RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY

NEW BRUNSWICK

AN INTERVIEW WITH DEBORA LA TORRE

FOR THE

RUTGERS ORAL HISTORY ARCHIVES

INTERVIEW CONDUCTED BY

KATHRYN TRACY RIZZI

NEW BRUNSWICK, NEW JERSEY
JANUARY 31, 2020

TRANSCRIPT BY

JESSE BRADDELL

Kathryn Tracy Rizzi: This begins an oral history interview with Debora La Torre, on January 31, 2020, in New Brunswick, New Jersey, with Kate Rizzi. Thank you so much for coming back to do this second session.

Debora La Torre: Thank you so much for having me.

KR: In our last session, we left off with you talking about your deployment to Afghanistan in 2004 with the 58th Military Police Company. When your unit would go out on patrols, what was your mission and where would you go?

DL: We went to various places throughout Afghanistan, depending on the mission. One of the common places we ended up going was Kabul, and then we went to outskirts of, I am trying to recall, it's been a while, but the outskirt villages as well, not only to do meetings with leaders, but to make sure there's a familiarization with friendly forces, so they knew that we were in the area. Our mission, at that time, was more to have acclimation with the region and just make sure that there was nothing fishy around, from what I recall. My mission was just to provide more medical coverage, God forbid if there were ever an attack or if there was any insurgent rallying up. A portion of the company had to do even maybe security, especially for any high-profile leaders in Afghanistan at times, because at that time it was, I believe, their first election. So, that was definitely a big time that we had to do--I was not on patrol during that time. I was more at the PUC [persons under control]. Definitely, they put in long hours, and it was definitely more security and to make sure that we maintained that security out there. [Editor's Note: The presidential election in Afghanistan took place on October 9, 2004, after being delayed twice, first in July and then in September. Hamid Karzai, who had been serving as the interim president, won the election in 2004. Karzai served as the president of Afghanistan until 2014. PUC refers to "persons under control" or "people under custody" that were held in a detention center.]

It was definitely interesting to see the city of Kabul and compare it to here in the United States. It's civilized. They have roads. They have stores. They have all that stuff at that time, but I felt it was maybe, compared to here, how it was maybe in the late ‘60s, ‘70s. You'd see people with their clothes out on the buildings. It definitely reminded me of a city kind of feel, which I loved.

The villages were definitely more remote. At that time, they were trying to still build up schools and stuff. They still had that segregation among women a lot. So, I remember going out on patrols and it would be the little boys more that would approach us versus the little girls. I'd find it very rare to see a little girl older than maybe five or six approach the patrol vehicles. If I did see women, they were wearing their burqas, maintaining that coverage, especially in the villages. It was very odd to see anyone ten or eleven coming out and about for that. But the little boys were definitely there and they were trying to see what we had, sell us stuff, and all that good stuff.

We did night and day patrols while we surveilled the land. It was a good area for reconnaissance to try to see what we had in our surrounding area. I know when we initially went out on patrols, that's what our mission was, to get a familiarization of the land and just make sure that they knew we were out there.

KR: What were your first impressions of the landscape?

DL: Well, it's like we're definitely not in Jersey anymore. [laughter] When I first got there, to Bagram, there was like an abandoned airfield not that far away and you could tell, it looked like a big, giant scrap metal yard kind of thing. This at least spanned, I want to say, close to the size of a football field, filled with cars and airplanes and junk. At first, I was like, "This place is dirty." But you realize everything that country has gone through in their history. I mean, it's kind of like a buildup of stuff that's leftover there.

It was definitely more remote. At that time, we were still in "tent city." So, Wi-Fi Internet was not really an option in order for us to call our families. They advised us to get calling cards, and we had to stay in line at the MWR, which is the Morale Welfare and … [U.S. Army Family and Morale, Welfare and Recreation]

KR: Recreation.

DL: … Recreation facility. I remember, at times, we'd just sit in chairs and move along while we were waiting for the phones. So, there was good stations for us to still get in contact with home. There was no video chats or anything. Once in a blue moon, comedians would come out to help support the troops. I believe Robin Williams was there the Christmas that I was there. I was bummed because I was just coming back home from leave when he was doing his show, and of course the MPs got pictures with him. I was jealous because he was a funny guy and I was a big fan. But they did a lot to bring our morale and welfare up. I remember the recreation facility had even hip-hop night and salsa night, just to give us those commonality of home, so we can go and still enjoy our time, our downtime, as they say. It's a big thing because all work and no play can take its toll on a soldier.

I made friends that, still to this day, I talk to. One of our battle buddies, unfortunately, was killed in action in another campaign, with another unit, and it affected us because we had deployed with him already. That was Staff Sergeant Merriweather, and, to this day, he was our cowboy. He loved country music. The first year he passed, we all tried to go and meet up in Nashville and have a drink for him. Now, the group has definitely dwindled down, but we still try to honor him and his memory. [Editor's Note: Staff Sergeant Daniel D. Merriweather was killed in action on January 13, 2010 when the vehicle he was in struck an IED near Kandahar, Afghanistan. He was assigned to the 118th Military Police Company, 503rd Military Police Battalion, 16th Military Police Brigade.]

After our deployments, we've had a couple of our battle buddies that we first deployed with who have passed and moved on unfortunately. It's sad because sometimes it's not even during the campaign; it's what coming back after deployment, depending on what they went through on those specific theater operations, it's sometimes life can get to you. It's a lot of pressure, especially if you're supporting a family. It's a lot. I feel that the mental health of lot of soldiers coming back from deployments or even those who had back-to-back deployments has gotten better, compared to initially when we first started and coming back from the campaigns. I know one of my battle buddies, because, unfortunately, he was close to three of those who we've lost,

he actually is now a counselor and wants to help the VA [Veterans Administration] and it made him kind of aspire and educate himself so he can help his fellow brothers and sisters, which I think is amazing, especially since he's "been there." He knows what it is to grieve and lose. It's definitely great things that I've seen come from those operations. It's one of those things that I feel like you really wouldn't get unless you were there, the type of brotherhood or sisterhood that you have. You are with these people, the good, the bad, the ugly, and it's a very tight bond.

To this day, one of my friends lives in Chicago, and I reach out to her when I do end up going to Chicago. We try to share a slice of deep dish [pizza] and catch up because it's like we really never left. Even on Facebook, it's a good way to kind of catch up with everyone else and see each other and do what we need to do. They reach out to me too. They know I'm still in now, that I'm an officer. They're like, "How do you go by this process?" Some of them are long retired and enjoying their lives after the military.

I don't believe the time has gone that quickly. I look back, and, wow, it's been over fifteen years since I deployed to Afghanistan. That, to me, is amazing. I don't see that happening. I feel like I was there maybe three or four years ago sometimes, but I've definitely gotten better with coping mechanisms. A lot of soldiers would have certain things that trigger them off. Mine is a certain sound, and of course, I'm not a fan of going on a Chinook. So, that's not going to happen anymore. Very little things now trigger me off, as the years have gone by, so that's good. For those who were severely affected, definitely they help us out in ways to cope and just make sure that we know where we are and we don't regress back to that time period, which is really, really great. It hasn't ever really dawned on me that I need help or anything like that, which is good, especially since I now am taking care of a lot of soldiers and sometimes even their families when I do play the part as a provider. [Editor's Note: The CH-47 Chinook is a twin-engine tandem rotor helicopter.]

The thing is I realize it's definitely something that's always a piece of me. I was a soldier for a very long time before I became a mom and before I became a wife. Even when I went back for my bachelor's after my active duty time, I remember the poetry class I had and the assignment was to take another poet's line from one of their poems and make it your own with your own perspective. I made a poem, I forgot who the poet is, she's going to kill me, my professor. One of the lines was like, "Yesterday's news or morning news," I reiterated it towards more looking back on deployment and seeing from the soldier's perspective of what we were going through and even a medic's perspective because you're responsible for someone else's life.

One of the things that took me a while to learn, as I was developing my nursing skills and became a nurse, is that I should always try to save and do my best to save that soldier. No one dies. You do everything in your power to save them. As an ER [emergency room] nurse, that was definitely something I had to learn because you can't save everyone. It took a long time to realize that, especially for those who are older. It's like that will, that desire to save, save, save, was hard to break. It took a couple years to get that out of my system, not out of my system, but to say it's okay to let go and grieve if you need to. Yes, it was tough. The deployment overall, like any other deployment, has its good, its bad, its ugly. I think by the last three months we were there, we wanted to get home.

KR: When you had your rotation at the PUC and you and the other military police were basically overseeing EPWs [enemy prisoners of war] and detainees, how did you, as a medic, feel about providing care to someone who might have been Taliban?

DL: For the EPWs, they gave them a number, and as a medic, I wasn't really allowed to know their history or why they were there, so it made it easier for me to tend to the prisoners. At times, it was difficult because of course word of mouth gets around, "Oh, number blah did this." "Blah, blah did that." It's like, "Oh, okay." Me, personally, it didn't change how I cared for those people because they're human. We all make bad decisions. Whether or not they believe whatever they believed, my job there was to make sure that they had adequate care and quality care.

Unfortunately, I knew there was one prisoner--a very funny guy, I don't remember his number, thank God, but I just remember he was laughing, joking--and one of his chief complaints was that he had milk coming from his breast, which in males can be a possible sign of cancer. As a medic, I knew about that. I remember him kind of like, "What can I do? Medicine, medicine for this." I remember collaborating with my doc, and that's when he told me, "There's a good chance that he might have early stages, but we won't be able to diagnose that here in this area, in this theater. We just have to make sure that they're healthy for the duration that they're here."

Especially some of the older EPWs, if they have any issues like cardiac arrest, anything, we are responsible for their care. We have to make sure that we start CPR [cardiopulmonary resuscitation]. We have to make sure that we do the adequate things and then send them to the combat support hospital to get care, if there was anyone who was remotely sick. Complications from surgery, we'd get EPWs who were "gunned down" and they had wounds, and after doing their care in the hospital, they would ship them to the PUC because they were technically prisoners of war. They would give us instructions on how to care for their wounds, when they have to do follow-ups with ortho [orthopedics] if need be and everything else. Honestly, it didn't affect my personal way of taking care of them. It was more like, "Okay, they're here. I'm here for them." It wasn't like a grudge or anything that I felt at all. It was just more like, "All right, this is my job. This is what I need to do."

