful in this situation?
- How can people working in these tense environments do about feeling on edge so much?
- What are the challenges of being a Medic in a warzone?
- How would you feel 'outside the wire'?

16) In a group discuss the challenges faced by military medics on UN peacekeeping missions.

TN → Allow Ss 5-10 min to discuss the questions in groups of 3-4. Ask Ss to speak to a different classmate from task 15. Monitor and help with vocab as needed. Note any issues with language or pronunciation that you might like to give feedback to Ss about after they finish speaking. Come back together as a class and ask 2-3 students to talk about one interesting thing their partners said. Go through any issues that came up in their discussion. For example, if you noticed a S inaccurately using the new vocab, make a note of it and during feedback, ask the class a few CCQs in order to clarify the meaning of that item.



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 “[Field Medical Assistants Course \(FMAC\) enhances the capabilities of UN peacekeepers](#)” or scan the QR code →



TN → This is a short, 2-and-a-half-minute video. You will need about 10-15 min to run this in class. Alternatively, you could set this for homework. Ask the Ss to erase the questions before they watch the video.

Answer the questions as you watch:

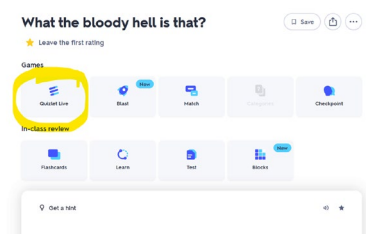
- What can Sergeant Danquah do now that he couldn't do before? **Help injured people**
- Where on their body was Sergeant Suryanto's friend injured? **In their chest**
- What is the most common cause of death on the battlefield? **(massive) bleeding**
- Why does Corporal Adeniyi believe everyone should do the course? **They may not have help when people are hurt.**
- According to Milena, when is the critical stage? **The first hour**
- How does Colonel Imran describe the attitude of his students? **Enthusiastic**

- 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

- TN →** If you have time left over, and your Ss have phones with internet play Quizlet live to consolidate the lesson. You will need to be logged into Quizlet for you to start the game as a teacher. Otherwise, you **cannot** see the icon. It's free to set up a Quizlet account! Here is a video on how the game works - <https://www.youtube.com/watch?v=q64qTBfk0iE>



- TN →** If you don't want to play Quizlet live (or if you don't have the internet) there are many other games you could play to round off the lesson such as back to the board.

Instructions for back to the board [here](#)

Instructions for charades [here](#)

Instructions for Pictionary [here](#)

Transcript:

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 resources like **field operating theatres** and doctors.

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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 worked together, 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.