



Stories from Afghanistan

How many radiologists train how to spot, avoid, and react to an improvised explosive device before going to work in a hospital where five different languages are spoken at any given time?

How many radiologists operate and maintain a CT scanner and actually perform the CT scans while carrying a loaded 9mm Beretta sidearm 24/7?

Finally, how many radiologists pull guard duty outside a morgue, providing cover for comrades inside who are preparing to receive bodies of fallen soldiers in the middle of the night?

Just ask Dr. Mohammad Naeem, an ABR-certified diagnostic radiologist and a U.S. Army lieutenant colonel who recently completed a 7-month-long tour of duty working with a European multinational Forward Surgical Team at a NATO base in Afghanistan. Now, that is true multitasking!

Dr. Naeem, who is normally based at the U.S. Army Regional Medical Center at Landstuhl, Germany, where he has the responsibility of revamping the ABR volunteer radiologist pipeline, shares his stories with the American radiology audience.

In April 2012, after completing a week-long rigorous pre-deployment training at Fort Benning, Georgia, Dr. Naeem traversed through Kuwait, Bagram Air Base, Kandahar, and Shindand before finally arriving at the NATO forward support base at Herat, Afghanistan's third-largest city.

He accomplished this hejira-in-reverse via Boeing 747s, a C-17 Globemaster, a C-130 Hercules, and a Sikorsky UH-60 Black Hawk helicopter. During this journey, he heard explosions, felt the thumps of mortar attacks by Afghan resistance, and saw drones flying overhead.

"But it was all exciting and fun," Dr. Naeem said of his deployment. "How many times do you have the opportunity to work in a multinational, multilingual environment where your ordinary patient speaks Italian, Albanian or Dari; the nurse speaks Spanish; and the surgeon speaks Bulgarian?"

“Rapid and correct communication is most critical and vital in this environment when three to four Dari-speaking patients with casualties are unloaded in your trauma bay, and you are the only radiologist performing FAST scans for American, Spanish, Bulgarian, and Italian clinical teams. Simultaneously, you are working on their respective patients in all four corners of the trauma bay. At these moments, four different medical education and trauma training systems are in action under one roof. The odds of getting lost in translation are very high, but we were fortunate to have never made any serious clinical errors.”

His deployed site in Western Afghanistan was a relatively stable and tranquil region compared with more volatile areas in other regions where fighting was more intense. Working closely with the Spanish, Italians, and Bulgarians as a team, Dr. Naeem treated many more Afghan National Army, Afghan National Security Forces, and Afghan Police members than coalition members.

On one occasion, he and the trauma surgeon did a “MacGyver-like” CT-guided procedure for a local national to drain an infected pelvic fluid collection. Lacking the usual equipment needed for this sort of procedure, Dr. Naeem and his surgery colleague used only a pediatric triple lumen central line as the drain.

During his down time, Dr. Naeem collected CME credits by completing ACR Cases-In-Point on a daily basis. The U.S. military had a robust CME program in theater, with both on-site live lectures and video teleconferences. Dr. Naeem delivered lectures on topics such as imaging spectrum of IED-related injuries and disaster management for dirty bombs and nuclear detonations. He also arranged group visits to check out Italian jet fighters, Spanish surveillance drones, and Italian gunship helicopters.

Dr. Naeem interacted with the local nationals employed on the base, sometimes joining them for noon prayers in a makeshift prayer area. This initially resulted in some stares, but once the translator explained that Dr. Naeem was a Muslim American of Pakistani heritage, the locals appreciated an American service member in uniform making an effort to win hearts and minds. This helped leave a good longstanding impression of U.S. and international efforts to bring stability to this war-torn region.

“Being the only radiologist for this multinational team, my role was like that of the UNO—to be diplomatic with all the nations,” Dr. Naeem said.

Dr. Naeem learned that being bilingual pays off, and the ability to speak Spanish was most important. He also realized that there are many different medical systems and trauma algorithms in the world, and they all work. In other words, “my way or your way” is not the only right way, and humility and mutual understanding go a long way.

“We are all in this war together,” Dr. Naeem reflected. “Hard work, good faith, and caring effort translate well across all languages, cultures, and nationalities.”



Flags of coalition nations at NATO Forward Support Base, Camp Arena, Herat, Afghanistan



A live fire weapons qualification event for medical personnel at a range outside Landstuhl Regional Medical Center, Germany



LTC Naeem and Major Timothy Plackett (trauma surgeon) draining a pelvic fluid collection under CT guidance at the Spanish Air Force Hospital, Camp Arena, Herat, Afghanistan