KR: I wanted to ask you a couple questions about the 48th Combat Support Hospital at Bagram. What was a typical shift like for you?

DL: The days we did there, as a medic, I worked more in the ICU, ICW areas. [Editor's Note: ICU is the intensive care unit. ICW is the intermediate care ward.] You pretty much helped out the patients there, whether it be taking vitals, sometimes you'd be getting bloodwork, sometimes making sure that, A, they got fed, if not got fed, if they were coming from OR [operating room], helping out the nurse in those aspects. In the ER portion, there are medics there and then they usually get whatever is incoming from the ambulance or the helicopters or the Black Hawks, depending on where they came from. Usually, that's more high paced. That's more moving. [Editor's Note: The UH-60 Black Hawk is the U.S. Army’s primary medium-lift utility transport and air assault helicopter.]

Shifts depended on whatever the chief nurse said, and of course, who your department OIC was, which is officer in charge. For me, it was almost like a ten-hour shift. You'd eat when you can. If you had an MRE [Meal, Ready-to-Eat], great. There'd be times the base was possibly under attack. They'd put the siren on, and we would have to put on our gear but still render aid. We were still expected to always be, A, a soldier, and still take care of our patients.

We would also try to get them ready to, if they had to be transported to like Landstuhl [Germany], the nurses mostly took care of paperwork and everything else that they needed, but if they're like, "Bed seventeen is going to end up going to Landstuhl, you have start getting them ready," the person belongings, you had to talk to PAD, which is the property admin person. It's kind of like a hospital administration kind of thing to make sure movement goes [according to] process. We had to coordinate with the Air Force to do that, and it depended on flights going out and everything. So, it's a lot of integrative things that had to go on, everything that had to go in a set order in order to get the soldiers out. At that time, I don't recall them having any physical therapy or anything like that. Anyone who couldn't really "go back to the field" or go back to their jobs or go back to those things had to be shipped out because, I mean, we're a combat support hospital. We were not able to maintain longevity of care for that long, especially with supplies and everything.

The local nationals, there was always a section for the local nationals. I would feel like we had to do that and separate our patients, so then if any soldiers were stunned or still reminiscing of what would happen to them, they wouldn't feel threatened. They wouldn't feel like, "Hey, the enemy's right next to me." We made sure that any local nationals we treated, that they were kind of separated off, but we still rendered care. We would have to have an interpreter there in order to take care of them, but of course our priority was our soldiers. It was a lot of, "Hey, you're not doing anything. Go, go do that." I'm like, "Hey, okay." I remember being on my feet a lot. They're like, "Oh, there's coffee over there by the PAD section. Go grab coffee if you're tired." I'm like, "Okay." They would have leftover coffee cake from chow, and I'm like [making eating sounds] trying to stuff my face because sometimes, I'm like, "I need a sugar rush. I'm not going to make it the next six hours here," [laughter] especially if they knew, like, "Hey, beds seventeen to twenty-two are going to be moving out, so let's get them going." I'm like, "That's a lot of people moving out at the same time and making sure everything's good to go." It definitely was interesting.

After deployment, it was kind of funny because I ended up being stationed in Germany and being in Landstuhl and being on that receiving end too, so that was interesting. It was kind of like as the years progressed, I got to see almost like a full cycle of what happened. Of course, when I left Afghanistan, the care was definitely better, because the hospital was no longer tent city. They started getting wooden walls. They started getting ramps. They started getting things that they built to get themselves established, so it was easier to get around and to get by and almost develop a stronger foundation for that. That, I think, was good. I'm sure by the time I left, they started implementing possibly having PT [physical therapy] and stuff like that because you get some soldiers that were in these FOBs [forward operating bases], which are definitely those outskirt bases, especially some of their infantry brothers. They're out there and they have one or two medics. That's it. That's them. They do as much as they can until they get to either a chopper or an ambulance, and then they come and bring them to the hospital. That's when the

EMT [emergency medical technician] crew patches up, if they needed OR, great. If they're like, "Listen, it was an easy thing here. They're going to go to this department," whether it be the ICU or the ICW, and then you kind of make sure the bandage changes were good, making sure that there were no signs of infection, making sure that the vital signs were taken. All that stuff had to be taken care of in order to do that.

It definitely [propelled] me more to become a nurse, definitely, because I feel like compared to just a normal patient care technician in some hospitals, I feel like you are doing a lot. It's not just changing bedpans and stuff. You're doing a lot, making sure that the soldiers were still taken care of, and sometimes some of them just wanted to talk. Some of them, you could tell, I'd be like, "Ma'am, this guy needs some psych. You can tell he's still kind of worked out. He's not ready to go." Those were the kind of things that our nurses expected from us, like, "You are my other eyes and ears. If he's not feeling right, if he's not seeing right kind of thing, he seems 'a little squirrely' to you, let us know," because they didn't want anyone going back that could potentially harm others too or hurt themselves. It was definitely interesting. We had a good variety of stuff, especially among the soldiers and also with the local nationals. It was an interesting mix.

KR: What type of wounds were you treating in American military personnel?

DL: Believe it or not, we had a lot of what we call urgent care now. It went from like, "My feet hurt," back pain. Sometimes we'd be dealing with some blast wounds, especially to get them ready, those people who were part of a blast or anything like that, we took care of them and tried to get them ready to be shipped out because they can't stay there if any TBIs [traumatic brain injuries] were there. We couldn't have them stay there. With the local nationals, I had mentioned, sometimes burns was going on. We'd get some kids who got run over by a car. Most of the things, honestly, it wasn't too much like gunshot wounds that I recall, while I was there anyway. I remember some blast wounds were definitely there and just a lot of head injuries too.

Some of the run of the mill for the soldiers who stayed on base were environmental injuries, dehydration; some of them were not eating, drinking enough. There was a thing that was going around that they had scorpions, and they had them fight. To have their own entertainment, some soldiers kept their own little scorpions in order to have that. I remember this one guy, I guess his scorpion nicked him or something, his hand ballooned up like a Mickey Mouse hand and they had to cut through, so that way it could release the pressure. Otherwise, he could've possibly lost his hand. I remember the hospital maintained their own security too within the base just to make sure, because you never know who is going through your gates. I just remember this guy coming in and he was just like, "Hello," with a Mickey Mouse hand, a big, giant [hand]. I'm like, "That's not normal, all right. Can you take off your top?" He was just like, "I think so." I'm like, "Okay." I'm like, "How long has this been like this?" "I think two days." I'm like, "You should've come sooner. You know that right?" He's like, "I know, Sergeant, but what can I do?" I'm like, "Let it get better." I'm like, "Okay." I just remember the doc, of course, he cussed, he was like, "Oh crap," kind of thing. He just couldn't believe it. He was like, "What did this?" It's stuff that you can't make up.

You have some of those "kids" that on some of the infantry patrols, Afghanistan has a lot of poppy fields and stuff like that and marijuana fields too, so of course some of the infantryman thought it'd be great to smoke it. I'm like, "What are you doing? You're not smoking it correctly because now you have inhalation poisoning." Some of them came in with respiratory issues. Then, of course, during the winter we had, "I feel sick." Food poisoning was a big thing because sometimes the leaders or higher ups would partake in the local cuisine to appease their local guests, so sometimes it didn't agree with their stomach. We still had a good variety of stuff and it's like, "Here's your Imodium. Here's your IV bag that I'm just going to put up and we're going to see how you do, and if you're not good or your vitals are not good, you stay the night. If not, you're good to go." It just really depended on what was going through that door. If we were possibly getting attacked, of course, we were always ready. Any night shift, day-shift people, or swing shift, if we were possibly being attacked, then we had to be up and ready just in case. More of the things were blast injuries and a lot of environmentals too, which kind of surprised me, now that I look back. That guy with the Mickey Mouse hand, I was like, "Two days, dude?" I couldn't believe it, but you can't make this up.

KR: Would you work six straight days?

DL: No, no, no. Sometimes we'll do three days, sometimes two days, and then one off, and then come back the next two because they expected you to still eat, sleep and shower and maintain your morale, of course. I only worked there for, I want to say, nine weeks or so.

It was interesting. You learned a lot. You got to make good contacts with people and learn a lot. Any "downtime" in the unit, usually, our docs were right there, trying to teach us, like, "Hey, this is how we're going to suture." "Hey, this is how we do a digital block." We didn't really waste the time because we didn't know sometimes, especially in the EMT unit, you didn't know what was coming through the door. Of course, our nurses in the ICW, "This is how we take care of burns. This is how we take care of certain wounds. This is what it looks like when it's infectious," all those things that help us in our training. We got right there, hands-on training to the best of our ability. We really did luck out. Of course, it was all supervised by providers, but, to them, it was more like, "You're helping me out, and as long as I can get you comfortable with certain traits, it's perfectly fine." It's great, the stuff that I learned while I was out there, because it did help me in the long run with my career because I can relate to certain things. I'm like, "We do this because of this."

That's how we spent our time, like, "Hey, it's kind of quiet or dead in EMT. What do we do?" "Oh, we've got a guy with shin splints." Sometimes, they would still do their normal PT, or the physical training, on the base, and depending on terrain or shoes or if they've been on patrol, they'd be like, "My feet are killing me, Doc." I'm like, "Okay." It is what it is. We'd get them, walk them over to X-ray. "All right, nothing's broken, yay. Here's your profile, on your way." [laughter] Especially some of those days that were "dead," you got the walkie-talkies and then we'd have a doc be like, "All right, we're going to train here for the next half an hour. Those two medics and the doc can stay there. We're going to train." It was definitely nice to have, and you feel like you have that mentorship from higher, which was great. It also definitely helped us as a team because when certain things did come by or, "Hey, there's a possible mass cal coming in, stand ready," you already knew as a medic, like, "I need to prep my lines. I need to do this. I

need to do that because that's what they expect from me." [Editor's Note: Mass cal means mass casualty.] It was definitely a great learning experience for me. It got me all ready for the next portion.

KR: What was it like when a mass cal would come in?

