

## Military responses

After witnessing bloodshed and lives being saved in Afghanistan, artist **David Cotterrell** opens his diary to relive the time he spent on the frontlines of war and medicine

For the majority of November 2007, I lived in locations in the Helmand province of southern Afghanistan among doctors, soldiers and marines. I was hosted by the Royal Army Medical Corps and later by the Royal Marine Commandos. I had been sent to this strange and contradictory environment with the support of the Wellcome Trust (as well as the Royal Society of Arts and the Ministry of Defence) with an agenda to explore the ethically challenging relationship between war and medicine.

### November 4 2007: Arrival at Camp Bastion

*'I wake to realise that we had all been lulled into a fitful sleep by the drone of the propellers. I hastily put my helmet back on. The marines smile with recognition at my amateurish lapse in protocol.'*

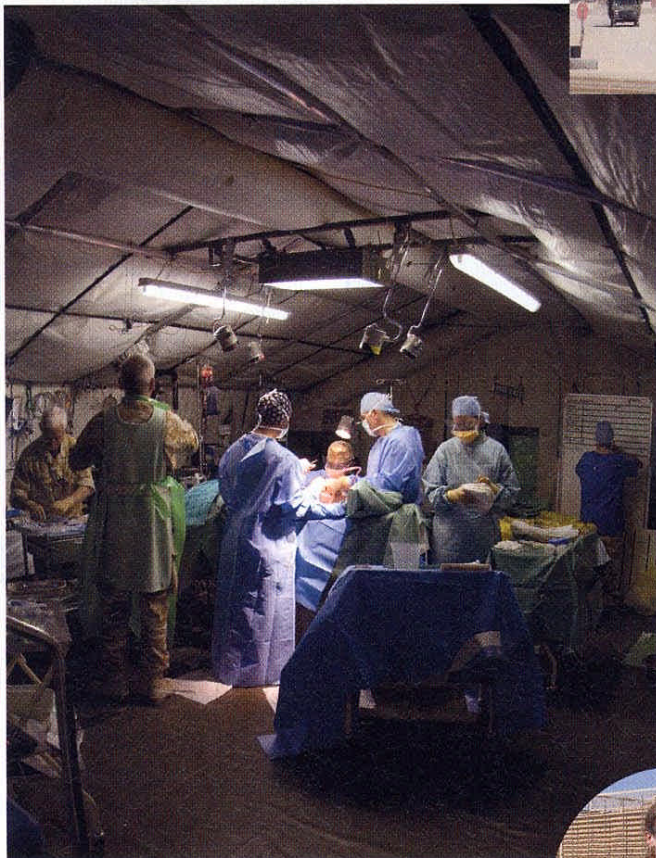
*'The ramp opens to reveal the setting sun and vast amounts of dust being thrown into the air by the landing. In the distance I see a burning plume of smoke (apparently the 24-hour waste fires).'*

Stepping off the back of a Hercules at Camp Bastion, I had never been further out of my own context. I had never witnessed a serious medical operation, and before my pre-deployment training a few weeks earlier, I had never visited a military base. Armed with a Geneva

### 'I feel humbled by the scene. Not the longest day, but certainly the hardest'

Convention civilian ID card, body armour, gas mask and dog-tags, I had wandered naively into an environment that had both a simplicity and complexity that soon contradicted all of my confident, clichéd assumptions.

My role was unusual. While there is a British tradition of war artists, they are rare enough that each one has to renegotiate and define their relationship to the military. I had two initial challenges: I needed to explain my role to the community that I was temporarily part of and, perhaps more difficult, I had



**War of the wounds** As injured soldiers arrive by Chinook (top), the artist (right) witnesses his first operation (main)

to justify and understand the rationale for my presence to myself. There is an accepted model for journalists, historians and military photographers in a warzone. Their presence is mediated and managed through established military structures. My presence was facilitated through the tolerance, understanding and goodwill of doctors and soldiers of the field hospital regiment. As an artist, my only justification for travelling to an environment such as this was to try to provide an independent and critical response. In such an immersive context, it was hard to be confident that this objectivity was maintained.

### November 6 2007: First operation

*'Half the doctors expect me to produce a painting, others prefer that I wasn't in the way and a few like the idea of me documenting their skills for posterity.'*

*'At 1pm the Chinook finally arrives. The soldier is wheeled across – awake, in pain and bloody.'*

I adopted the role of photographer for two reasons. First, it allowed me to record the unfamiliar and often incomprehensible experience in the hope of a future moment of analysis, but it also provided those around me with an explanation for my presence. As a photographer, I had a visible role and in an environment where everyone else had a clear function, this was essential. I also felt compelled for the first time to write a journal. It is a rambling confessional, documenting my guilt and anxiety over my role. As my memory begins to attempt to simplify my journey into a coherent linear narrative, this detailed evidence enables a continuing reminder of the moral and emotional complexity of my experience.

### November 6 2007: Major incident

*'I enter through the curtains. The strangely damaged legs are exposed beneath blue surgical paper, the theatre light accentuating the red of his raw*



*wounds. "Blast injuries", I am advised by a kindly theatre nurse. I feel humbled by the scene. Not the longest day, but certainly the hardest.'*

Field hospitals are islands between contrasting environments: between the danger and dirt of the forward operating bases, and the order and convention of civilian healthcare. In the tented hospital of Bastion, dramatic episodes in individual narratives were repeatedly being enacted.

Thanks to the initial lifesaving treatment at the point of wounding, the speed of extraction and the extraordinary skills of the doctors and nurses, most of the injured survived. During my month-long stay in Helmand, two British soldiers died, 29 were wounded in action and an undisclosed number of civilian, insurgent and Afghan National Army soldiers were also treated.

I witnessed neither the instantaneous violence that caused their injuries nor their long-term recovery, which may take years to complete. I was an

observer and a participant, neither military or civilian. While

I never carried or fired a weapon, I became complicit in the Afghan conflict through my presence. I have returned to England with a surprising shift in my perception of the military. I have seen some of the diversity that is

encompassed within an apparently uniform community. I saw great compassion, humour and kindness. I saw haunting images of the brutal results of war on soldiers, insurgents and civilians. I came home assuming the violence I had witnessed in Afghanistan would be the focus of the news. But reality TV, local politics and other less dramatic events occupied the headlines. For me, the incongruity between what I had seen and what was presented as the public face of conflict was, and continues to be, profound and irreconcilable.

*David Cotterrell shows in 'War and Medicine: 150 Years of Life and Loss' at the Wellcome Collection (Major spaces), where he will also give a talk on Feb 7 and at Danielle Arnaud from Jan 9.*

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