## The King of Nineveh

## Sean Patrick Convoy

**Abstract**: This is a nursing narrative that captures the experience of a Navy Psychiatric Mental Health Nurse Practitioner with a therapy dog and military sexual assault victim while deployed to Mosul, Iraq, in 2009.

*Keywords*: Combat stress control team; Iraq; MST; therapeutic animals

I arrived in Mosul, Iraq, in January 2009. The C-130 landed on Forward Operating Base (FOB) Diamondback's tarmac awkwardly much in the same way an under inflated basketball comes to be still when dropped. As I stepped out of the back of the plane, a silt-laced Mosul genuflected to the north. As the ancient capital of Mesopotamia (Nineveh), it had an air of past importance but today it just looked tired.

As my vision began to accommodate to the light and dirt, I broke sight of the city's landscape and noticed three people waiving furiously at me. With them was a perfectly ordinary black Labrador Retriever wearing boots and goggles. His nose was outstretched into the acrid wind. The back half of his body wagged effortlessly in time. I instinctually moved toward that which was most familiar. I motioned to the dog (heretofore called Sergeant First Class Budge) before acknowledging his human entourage. Budge broke the distance between us in equal time until we were en guarde. He gave me one small lick. While I hoped for more, I didn't take it personally inferring he didn't want any more dirt on his tongue than I.

Budge's human entourage represented the Combat Stress Control (CSC) Team that I was scheduled to replace. My presence signified their ticket home. Consequently, I was met with wide smiles and exuberant energy. They took my bags, handed me a large bottle of water and drove me away to an adjoining base that I would soon call home, FOB Marez. I was a Navy Psychiatric Mental Health Nurse Practitioner augmenting an Army role during the Bush heralded troop "surge" period in 2009.

The CSC clinic was perilously situated in a onestory plywood building in the center of Marez amidst rows of Hesco barriers designed to fortify the building against mortar attack. Outside the front door stood CHUs (Containerized Housing Units) for the 20th Engineer Battalion. Across the street was a dining facility (DFAC). In fact, it was the same DFAC attacked by a suicide bomber in December of 2004 that killed 22 and wounded 50 coalition members. To the building's immediate right stood a makeshift thrift store that sold 10-year-old technology, bootleg DVDs and anything else the local entrepreneur could get his hands on. The name of the store was written in Arabic but the sign resembled that of a stateside 7-11. I completed a makeshift CSC Team of two Army Psychiatric Technicians and Budge, destined to provide prevention and primary mental health services to the 6,000 soldiers that constituted the 3rd Armored Calvary Regiment. The team I replaced was gone one week after I arrived.

Routines are your friend during deployment. I developed mine quickly: organizing and reorganizing my CHU, establishing a communication plan with home, stabilizing my sleep, venturing out to the DFAC and gym, setting up a panel of patients, and travelling off the FOB to Command Outposts (COPs) to see those that couldn't necessarily come to me. Even the irregularly regular mortar attack and car bomber became a routine. It really is amazing what one can adapt to absent better options.

On a day where my technicians were on a walk-about, the CSC clinic was manned by just me and Budge. My desk was positioned in a manner where I could see out the front door into the open space shared by the Combat Engineer Battalion and CHUs. In my view, Budge sat lazily on the front porch, one part eager ambassador — one part reluctant watchdog. I didn't see her at first but heard Budge's tail feverishly beating the wood deck in time. I heard the faint voice of an English-speaking woman. Budge calmed to her touch. From my

view, I only noted a set of small hands with uniform sleeves coming down to the wrist. I chose to not interrupt. The interaction lasted a few moments. I never saw her face, nor she mine.

Later that same week, my technician team was again on walk-a-bout. I had just returned from the DFAC. The sun was hot, my belly was full and I was catching up on my clinical notes. I was startled by Budge's tail alarm again. A familiar Englishspeaking voice followed. Budge again calmed. Her hands came into view, followed by a brief view of her face. She was an enlisted member, dark hair under her cover, roughly late twenties. She offered me a reluctant smile and quickly directed her energy back to Budge. Given my ceremonious arrival to Mosul, I could not begrudge her admiration of Budge over a mere human. I walked to the doorway and said hello. She formally replied with a, "Good afternoon, sir" quickly redirecting her attention back to Budge. I said, "Budge is here most every day. Feel free to come by whenever you wish. He loves the attention." With that I went back to my work. She stayed longer this time. Minutes later, I heard the tell-tale sound of gravel under her feet dissipating in volume as she walked away. I reflected on her affect and lack of eye contact. She had a look of old pain, the kind of pain that one futilely hopes to conceal.

Over the next couple of weeks, the young service member came back more regularly. Episodically, either she or I would attempt to resuscitate a superficial conversation. Each time Budge would provide the necessary social lubrication to keep it alive.

She returned on a day when the technician team left with Budge to do yet another walk-a-bout. Absent Budge's tail alarm, I was startled by her arrival to my door. Like an adolescent child, she asked for Budge. I informed her that he was touring the base with the technician team. There was a long pause. Noticing, I said, "I'm almost as good a listener as Budge... Wanna talk?" Tears streamed. She sat in the chair opposite me, arms tightly crossed in a futile attempt to hold herself together. She distantly spoke of her assault as her body rocked back and forth in time. Despite best efforts, my trained neutral affect broke. After bearing witness to her story, I praised her bravery and efforts to get help.

We developed a plan. She, Budge and I worked that plan over the next four months. While not symptom free, she was well on her way to seeing that sexual assault did not solely define her.

The day before she was scheduled to leave theater we had our last appointment. That appointment found her talking about her continued "stuck points" and future plans. She and I ended things with an awkward handshake and well wishes. The last image I had of her was out on the wood deck in an en guarde position with Budge. He offered her that tell-tale single lick. She smiled at me, again at him and then left. The sound of gravel beneath feet dissipating to a silence.

It is now several years later. I never again returned to Iraq, nor do I hope to. I heard through a friend that Budge died in 2012. I don't know what happened to her. Every once in a while when a hot breeze hits me or I see a Labrador Retriever I'm reminded of my time in Mesopotamia and I wonder what would have happened to her (and me) if Budge, the king of Nineveh, hadn't been there.

About the Author: Sean P. Convoy, MSN, P-MHNP-BC, DNP is Clinical Associate Professor, Department of Adult Health and Nursing Systems, Virginia Commonwealth University (804-828-0728; spconvoy@vcu.edu).