DL: When mass cals came in, it was interesting. It's almost like, I don't even know how to explain it, not only is my adrenaline pumping, but you're waiting. They'll say, "Mass cal, impending mass cal, ten minutes, ten minutes, ten mikes out." [Editor's Note: Mike means a minute in military terminology.] I'm like, "Ten mikes out. All right, we've got all our stuff ready." Now, you're just waiting. That quiet before the storm, I feel like it just gets to you. Then, you're like, "All right, the first one is going to go here. That one is going to go to bay one, two, and three. Any hemorrhaging or anything that severe, any arterial stuff or anything that straight needs to go to OR, vitals, [IV] line, if they don't have it, and then go to PACU," so it can go straight to OR, depending on what came in. [Editor's Note: PACU is the post-anesthesia care unit.]

Sometimes, we'd have some Special Forces medics come in, give reports to the doc as the patient was being wheeled to OR. It really depended what we were getting on report and what we were getting. Sometimes, the officer in charge for EMT would get a report through the telecoms and say, "Hey, we have like three walkie-talkies" and they can kind of sit back, versus, "Hey, I've got two TBI, blast injury. Definitely hemorrhaging going on." So, they already knew, "Hey, the OR has to be alerted." Anyone pending surgery is going to be put to a halt to save that bed. The OR, I can't remember how many OR beds were in that hospital. I want to say there was at least two, but I can't recall off the top of my head. You already knew, "That one is definitely going to OR." It just really depended on where it was coming from. If it was SF guys, we already knew if some of them were, A, going to make it or not, because the SF medics are pretty awesome. They're pretty awesome. They train and they are pretty much like PAs [physician assistants] and they are just rolling and doing amazing things. As a young medic, you're like, "I want to do that." It's a different life.

Then, of course, when we get people from the ambulance or, "Hey, we got this," most of the time, the ambulance crew would do a lot of the first-aid kind of things, start a line if they could. If not, then we would adjust with another large bore IV, get blood work, make sure things were labeled properly. My whole thing is, just like a regular ER, you get assigned, like, "My bay is bay-this. Okay, this is what I worry about." If they needed to do the level one--I can't remember what it's called now, but I just call them the level ones--we used to have them available for any severe hemorrhaging. While we were possibly waiting in OR, we would have that. You would have that all ready, and if So-and-So needed it or we need another one, sometimes we'd have to borrow one from like PACU. Sometimes, we would just go as runners.

A mass cal seemed like a very busy ER, like a city ER. You're dealing with everything at the same time. People are yelling, screaming, "Hey, I got this. Where's this? Where is that?" I just remember one time I was seeing [a nurse]. She was just like, "I can't believe we're dealing with our third mass cal this week." I was just like, "I'm only happy I was here for one. I don't want to

deal with this anymore." It takes its toll. As an officer, I'm sure it took a toll on her, but she was like, "This is a lot."

KR: She was a nurse?

DL: She was the charge nurse for that shift. There's a charge nurse and then of course a doc, but she was pretty much coordinating and making sure she got reports and she told the doc who was on there. Sometimes, if we had mass cals, depending if it was a night mass cal, afternoon mass cal, then the night-shift doc would sometimes have to come into help, same thing, some of the night shift nurses would have to come in and help. If it was really bad, I'm sure everyone was all hands on deck, and that's what they make announcements and stuff for, like, "Hey, wake up, I know you just went to bed three hours ago, you have to come back." It's like, "Okay." What can you do? All hands on deck means all hands on deck. It definitely was something that it does really seem chaotic at the time. When you live through it, you're like, "'This is really crazy to be in this environment." The time lapse, "What do you mean three hours have gone by? We've been doing this and just kind of getting everyone settled." It's in the beginning of a mass cal that gets that crazy, but then you realize, "Okay, bay five has the OR next. We have this. We have to just maintain this guy until he can go to OR and then give report to PACU. That's what the nurse is going to do." "Have the labs come back on this patient yet?" "I don't know." "Go down to the lab and check." Then, I'd go back down to the lab and check and see what's going on. They're like, "Five more minutes, guys." We didn't have computer systems in that aspect. We [were] very remote, and sometimes we just had to do the print-outs and have them fill it out. I feel like nowadays, that's one of the lessons learned with military medicine, is having that comms. between the departments established better and faster.

It's just like a regular hospital. You're waiting on X-ray. You're waiting on lab. You're waiting on diagnostic tests sometimes, but sometimes during really heavy emergencies, you're just running around, running around. That was the adrenaline that I loved. That's something that got me very happy. It made me love emergency medicine more. I liked, when I was in ICU and maybe even ICW, because it was a slower pace, but you got to see, if you worked at EMT-1 and then you worked in ICW the next day, it was definitely something that made you feel like, "Okay, now I know why we do certain things too." It was definitely something that was really nice to experience. I was more like their extra since I wasn't really assigned to that unit. So, I was fortunate to go and be helping hands in all those aspects. It was pretty great actually. I did enjoy my time in the combat support hospital. Overall, now that I look back, it's probably another reason why I'm so happy to have been in that kind of organized chaos.

KR: The next question I am going to ask you is a question I ask to all military medical personnel that I interview. Medics are enlisted. Nurses and doctors are officers. What is that relationship like?

DL: Military traditions usually dictate and of course the enlisted have the utmost respect for officers and the same thing goes for the enlisted. We have a saying that the enlisted are the "backbone" of the Army. They are our worker bees; without them, we wouldn't be able to complete anything. It's funny you say that because I started off as enlisted and then me becoming an officer, it took me a while, a couple of years in becoming an officer, to let go of my

"NCO backbone" because I was so used to being enlisted as a sergeant or a non-commissioned officer. You really are like in a manager kind of position and you report to your officer. You report to that [officer]. Yes, they have the education. I'm not going to lie. There's some officers, sometimes when I was enlisted, I'm kind of questioning, I'm like, "Ma'am, are you sure? Because that's not how it is. Are you sure?" They're like, "No, no, I'm sure." Sometimes, I'd be like, "Sir, Ma'am wants to do this. Do you want to help me out here?" It really depended on what kind of relationship you had with the officers too. Sometimes they were like, "Yes, yes, that's fine, she can do that." I'm like, "Okay, we're doing it."

As a non-commissioned officer, I feel like I had a little bit more responsibility as a medic. I really do, because I feel like, A, I was closer to "my younger soldiers." The officers have that kind of camaraderie among themselves too. Now that I look back, I mean, I can definitely say I'm an officer now. I can definitely say that. I realize that I have to let my NCOs do their job. I can't micromanage because that's not my job as an officer. Being enlisted and seeing that, I now really appreciate that as an officer because I know how the system works from Private So-and-So all the way up to Sergeant So-and-So to me. I feel like sometimes some officers don't see that whole picture in that aspect. Definitely, it lets me know and see that from a nursing perspective, especially when I'm in charge of certain missions or taskings, I'm like, "How can Private Joe Snuffy help me out in this?" Or, "We have to make sure that Private Joe Snuffy knows the chain of command of what the mission is," because God forbid something happened to me, there has to be someone next in line to take on and to carry out the mission. That is pretty much our goal.

Sometimes, that would happen. I remember, even as a Reservist, what we do for some of our missions is we would become OCTs, and that is observer controller [trainer]. Sometimes, we would do training exercises, and we would grade some of our peers, our sister battalions, or brigades, depending. We would see if they were put in a situation of war, how would they grade, and that's another [way of] how we'd train, which was great. It's a game of almost capture the flag sometimes and we'd "kill off" a person in charge and see who steps up. Who's the next junior officer, can they handle the position? Can they do these things? It definitely preps them for the next-in-charge kind of thing.

I remember, we did one not too long ago, out in Wisconsin, and I was the observer controller for the PACU and OR, which, it's not necessarily my specialty, but I'm very familiar with how an OR, PACU and even the sterilization team is supposed to work in that communication. I remember, she was a Reservist. She had just started working in the OR as her civilian career, but she came to me, like, "Ma'am, all fair and games and everything, but I'm the officer in charge, how do I do this?" You become a mentor, when you're in those roles. You really, just like any other place, you have to know what you can and cannot do as an officer in charge of a department. You have to really see how scheduling is going to work, make sure your team is adequately rested and able to work, food, and of course your policies. What are your missions? What do you want for your department? I'm like, "Do you have a policy in place for this OR?" She's like, "I honestly don't know." I'm like, "Those are questions you have to ask, and if you don't, then you as the officer in charge of your department need to initiate one and make sure it's implemented."

It doesn't have to be verbatim exactly what you want but a broad policy so then your department knows if there's an issue with this, issue with that, or what the responsibilities are for which members in your team, then they know what they're expected [to do], because an enlisted soldier will do as you say as an officer. They are trained to be like, "Roger, Ma'am. If you want me to take that hill, I'll take that hill." But you have to give them the guidance in order to, after that hill, what I do? Do I pull security? Do I rest? Do I come back to you? What's the next mission? It's something that some may feel some younger officers have to really [learn]. They don't know how to become an officer, but that's why sometimes even senior enlisted, like our E-7s or platoon sergeants, they will mentor that young junior officer to be like, "Hey, Sir, Ma'am, this is our policy. It's been like this for years. You can review it. Anything you want to amend, I'll talk to you, and this is how we can implement it." It's really a very close relationship when a platoon sergeant or when a department NCOIC, a non-commissioned officer in charge, and OIC, the officer in charge, have their meetings because they have to come in like a team, what they want, and that relationship really has to be a good one in order for the department to flourish.

By the end of that exercise, that lieutenant, I remember, she thanked me for the guidance and mentorship for the exercise. It was definitely an eye-opening experience. She even said, "You know what? I give my OR manager a lot of credit because I don't know how she does this with twice the size of what I'm handling." I was just like, "But now you're prepared, so if something happens, you can tell her, 'I have experience in this. If you want me to help you, I can.'" That's definitely something that would flourish in your civilian career, and she's like, "Oh, yes, I'm definitely prepared to deal with this." It was really nice to hear and know and mentor, because I tell this to a lot of [members of my unit].

In my unit right now, we have a lot of medical personnel, sometimes dentists, sometimes doctors, sometimes nurses, straight from "the schoolhouse" and they're still kind of learning. They're like, "They said I was going to be a part of the Army. I'm here, I have a uniform, what do I do?" It's different from Reservists to active duty. Active duty you are literally doing this every day, and of course you have to go through courses to teach you and familiarize you with military traditions and courtesies and everything else. Sometimes, in Reserve world, the officers don't get that. It really is our responsibility, as senior officers or even more experienced officers or even our enlisted, to really teach them.

One thing I usually tell my junior officers, or those freshly new to the military concept, is, as an officer, you're responsible to make sure that your department, your team, your "people" are trained sufficiently and can successfully accomplish the mission, because if they're not, you as an officer better be well prepared to explain to their family, loved ones on why, A, they're not here, why they couldn't come back, or why they couldn't complete the mission because they were not successfully trained. That, I feel, gets a big response from new officers, who are like, "Wow." I'm like, "You have these people's lives in your hands as an officer. You are the officer in charge." Even if it's something Reserve-wise, we're just doing basic rifle marksmanship, if that officer in charge of that range did not adequately teach those on that range and God forbid something happened, it is that officer in charge who has to step up and speak and be held accountable for those actions and what happened and why didn't it happen as A, B and C. Why do they have to go to the hospital? Why did they have to do that? Our senior leadership will expect that from us. That is what that position holds, and it's definitely eye awakening for a lot

of individuals who are still learning that military transition. They're like, "Wow." I'm like, "This is what it is like to be a military officer. You are responsible."

That's one of the things, with the talk of everything going on in the world, I make sure that any of my subordinates know, I'm like, "You say if we are on deck to go somewhere. You better make sure your team knows how you want things because as soon as we hit theater or once we hit ground, you only have a small amount of time to be able to function and hit the ground running." I tell them, "I have no doubt in my mind that you guys are great providers, dentists, doctors. You can do it, but just like anything else, when you have a new team, you have to know and give out direction on how you flow because they're taking your guidance. They only want to work and they're only going to work to how you tell them and explain it to them." It's definitely interesting. I've gotten good feedback when I told new officers, "This is what it means to be a military officer, especially within the medical perspective, because it really is truly the lives of those soldiers in your hands."

KR: Just for the record, what was your rank in 2004 when you were in Afghanistan, and what is your rank now?

DL: In 2004, I deployed as an E-4, which is a specialist in the United States Army, and I got promoted while I was there, so I was very happy. [laughter] I became an E-5, which was a big jump too, because you go from enlisted lower soldier to a non-commissioned officer. When I became a non-commissioned officer, my NCOIC at the time, it was his time to go on leave to see his family. He's gone for ten days. So, who's in charge? I am. As a non-commissioned officer, I can take that. The good thing is, I had such great leadership as an enlisted soldier, I was really blessed. They provided mentorship, guidance, so when he left, I knew I had to attend a training meeting on a Tuesday at thirteen hundred [hours]. I knew the next BUB [battle update brief] was going to be at nineteen hundred after chow. I knew what to expect and I would definitely be able to answer questions appropriately, especially when they were like, "Hey, we have to do our mandatory flu. How are we doing that? Who are we talking to?" I'm like, "No problem, I'll go to the combat support hospital, see how much they can implement. If not, we're going to have to order and I'll get this in line through them." The change of shift of responsibility was more apparent while I was in Afghanistan.

Now, I'm a captain in the United States Army Reserve, and I'm their medical readiness officer, so I'm in charge [of] approximately for 120, depending on a good day, personnel and their medical readiness. That involves usually having an annual exam, dental, any profiles, anything that may prevent them from deploying, and those are for two units. It's for a good portion of the northeastern region, I'm their contact. My command team is awesome. They know the skills and the kind of work dedication I have, and they know if Captain La Torre is talking to you about medical readiness, I'll tell them, I'm like, "Listen, you don't want to be on my naughty list. Let's get this done because if not, I will find you and I'll be that annoying ex-girlfriend that keeps calling." The soldiers know and they're like, "Ma'am, I got a nastygram from you." It's not a nastygram, it's a friendly reminder. That's all. But it's one of those things, and I have really good relationships with the soldiers and the unit. I try to help them out as best I can with any minor aches, pains and everything else because I am a provider still.

I am mentoring a junior officer as well. He's a nurse practitioner up in Massachusetts. He's stellar. I can't wait until he gets back from BOLC, which is the Basic Officer Leadership Course, because he's going to help me. He's going to help me. I'm like, "You need to share in some of this wealth." It's one of those things that I've noticed a lot with junior officers. They are very eager to deploy and stuff like that and I'm just like, "Don't be in a rush." It's kind of like that song "Vienna." Don't be in a rush to grow up so fast in this world because when it's your time, they'll get you. They know you're a hot commodity, especially being in the medical world. They need medical. That's never going to go away. The world needs medical people, so all in due time. Don't be in a rush to deploy because you want to make sure you're ready, of course, but some junior officers are very eager. I'm like, "Listen, high speed, if you want to take my spot, go ahead." I feel like one deployment is good for my military career for now.

KR: When you were in Afghanistan, on your deployment, how many women combat medics were there? How common was that?

DL: It's hard to say. Honestly, I can't recall for the combat support hospital, but within my unit, there was three of us. There was three of us and three males, along with my NCOIC at the time. It was a good mix. The unit will have so many what we call an MTOE [modified table of organization], which is pretty much what you're allotted of personnel. So, it doesn't segregate with sex or anything. It just goes with job description. They usually prefer the male combat medics to be infantry because, of course, putting a woman on the frontlines is not very well received. You'll see a lot more female combat medics in the support entities, whether it be a medical support hospital, whether it be the MPs or it be another unit, sometimes the engineers. You see a lot more female combat support medics there because they don't really want female combat medics on the frontlines. That may have changed since I deployed.

I'm not sure on an active duty perspective, but right now, as a medical support hospital, we have female combat medics. I have my males. I mean, me, personally, as an officer, and I tell this to all my female combat medics, I hold them at a higher standard. I'm like, "There is no trying to get over 'I'm a girl' concept with me." I tell them straight out, "I was a female combat medic, deployed in Afghanistan 2004 to 2005." I'm like, "You will learn how to do IVs. You will learn how to do a lot of things and I expect you to do them to standard." I feel like sometimes, I'll even get it from some of the male combat medics that I've overseen, they're like, "Ma'am, you're a badass." "You say that now, living it is a totally different story." To get their respect and to be called doc, it's nice, but I feel like sometimes it could be a little intimidating for younger female combat medics to fill those shoes. I try not to be as intimidating, but as an officer, I have to set my standards. I'm like, "This is what I expect from my female combat medics. If you reach that standard or if you meet it, that's great. If you don't, let's see how we can get you there." Usually, I tell the younger guys, I'm like, "Listen, you're only as strong as your weakest link, so if she's failing, you're all failing, so let's get this started on the right path," and they're like, "Roger, Ma'am." I do tell them that. I introduce myself and I say, "I was a combat medic, and I do hold my female combat medics at a higher standard because we are expected to provide the same care and do the same things as our male counterparts and there is no leniency or anything." I don't show any leniency within them at all. Why? I know for a fact I wasn't given it.

KR: A major issue in the military recently has been military sexual trauma, which is sexual harassment or sexual assault of military personnel. What are your experiences with how the military has grappled with this issue over the past two decades?

DL: That's a good question. I know when I first joined the military, I know there was a big thing, there was something going on with a drill sergeant company, and that's one of the main reasons my mom didn't want me to join. She was afraid that I was going to get raped or killed or something like that. I'm like. "It's not that serious." But you see it, you see it around. You see a lot of things going on, and I feel like back then it was definitely underreported a lot more than it is now. There is a big, big, big push for leadership or even your peers, if you see it, report it, because if you don't, you're implicated as well. I feel like they have gotten way better. Is it still an issue? Yes, it is still an issue, but it is not only towards women now. We are seeing it even towards men. I feel like our male counterparts, it's definitely underreported because they feel a sense of shame in those aspects too. It's hard when you take care of a soldier who you know is a very strong, leading, by-the-book, great soldier and then seeing or hearing some stories, and you're like, "That's probably not how we should be acting." You try to tell them that, and if it becomes an issue, then it is what it is and you have to report it because you are held [accountable]. As a leader, if you let that slide, that's unacceptable, unacceptable.

Back then, I want to say, because I remember it more, since I was more in-depth with active duty, I was able to see it more, compared to Reserves. You see some of these soldiers mostly two to three weeks at a time at most and sometimes just one weekend a month. In the Reserve population, it's a little bit more lax, but sometimes it's just as apparent. But you definitely see it more in a training environment, more than anything, and if that's the case, we have classes, we have training, you have to report it. There is no ifs, ands or buts, if you see it. They also are doing training for individuals, like they say if someone comes to you and tells you, "Hey, that's inappropriate," tell them thank you because you know what, you may feel like that's nothing, but if it's something, you rather have a friend tell you like, "Hey, that's messed up, don't do that. It can be perceived the wrong way," versus someone way higher or your supervisor telling you like, "Hey, you need to step in my office because of A, B, and C." So, I feel like that is the goal, that they're trying to be like let's nip it in the bud. If it is an issue, they definitely have resources for any victims that might be out there and make it more accessible.

We have a great sexual assault advocate in our unit, and she's phenomenal. She works over in the New York VA, and she is phenomenal. She even brought in another sexual assault survivor who works for the VA as well as a counselor and the amount of knowledge that they have and they put a lot of stuff in, it makes people want to step forward and say, "Yes, this happened x-years ago, but this happened to me." It definitely helps in the healing process with a lot of soldiers, male and female. She's a lieutenant colonel now, I think, but she's phenomenal and she makes herself accessible, "If you need me, call me, text me, email me, because we know it's out there." Just because you're a Reservist doesn't mean that you are only a soldier for that weekend. You are technically a soldier throughout. It's one of the things that you definitely want to make sure that you let your peers know because, I mean, not for nothing, you shouldn't be subjected to that kind of behavior at all. Especially if it's a work environment or a family environment, you really shouldn't be subjected to any of that at all, as a soldier.

KR: When you were at Bagram, did you have any contact with NATO troops from other countries?

DL: Not directly. I feel like some of our higher leadership did. They needed to, depending if we were going on convoys or anything like that. I mean, they were in Bagram. They were in bases. Sometimes, I'd hear stories of, "Oh, the French soldiers have liquor. Why can't we have some? We're on the same base." I'm like, "Listen, totally different bosses." There were different standards among them and us of course. I didn't have any direct contact with them at all. I just saw them around and I'd be like, "You guys are lucky. You guys can go over here and there without having to have as much gear on." I feel like sometimes they even had the nicer portion of the base because they didn't have to be by the dumpster. [laughter] I forgot which ones had them, but I think that they even said that they had a small kiddie pool and they filled it up with water and they were just like, "Yes." I'm like, "What the?" It was just one of those things, they got to do a lot more fun stuff, I feel like, than we did. If we had a kiddie pool on our side of the base, we would be so reprimanded it's not even funny [imitates a commanding officer shouting an order]. I'd be running away because, no, you don't do that. Those certain things I remember. I'm like, "They had a kiddie pool," and they were all just lounging there in PT shorts, just chilling on a 110-degree day, as I'm here in a full uniform and a flak vest, waiting to be out on a convoy. I'm like, "That's not fair." I want to be there and not sweat in every orifice I can imagine. [laughter] Yes, that's what I remember. I mean, of course, they had their own missions and stuff, but, to my knowledge, we worked really well with them and there wasn't anything else. Sometimes, they'd come to the morale nights and stuff like that, whether it be salsa night or hip-hop night, they be coming out. Yes, I mean, it's always good times. I was just a little jealous.

KR: What was the United States military policy toward liquor at Bagram?

DL: Absolutely not. That was a theater thing for the United States Army, absolutely not. There will be no drinking because God forbid you be under the influence and we had to protect the base or go on a convoy. I don't think Uncle Sam would appreciate a hungover soldier if you had to go on patrol. I know I wouldn't. I wouldn't want that at all. So, that was the policy during that time. There was absolutely zero tolerance.

There were some people who would try to sneak it in, which are very bad soldiers, but our military police, we had a jail and we'd find soldiers and they'd have them and we have to bring them in. Some soldiers were very unlucky and got caught; some didn't. I mean, I know I didn't drink because I didn't want to get in trouble. It was just one of those things, if there's a will, there's a way. They'll find a way if they really want it. Yes, it was zero tolerance, and poor you if you got caught because they had the dogs and everything, the K-9 unit. I remember, one time, they would just do random checks in our huts, and we're part of the military police. They're like, "Let's do random checks." I'm like, "Wow, all right." I'm like, "I want to go back to sleep because I work nightshift. Can we not do this right now?" They're like, "Everybody out of bed." I'm like, "I'm so tired. I want to go to sleep." Then, they did it. They didn't find anything in ours, but I think they found it two tents down. It was kind of like, "Whose is this? Whose bag is this or whose trunk is this?" That soldier got reprimanded of course because they know the policy. That's one of the first things that they tell you as soon as you step in theater, they're like, "Hi, welcome to Bagram. There's zero tolerance for alcohol here." "Oh, great, wonderful." "If

you are wearing this uniform, you are not drinking." I'm like, "Gotcha. Noted." Getting care packages, of course, the Postal Service people inspected them, but I'm sure people got some things smuggled in.

I was very fortunate for the care packages that my mom and dad gave me. It was funny because one of my soldiers, he visited Peru recently and he was telling me, "I finally had Chicha. It reminded me of the days when your parents used to have the pre-paid Chicha packets." We'd have big giant water bottles. You just poured it in there. He's like, "It felt so good. It took me back to that," and it was very funny because I'm like, "You associate me with Chicha?" [laughter] It's funny now that I look back at it, but it was just one of those things, it brought little pieces of home to the desert and you appreciate little things like that. It's like, "Home" kind of thing. It was fun. [Editor's Note: Chicha is a Peruvian drink that can be homemade or bought.]

There was other things I missed when I was on deployment. I really couldn't wait to come home and, A, use a flushable toilet and to be able to take a shower as long as I wanted without any other people around, or women around. I didn't have to worry about where to put my towel where it wouldn't get wet. I couldn't wait to go through a drive-thru and to be able to sit in my car, get my food and leave, I couldn't wait for that. I definitely ate a lot of Wendy's, when I came back. It was little things like that that I remember missing. Towards the last three months, that's when I noticed a lot of soldiers are like, "I'm ready to head out." We were kind of jealous because, at the time, the Air Force, their rotations were nine months. Some of them we got to see go through two rotations and I'm like, "And we're still here. We want to go home too." At that time, it was just a policy. I think they've gotten better with that as well. They try not to do anyone as long as those deployments now. I think they're trying to bring them down from nine to six months, I mean, other lessons learned from back then, which is good.

KR: What did you do on your birthday when you were in Afghanistan?

DL: What did I do on my birthday? My birthday is July 14th. Was I off? I don't even remember. If I was off, sometimes they have little barbecue things at the clamshell, which is one of those [tents] that you can kind of pull the roof off and pull it back up, and they had grills in the back of that. I may have just went and gotten a burger and a hot dog. That's about it, I think. I called my mom and dad, so they could wish me a happy birthday, and I think I spoke with my uncle briefly. He was like, "I'm having a drink for you," and I'm like, "Thank you." [laughter] There really wasn't much that I recall doing on my birthday. There really wasn't. No, it was just another day. It's another reason why I'm like, "For my birthday, I'm going to do something big." I think the next year I did do something big. I think I spent it at home with family and everything and it was a big thing, yes. It was nice.

KR: Overall, how do you feel you were treated as a woman when you deployed?

DL: When I deployed to Afghanistan, I think I had really good experience even as a female, overall. Because I had already developed a brotherhood within my unit, they knew who I was. I was a good soldier. I didn't take crap from anybody. I was a darn good medic, and they knew it. So, the level of respect was there, definitely. I don't think there was any animosity towards me because of being a female at all. I think it was more because sometimes I am very stubborn. To

this day, people are like, "Why? Why? Why?" I'm like, "Because I said so, and that's it." Especially if it was certain things that had to get done, deadlines we had to meet, it was like, "I don't care if we stay here until seven PM. We need to get it done." Honestly, I don't think there was any real time that I was like, "Wow, this would be totally different if I was a guy," except for the whole bathroom experience. I think I would've appreciated it better if I would've been a guy to pee and not worry about local nationals looking at my behind while I was trying to pee.

When I was there, I was on the Depo shot, so I didn't get my period, so I was very happy about that. Now, they kind of don't want that going on because they learned, through research, that it could actually be very bone depleting now. Back then, it was the big thing. If you were going to deploy, you could be on birth control so you don't have to deal with this as much, which I was very happy to have been because I don't think I would've liked it in Afghanistan, in 110-degree weather, dealing with my period at all. Me, as a female, I would've been like, "This sucks, I don't want to do this." But, now, when I do training exercises and everything else, I'm like, "It is what it is. If I have it, I have it. There's nothing I can change about it." Yes, I was very happy that I didn't have to deal with that. I mean, there were other females who still had to buy toiletries, had to do that, and I can't imagine having to go through long patrols and having to deal with that. I was very fortunate I opted to go and put myself on Depo for that, because that, I think, would've made my life a little bit more miserable. I mean, we had GYN services available to us in Bagram, just like a regular OB-GYN [obstetrician/gynecologist], we had to make an appointment kind of thing. [Editor's Note: Depo-Provera is a long-acting injectable reversible contraceptive option that decreases or eliminates menstrual bleeding.]

Unfortunately, the STIs [sexually transmitted infections] were there for soldiers, and it's everywhere. People are playing with people they shouldn't be playing with. We saw that a lot. It was, "I think I have A, B, and C." It's like, "Why do you think you have A, B, and C?" "Because D happened." I'm like, "Got it." I feel like I was just like, "Don't." That's one thing that I tell my soldiers too. If we go on a training exercise for a while or something like we're going to be there a month or two, I usually say, "Hey, if you're married, stay married. All right, please don't play with anyone you're not supposed to, okay?" I feel like that's always a thing with any training exercise, even on the Reserve side. I always tell them, for one of our packing lists, "What do you want, Ma'am?" I'm like, "Condoms." They'll laugh at me and be like, "Really, Ma'am?" I'm like, "You laugh now. It becomes a bad issue when half of your team for some reason has STIs." It's very frustrating. You'll see some of these young soldiers, young women too, and they're like, "I know better, but ..." Overall, sexual education needs to be reinforced, not just in the military, but in the younger crowd definitely, because even as I practice now in the civilian world, I'm like, "What are you doing?" [laughter] It wasn't bad. I wouldn't do it again, but it wasn't bad. Afghanistan, I got the t-shirt, it's okay.

KR: What other type of medical preparation did you go through before deploying, in terms of shots that you got?

DL: Oh, we had to get--they suggested anthrax. We had to get smallpox. I had initially gotten smallpox when I was younger in Peru apparently. That's why I have this scar. I was like, "So, I don't have to get it?" They're like, "Wrong. You have to be renewed." So, I have a scar on both sides now. I thought I was lucky; I was like, "Yes, I don't have to get it." One of the things they

taught us is actually the preventive medicine; we had a class on how to administer them to our unit and we were able to do that before deployment. Literally, twelve hours pending fly out, we were poking people in their arms, "Don't cover it. Don't do this. This is what you're going to do." We had a lot of people coming into our aid station afterwards because they're like, "My arm is sore. It looks like blisters." I'm like, "That's what it's supposed to look like. Don't worry."

Believe it or not, it's interesting because I had, later on in my emergency room life, I had a soldier that was complaining about blistering in his arm and stuff like that. I'm just looking at it and I'm like, "Did you get shot or anything poked at you recently?" He's like, "Well, I'm in the Army." I'm like, "That's smallpox, isn't it?" He's like, "Yes." I'm like, "All right, good." I told him, "You'll be all right." I remember telling my PA and I'm like, "He has smallpox. It's okay. He'll be fine. The thing is, whoever gave it to him probably didn't do it right and it slipped down his arm a little bit," and it looked a little bit bigger than the usual. I looked at it and was like, "Where have I seen you before?" The PA's like, "What?" I was like, "Look it up. I know." He was like, "Good eye." I was like, "No, that's not something I want to know. Last thing I want is smallpox out and about." I'm like, "Don't burst the blister." He's like, "Okay." Definitely the military training that I received has done a lot for my civilian and professional career because without it, I don't think it would've made me the good provider that I am now. That's for sure, yes.

KR: Did you go right from Afghanistan to Germany?

DL: Kind of, because they had to amend my orders in a way. Initially, I had reenlisted before we had word that we were going to Afghanistan, and I remember my platoon sergeant saying, "You can go on your orders and go to Germany. Just letting you know your unit's going to Iraq. Or you can stay with us. We'll kind of amend your orders and then that way you can deploy with us and then go to Germany afterwards." So, I opted to "stay with the devil I knew." I'm kind of happy I did. I arrived in Afghanistan in April [2004], I left for Germany in August that same year. I somehow got married in that aspect too.

KR: In 2005?

DL: Yes, 2005, yes. I remember getting to Germany in 2005 in August, right around Labor Day. Was it Labor Day in August-September, right? Yes, August-September. I just remember that. The unit that I was assigned to, they were deactivating because they were closing down that post in Germany at that time. They were trying to minimize a lot of American bases. When I was trying to in-process, they were like, "Why are you here?" I'm like, "I don't know. They sent me here." They're like, "We just got back from Afghanistan," and at that time, it was the 67th CSH [Combat Support Hospital, pronounced "cash"], they were going to be closing up shop. They're like, "We're a year out from deactivating." I'm like, "Oh, okay." They're like, "I guess they'll have to find you a new home." I'm like, "Okay." At that time, I was an E-5, so I was like, "All right, that's fine." I put myself into school while I worked nightshift in their ER and did all that stuff. They ended up, eight months after I arrived in Germany, they said, "Hey, we're going to process you in another unit." I was initially stationed with the 67th CSH in Würzburg, Germany, and they moved me to Miesau, which is part of the 212th now CSH. They were a

MASH [Mobile Army Surgical Hospital] when I first joined them. That's over by Kaiserslautern, which is by Landstuhl.

Well, during the transition, of course I got pregnant, so I couldn't really do a lot of field time, just to make sure that there were no complications with the pregnancy. One of the things that they did is, my NCO was like, "Hey, we have to send medics over to Landstuhl to help out." I'm like, "Okay, no problem." I was still really early on in my pregnancy. I was like maybe three months to almost four months at the time, so I wasn't waddling or anything like that, which was good. They put me in the ER because that's where I was assigned and I was going to be assigned for the upcoming CSH.

They put me in the ER in Landstuhl, and it was definitely interesting to see that kind of full circle. We were receiving patients from downrange every forty-eight to seventy-two hours and just seeing the influx, and you knew when the Air Force was coming with a busload and it was hard. We were getting them both from Afghanistan and Iraq. At the time, my husband, his unit was getting ready to deploy because he was Special Forces, which is highly deployable apparently. He was getting ready to deploy, and I would just see all these SF guys coming in. It really took its toll on me as a wife and soon-to-be mother, because you see these guys and you take care of them and you feel like, "Wow, some of these guys are 'messed up.'" As a mom-to-be, it makes you wonder, "What kind of quality of life is my husband going to have if he comes home like this?" As a mom, you start worrying a lot more, not just for your husband but for your child, "What if one day he doesn't come back?" I had expressed some of these concerns to my squad leader at the time, and she was just like, "We've got to get you out of there for your mental wellbeing. I don't think you can handle it right now." I'm like, "Okay."

They put me up in med-surg [medical-surgical], which is definitely a lighter load compared to the ER, which was good. It definitely helped me a lot better, but I was still seeing patients, post-op and everything else. At that point, it wasn't an influx of twenty to thirty patients, but it was more like four or five, "Hey, four or five are coming. One of them is shipping out to Walter Reed." You'd still get one or two guys coming from Fayetteville, which is home of the 82nd and SF and Delta Force. I know because at that time, we had a home there, that's where my ex-husband now was stationed. To think and see, like, "Wow, these are guys from where we are from," it was kind of scary still. They did their best to not give me those patients, which is great. I'm very happy about that.

There was a lot of celebrity-politicians coming to see the troops. I got pictures with a lot of [them]. I think I got a picture with Hillary Clinton when she came by, with Wil Valderrama. He rubbed my belly. I was like, "Hey!" He's like, "Do you mind?" I'm like, "No." [laughter] So, it was really nice to kind of see their appreciation and support for the troops, which is nice. I made some good friends, especially on the Air Force side because we worked so closely with them.

I think that took its toll on me more because they say pregnancy gives you crazy dreams and I was just getting really down and I want to say borderline depressed. I didn't know what the future was going to hold for me and my child, especially. Me and my ex-husband, at the time, had discussed, I'm like, "Our child really deserves at least one parent at home, so I'm going to get out." We discussed, the plan is I get out, I get my degree in nursing done, come back in as an

active duty nurse, and then he gets out, goes for his film career, and then he can go and do what he needs to do. He wanted to be a director or something. So, I'm like, "Okay." That was the plan.

My platoon sergeant was not happy about that decision because he was like, "You are a stellar soldier. Why are you leaving?" I told him, "Unfortunately, my husband is highly deployable. I don't know how many deployments he's going to be on. I can't do that to my child. I really can't let her grow up without Mom and Dad." The thing is, when the 212th MASH became a CSH, they had a nice beautiful ceremony, but that put them on the line to go to Iraq. I remember my op [operations] sergeant was joking with me, and this is at the time I'm maybe five, maybe six months pregnant, "We'll make you rear detachment. You're not going to deploy, but you'll be here, taking care of home base. You don't have to get out. We're not going to deploy both of you at the same time. You know the Army doesn't do that." But the thing is, I knew they did. I'm like, "I know better." Especially with a unit with a lot of individuals who had not deployed, it would be very hard for them to kind of be like, "Hey, all you newbies, you're going to go without sending some people that had experience in deployment." Me, personally, I took an initiative and discussed that of course with my ex-husband, I'm like, "I'm getting out because I really don't know if they can keep that promise at that time." They tried, they're like, "We'll make you an E-6. We'll have the board. You don't even have to change in uniform or buy it. You can go and we'll make you promotable." Then, Army policy has it like you're non-deployable for four months postpartum, which is great, but after those four months, still have to pass a PT test and all that stuff, and I'm just like, "That's a lot." I really wanted to enjoy my child. Plus, I was there alone. I didn't have family. My ex-husband, at the time--well, my husband at the time--he was in North Carolina possibly deploying. They were already getting stuff ready to deploy. So, I'm like, "I really don't have support here, so how can I stay here?" So, I got out. I literally left two days before my not-fly date. Yes, they were cutting it close, but I got out.

I came home to New Jersey, and my mom and dad were very ecstatic because it was the second grand baby coming, so they were very happy. I mean, it was a weird transition because of course my husband was still in North Carolina and he was like, "I want to come see you." I transitioned from an OB-GYN in Germany, which was a military doctor, to one here in Jersey. I did find a great OB-GYN, who after so many weeks most OB-GYNs won't take you and he did. I'm really very fortunate and blessed, knocking on wood there, that he did because he was telling me, "Let's measure you," the basic stuff to kind of get to know me and everything else. He had mentioned, "You're just measuring a little small. I know you're all baby, but let's just make sure we're having good things." There was some complications. They thought that I had an intrauterine degrowth or degeneration, which means that the placenta is not providing enough energy or enough nutrients to the fetus. He believed it's because of everything that I was going through with Germany and the transition. That could've caused some of the issues. Thank goodness, my daughter did come out nice and healthy, so I was very, very blessed. She came a little early, literally at thirty-seven weeks. Dad was there, trying to make jokes.

They biopsied the placenta, just to make sure nothing else was going on. The radiologist at the time said it was a good thing he caught this because, "There was a good chance your daughter could've been a stillborn if you hadn't received the proper care." In itself, it was very scary as a

new mom to know I was possibly close to losing my child and all that. So, it definitely, I don't want to say traumatized me, but it made me very weary to ever be pregnant again, because my OB-GYN said, "Listen, we're just going to have to watch you very carefully next time you get pregnant, just to make sure this doesn't happen again, because it could've been a fluke. It could've been just something because of the events that you were going through. We don't know until you get pregnant again." I'm like, "All right, no more pregnancies." People ask, "Why don't you have another one?" I'm like a little scared, because I don't think I could be strong enough to lose a child. I was blessed and fortunate once. I don't know if I would be that lucky again.

Regardless, my beautiful daughter was born and my husband's deployment got pushed back a couple of months, so we went down to North Carolina, found a home. I was there for six months with being home, a housewife and everything, and I still wanted to become a nurse. That was my plan since I left Germany. I told my husband, I literally applied to--I forgot what college down in North Carolina--and I was like, "We're going to do it." I was going to start. I was going to do everything. My credits had transferred. Everything was about to go, and then he's like, "All right, I'm going to be deploying while you're in nursing school." I'm like, "I don't really have anybody here." We had a long chat and we discussed, and we were like, "My best bet is, honestly, if I want to become a nurse, to do this with the support of my family."

I ended up moving back up to Jersey with a four-month-old, and I worked as an EMT in an ambulance company and I ended up working in the ER as an ER tech when I went to nursing school. It was nice because, yes, I did have to work long shifts, but I was able to, those first four months, I was able to see my kid grow up every day. I didn't miss a thing. I loved it. I really did.

My ex-husband now, a couple years ago, we were talking about our daughter, and he almost can't even remember how she was when she was little. He had at least four to five deployments under his belt while she was growing up. The good thing is, other military wives do support each other, and I know the SF wives are very close knit. A mutual friend told me, "Make a daddy book." So, she told me that, and I did. Pictures of my daughter and her father, I put them in a small little photo album that I could put in the diaper bag, so she could always kind of see Dad. I remember those times that we would go to base while we were still down in North Carolina, she would see a gentleman in uniform and start saying, "Da, da, da." I'm like, "That's not Daddy." She associated the uniform with Dad. Throughout the years, after we had gotten divorced, my daughter is a big daddy's girl, still is. When he came by and visited, she would be like, "That's my dad." I love that. I still, to this day, love it because she is the spitting image of him, mini-me all the way. There's no way he could deny that child even if he wanted to. But she definitely has my personality and everything else, which I love, and he loves that too. He's like, "It's like my own little Debbie." I'm like, "Stop." [laughter]

It's hard because I did miss that camaraderie with the military, and I really, after graduating nursing school, I wanted to go back. I remember discussing this with my parents, because the GI Bill, thank goodness, had already paid for my nursing degree, which I love, because I was like, "One less thing to worry about as a single mom living with her parents still." I definitely wanted to be independent and be able to raise my child and not having Grandma, Grandpa always

butting in. I decided I wanted to go back into the military because I missed it. I missed that. I don't know, they say it's the camaraderie, but I feel like it's always been a calling of mine. I was like, "I just need to go back," because by the time I left active duty, I got almost seven years in. I'm like, "Why not? I could do another thirteen years and see how it is."

When I applied, I wanted active duty as a nurse, and at that time, they were only accepting so many applicants per state and I didn't make the cut. So, my recruiter had told me, "Hey, we still want you in the Nurse Corps. How about Reserves?" I was just like, "I don't know. What happens if I don't take it?" "Then, we do the process all over again next year." I was like, "With the recommendations, the applications, the physical," I was like, "You know what? I don't want to waste time. Let's just go Reserves." He was like, "Okay, perfect." So, he did the paperwork to go Reserves, and that's all she wrote after that.

My first unit was over in Shoreham, New York, which is by the Hamptons, Exit 68 on the LIE [Long Island Expressway]. That was a bit of a drive, but I met so many people and networked with so many people. I definitely had good guidance from very early on as a young officer. I mean, through them and my previous units, I have become a better officer. I have learned to let go of the NCO backbone and to become the officer that I am today. It took a while to let that go, and still sometimes, it's funny because it'll come back every now and then, especially when some of my NCOs are not doing what they're supposed to be doing. I'm like, "I know." I'm like, "Really? I can go back. It's not a problem." They're like, "No, Ma'am, we've got this." I'm like, "Okay, don't make me."

KR: You went to Bloomfield College on the GI Bill.

DL: Yes.

KR: Why did you choose Bloomfield?

DL: Why did I choose it? It was close to home, and their clinicals were close to home as well. My daughter was literally less than a year old at the time. I still wanted to be there. I applied to Seton Hall. I applied to Rutgers-New Brunswick actually. I applied to those campuses, but their clinical sites can be very, very far and about. As a mom, I didn't want to miss much more than I needed to, and I chose Bloomfield, not only because of the GI Bill but because of the proximity it was to home. That was one of the things I remember asking, like whereabouts are these clinical sites. How far would I have to drive? That was one of my main concerns because it was so hard to think about driving all the way here [to New Brunswick] or to go to a clinical even farther away. Of course, Seton Hall was a great option, but they had, I think, clinicals too far out in Chatham and I'm like, "I can't go all the way over there. I can't go all the way over there. That's too far, especially with traffic, I'll never see my kid." Bloomfield was definitely a good choice for my family situation at the time.

It's funny because you'll hear some medical students, when you go that first day of medical school, you've made it. In nursing school, it's not like that. It's kind of like, "You look to your left, you look to your right, some of you will not make it." [laughter] I'm like, "What?" It's kind of like, "Half of you will not be here by graduation day." I was like, "Wow, they really are not

joking." Honestly, nursing school was definitely very hard. You have to live through it to realize how hard it is. I remember, at that time, I was still married with my ex-husband and I was telling him, I'm like, "They have a thirteen percent pass rate. That's almost as bad as your SF course." He was like, "What?" People went through "Foundations of Nursing," we lost ten. That was the first semester. I'm like, "We lost ten." It was a big thing. I remember there was seventy-something people starting the program, and we graduated with barely thirty, thirty-three. We had seven male nurses, which is the largest at the time for the school to have. Now, I think they're up to twelve, thirteen, which is nice because I know males are definitely underrepresented in the nursing profession. I'm really close to a majority of those who I graduated with, so it's like another camaraderie family. You don't lose that. Once I graduated, I still missed that, and I really wanted to go back to an environment that was going to have that and another reason why I was like, "I really do miss the military. I want to go back."

KR: Can you explain to me how the Post-9/11 GI Bill worked?

DL: Some schools have programs already implemented to help and benefit veterans, it's not just Operation Enduring Freedom or Iraqi Freedom, but veterans in general who have served through Gulf War, and they're called Yellow Ribbon programs, or Yellow Ribbon schools. There's a lot more now than there were then, and they kind of give you a little bit of a discounted rate or a military rate on tuition, which is great. But going through the VA in order to get my educational benefits, of course anything government administratively takes time. You have to put in your application. You have to submit the stuff to the school. The school has to talk to the VA and vice versa. Sometimes, it took a little longer than initiated. We were given a stipend, so we can focus solely on school. So, I was very fortunate. I didn't have to work full time unless I wanted to at the job that I was at, which helped me out a lot because I could focus on school and I still had that income coming in. I ended up working full time anyway and then going back to part time and just working weekends at the ER because clinicals took over your life for a good Monday through Friday. So, I had to kind of manage my aspects in that sense. At that time for the ER techs or the technicians, they were eight-hour shifts, so I worked from seven to three on Saturday and Sunday for a good two semesters' worth. My daughter was still young. She was maybe two, three. I didn't miss much in that aspect. I had to put my daughter in daycare. They helped me out potty training her, thank God.

I just remember, becoming a nurse and I wanted to work in the same ER that I had become a tech in, and the only option I had was the three PM to the three AM shift. By the time I graduated, my daughter was around four. She had to go to pre-K. I'm like, "How am I going to manage that?" My mom and dad would take care of my daughter after daycare. Then, what I would do, I literally sometimes would get home at three AM, at three-thirty sometimes, maybe even four, pick up my daughter, take her home, put her in bed, sleep for two hours, get up, get her ready for school and everything else, so I could go back to sleep. I would sleep until like ten-eleven, get up, shower, do what I needed to do, and start my day all over again. But the good thing about the ER is you work maybe three to four shifts tops a week, which was great. Eventually, there was a position that opened up, eleven to eleven, that was better suited for me and my family. That one, I worked for almost ten years in that ER. So, it was definitely something that benefitted me, and my daughter grew up as an ER kid. Still to this day, she looks at the full

moon, she's like, "Thank God you're not working the ER, Mom. It would've been bad." I'm like, "Yes, we know."

She knows little anecdotes. I still remember one time I had to go into work to fill out paperwork. They're like, "It has to be signed today." I'm like, "Okay." I drove up to work, brought my kid in tow. I'm like, "Lucy, just sit here. Don't touch anything," in the middle of the nurse's station in the ER. My daughter, I kid you not, there was a patient coming in for, I believe, an ankle injury. She must've been six, seven at the time, and she was all like, "Kids tell the truth." She's all like, "Mom." I'm like, "Yes." She's like, "I thought emergency rooms were for emergencies." I'm like, "Yes, that's what they're here for." She's like, "The lady's here for her ankle." I'm like, "Shh." [laughter] Then, the ER doc behind me, a good friend of mine, he's like, "Yes, ER are for emergencies." She couldn't understand why an ankle injury came via ambulance to the ER. [laughter] I'm like, "We're leaving work right now." I'm like, "We're signed, we're good because my daughter is about to wreak havoc, so let's just leave now please."

My daughter realized how hard I work, and being a mom and being in the military, it, I feel like, even took a toll on her because some of our annual training can be up to a month long and it wouldn't be here in Jersey. It'd be down in [Fort] A.P. Hill, Virginia. Sometimes, it would be in Wisconsin, a lot of cheese over there, and even when I went down to Fort Dix, which is in South Jersey, I mean, I was there for three months and that took its toll on my kid. It took its toll on my family because they had to now be responsible for my daughter and take her to school and do all the stuff that I should've been doing. I remember that first time I had to go away for the month and I had just started my master's program, online, thank God. My sister Michelle was telling me, she's like, "You need to call a little bit more often." I'm like, "Why, what's up?" She's like, "Lucy's getting down. She misses you bad." She sent me a picture of my kid. [Editor's Note: Debora La Torre is crying as she is talking.] I swear, it's like one of the saddest faces I've ever seen. I realized how much it hurt not to be with my kid. It really did. It's nothing I regret, of course, but I felt really guilty. Part of me is like, "Am I that selfish to do this and be away from my kid for this long? I wish I didn't have to be." I feel like I almost took back on my word, knowing that she is at least going to have one parent there. Sorry. As a mom, it just made me feel really bad. I felt like I was letting her down in a way because I'm her mom. I should be there.

KR: Do you want me to stop?

DL: Yes, please, if you do not mind.

KR: Yes.

[TAPE PAUSED]

KR: Okay, so we are back on the recording.

DL: That feeling really doesn't go away every time I have to go away from my daughter. That one time, we went down to A.P. Hill, the training exercise was over thank goodness and I think there was a storm coming and they were giving us a day early release. So, I was so excited

because they were just saying, "Guys, we're going to go up as a convoy." I'm like, "Okay." It was so funny because I literally saw that we were leaving New Jersey to go to Long Island. I'm like, "I have to drive all the way back here and pay the tolls, thank you." Nobody knew I was coming a day early because of this storm, and of course they were like, "Oh, we're going to be meeting up the next day at zero-eight AM for an after-actions review for the deployment." I literally remember telling the OIC, I'm like, "That's not happening. I'm not literally travelling all this way again. I'm taking my daughter to school tomorrow." He was just like, "Well, you really don't have a choice." I'm like, "I'm taking my daughter to school tomorrow." I'm like, "You can't tell me I can't. Honestly, my day is done. I'm done. I will come after I take my daughter to school. I will drive to any other base and give you my two cents of what this wonderful exercise is, but I'm taking my daughter to school tomorrow." He realized I was upset already, so he was like, "All right, give us your points about the exercise and make sure you finish up your paperwork that you need to do at the other base. We'll coordinate. Don't worry about it." They did that for another officer too because we both had our fills. We were like, "We're done. We're done. This is now day twenty-seven away from family, working like dogs. We're done."

Nobody knew I was coming home. I just remember, by the time I got to Shoreham, it was ten AM. I'm like, "I can make it and pick her up from school." I was so excited. My daughter, I remember telling her, "I'm coming back on Saturday, not Friday, sorry." She didn't expect it. My mom and dad didn't know either. I remember going to my daughter's school, showing up in her little aftercare program. The staff knew who I was, and they saw me in uniform because at that point, I didn't even want to change. I just wanted to see her. It was the best hug I ever got in my life. It really was, and I felt bad for the staff because I mean, they were all crying and stuff. They're like, "Oh, my God." It really was the best hug. It felt so good. To walk out of her after-school program and to say, "We're going home," she's like, "Yay." In all that, I forgot to tell my parents that I was home. My mom called me of course half an hour after I had left, and she's like, "Your daughter's not at after care." I'm like, "I know." I'm like, "Mom, I am so sorry." "They told me you picked her up. Are you here?" As a mother now, I feel the burden because as a mother you realize, "You didn't tell me you were here?" "Yes, I'm sorry." I did apologize for that, and we ended up going out to dinner as a family. My dad was happy just to have me home. I think he secretly did not want to take my daughter to school the next day or anything. He's like, "Oh, good, this is over." Seeing my kid every time I do come back from those things, those are really the best hugs and the best times.

Even to this day, she knows I have to work long hours and stuff like that, especially when she knows, "Hey, I have to work Friday at the clinic, but I have drill weekend, so I'm there Saturday, Sunday and I'm back at work on Monday." She's like, "When is your day off?" "It'll be Tuesday." "That means you pick me up Tuesday?" I'm like, "Yes, I pick you up Tuesday." She's like, "Yay." She gets very excited on our quality time. We joke about it. The times I do have to go to base for paperwork and stuff, there's always those opportunities for a deployment. I think there was one recently for Kuwait, for my profession. They're like, "Ma'am, it's a great opportunity. Think about your career. You've only got so many years left before retirement." I'm like, "Listen, I'm not the one in charge," and I'll direct them to my kid. I'm like, "Lucy, am I allowed to leave?" She's like, "No." I'm like, "She said no. I'm sorry, I can't." She knows, in the long run, if I have to go, it's mandatory, but there's no real need to volunteer unless I really have to. She only becomes a teenager once. I have an upcoming mission down at Fort Dix, and

it's going to be during her birthday. I'm like, "What am I going to do? It's her thirteenth birthday." Depending on the mission, I'm going to see if I can come up at least to sing happy birthday on her thirteenth birthday. We are going to *Hamilton* before her birthday month. I'm like, "This is my gift to you and that's it." So, she's very excited about that.

It's not just something that I go through, but my mom and dad really kind of inflict on me because my dad wishes, he's just like, "Why don't you just finish your last couple years active duty? You could technically retire before you're fifty, full benefits and everything. Why not? It's only five years." The question would be, who takes care of Lucy? One of the times I went to Fort Leonard Wood [in Missouri] for a training exercise and being in the active duty environment, I don't think my daughter would do well not having the family support there. I think it's definitely something that she's already accustomed to, having family surrounding her and being with her. That's another reason why I don't think I could move away too far from my family because my daughter does depend having family around her. I tell her that too. I'm like, "You grow up. You go to college. The good thing about Mommy's job is I can relocate. I might not be the same city, but I'll be in the same state. If God forbid, anything happens, Mommy can be there still. Don't worry, Mommy's still here." She's real excited about that.

She's the reason why I do a lot more things now. She's definitely the motivation and the drive because as a mom, you try to do everything for your child. It's definitely something that she motivates me. When I got promoted to captain, she was the one who promoted me. I made sure and I told them, I'm like, "If I'm getting promoted to captain, I need my family here because my daughter is going to promote me. I need her to know that she helped me make this happen." Hopefully, I become major in the next couple years. I become promotable hopefully soon, and God willing, she'll be able to promote me to major as well. My whole family was looking forward to that, because they were there for my captain promotion, and they want to be there for my major promotion. We'll see if anything after that happens. I am welcoming retirement from the military a lot.

[TAPE PAUSED]

DL: It's not that I won't miss it because I feel like even when I'm out of the military, I'm always going to miss it, but I feel like I'll be well established to hang up my boots at that time. I'll be like, "All right, I did my time." As my dad says, "*C'est la vie*." That is life, right, yes. It's never anything that's not going to be a part of me because I feel like it always has been. Still to this day, I feel like because of how I grew up and with Uncle Sam, those abilities and characteristics that made me become a good leader and soldier are always going to be with me throughout my profession.

KR: My last question for today, I want to ask you about your involvement in the National Association of Hispanic Nurses, NAHN. [Editor's Note: Founded in 1975 in Atlantic City, New Jersey, the National Association of Hispanic Nurses (NAHN) is a non-profit organization and professional society that provides aid and support to Latino nurses and communities. Debora La Torre currently serves as the president of the New Jersey Chapter of NAHN.]

DL: Yes.

KR: How did you first get involved?

DL: Okay, so, I was in nursing school. My director of nursing was actually part of the organization, and she made an announcement to the class because, you know, nursing organizations, we try to give to our youth to let them know the importance of joining a nursing organization from an early career age. She's like, "If people attend the meeting, I'll give you one point extra credit." I was like [claps hands], "I'm going." One point extra credit really doesn't do much, but at nursing school, you are thinking every point counts, so me and a couple of my peers went. Maybe eight of us went. We're like, "It's a point."

We ended up going to their gala. That was the thing that we went to, and it was a great, great event. I got to meet a lot of people in the nursing world. The NAHN New York Chapter was there, some members. We got to network and see the mentorship and the leadership and to be like, "Wow, these are Latinos and Latinas like me and they've accomplished so much already. What can be bad about joining this organization?" They raffled off some tickets for membership. I was lucky enough to win one of those memberships. I decided, as a student, to be more involved and attend a meeting or two.

One of their events, the National Association of Hispanic Nurses, as a whole, has their annual conference. That year, they were having it in Las Vegas. One of the perks they give to each chapter is they give two conference fee-waived things for nursing students for a state or per chapter. The organization, the New Jersey chapter, asked if I wanted to go and be a student representative, and I was like, "Who else is going?" It was actually one of my other peers, it was kind of like, "If she goes, I'll go." We did that, and I went to Las Vegas, yay. Literally, I went to Las Vegas right after I passed my NCLEX [nursing license exam]. Officially, I was a nurse, and to go to Las Vegas and their opening ceremony had at least six hundred and something Latino nurses from throughout the country is amazing. I saw and I was just in awe, actually, to be in that room and to see well accomplished professionals and to literally see people who, now that I look back, I'm like, "Wow, that individual helped do the footsteps for the Affordable Care Act and she was on the team with Obama." You meet all these other students and you realize their struggles are your struggles too.

I have joined various other nursing organizations, and I feel like NAHN, the National Association of Hispanic Nurses, is the one that embraced me the most. I really feel like they're family. You could not see someone for a year or two, but you see them at the next conference and they're opening up like, "Where've you been?" The mentorship is literally limitless with them because you see so many accomplished individuals who've had a rougher upbringing than I did. You've had individuals that, they say it, they're like, "I was technically an illegal immigrant and I became, throughout the years, this accomplished person." It's like, "Wow." You have those who are going through the struggle now and they're people who were like, "Hey, I just moved here from Venezuela. I was a nurse there. How do I become a nurse here in this country now?" We, of course, try to help our nursing professionals and to help the Latino community. You do not have to be of Latino origin to help or be part of the organization, but [we] pretty much help the Latino community because it's such a growing, vast population in the country.

Because of that conference, it really inspired me to be part of their board. I was part of [the] scholarships committee. Now that I was officially a nurse, I couldn't be winning a scholarship to the organization, so I was like, "Okay, I'll be part of the scholarship committee." I got a good picture of what it was like to be behind the scenes of a nursing organization, the meetings and stuff. So, I was like, "Okay, this is how it works." Some of the other members, they're like, "You really need to be a part of the executive board." I'm like, "Not today." They nominated me to be the secretary, and I was like, "Why?" [laughter] I didn't know what to do. I mean, they gave me the bylaws. They gave me the low down of what my role would be as secretary. It was definitely a growing experience because you're juggling military, you're juggling motherhood, you're juggling work, and I'm now doing this for the nursing organization. It's a lot of additional pieces and stressors you're adding to your life. But we were able to be part of Coca-Cola and Michelle Obama's Muevete campaign, which is "Move it" in Spanish. We got to help out, in West New York, and develop further bike safety and donate bikes. I was able to apply for a grant from Wal-Mart to get bikes and give those away to children who probably wouldn't have had the opportunity to even know how to ride a bike. Definitely, it's been such a rewarding experience. [Editor's Note: Drawing inspiration from First Lady Michelle Obama's "Let's Move" campaign, NAHN led the Muevete USA campaign to address obesity in Hispanic communities. Muevete was funded by 150,000-dollar grant from The Coca-Cola Foundation.]

Now, as chapter president, I feel like we need to be more established in our state because I realize now, I'm representing a lot of Latino and Latina nurses. It's not just me. It's not just my family. Growing up and the struggle of being the bilingual kid, translating for mom and dad, and kind of teaching them the ways of the world in this country, I can definitely see what a lot of other families are going through, especially in healthcare. The healthcare, the pathways have changed so much since then, and unless someone who's familiarized with the system knows, you can get lost. I feel like that's something that we definitely need to improve, and our organizations helps do that, gets them to the right resources, people and also provides funding for future nursing professionals to help out Latino communities. We have learned through research that financial burden is a big stressor among minority communities to become nursing professionals. So, we try to alleviate that as best as we can, and it's definitely a rewarding experience. I've seen former scholarship recipients become members of our board, and it's great seeing them "grow up" in the nursing profession. I was having a talk with one of the former presidents of our chapter and she was like, "I just remember it like it was yesterday when you came to our meeting and we asked you if you wanted to go to Las Vegas." She's like, "Now that you're here, where has the time gone?" I'm like, "Yes, where has the time gone?" It was very humbling to hear that she told me that, "It's a really great opportunity for you, but also it's great for the organization because I know what kind of person you are and the leader you are. I think our organization is going to be on the right path to become bigger than it is now." I'm like, "Yes." I'm very, very fortunate and blessed to be given the opportunity and I have a great team with me, but the organization itself, it really does practice what it preaches. It helps mentor and it helps guide and it helps provide opportunities for those to help accelerate and help facilitate a community to prosper in health.

KR: Well, if it is okay with you, we will wrap up for today.

DL: Yes, that is fine, thank you.

KR: I want to thank you so much.

DL: No, thank you so much. This experience has been amazing. I definitely will be sharing the knowledge of the experience, and hopefully we can get more stories for the site. I'm so grateful, and thank you again.

KR: Thank you.

DL: Okay.

----------END OF TRANSCRIPT----------

Transcribed by Jesse Braddell 2/8/2020
Reviewed by Kathryn Tracy Rizzi 6/8/2020
Reviewed by Debora La Torre 8/4/2020
Reviewed by Kathryn Tracy Rizzi 9/1/2020