

Beaddie (Sue) Marie Ambruch interviewed September 10, 2007  
Lieutenant Colonel, Delaware Army National Guard, July 1976 – July 2001

Sue began her military career as a way to get more surgical nursing experience for her civilian career as a nurse. She was working as a public health nurse and raising three children at the time. She knew some nurses in the National Guard and felt this would be a good way to improve her skills. While her military career didn't always go in the direction expected, she never regretted her decision to join.



As a First Lieutenant, Sue was assigned to the 116<sup>th</sup> Combat Support Hospital (CSH) in the Delaware Army National Guard (DE ARNG). The mission of the 116<sup>th</sup> CSH was readiness for a European conflict, in which personnel would be activated to Germany, if needed. During the one weekend a month of training, Sue would train in different scenarios: some weekends, training was in the local hospitals (Wilmington, DE; Coatesville, PA and University of PA); sometimes she provided troop support by giving immunizations, flu shots, or assisting with periodic physical examinations and sometimes training was in the 116<sup>th</sup> CSH inflatable hospital. This training involved erecting the hospital and working with the MUST (Mobile Unit Supportable and Transportable) equipment.

During the 15 day annual training, a variety of experiences were available. Sue had the opportunity to attend schools in San Antonio, TX (Fort Sam Houston) for leadership, ethics, and medical training. Also, during annual training, she had the opportunity to perform training at other US Army hospitals, including Fort Dix, NJ; Fort Bragg, NC and Brooks Army Hospital in San Antonio. Other times, Sue's annual training focused on providing troop support at the Bethany Beach Training site in Delaware. Training at Bethany Beach would involve a field exercise (3-4 days living in tents, with no shower facilities), in which a mock, mass evacuation would be conducted in coordination with the Air Guard Reserves. Patients would be moulaged, injuries would be treated, and the Air Guard would evacuate the patients by helicopter. The mass evacuations were assessed annually by the regular Army evaluators. At times, the local community officials would participate in the mass evacuations, as the hospital could be utilized in a real life emergency.

#### Active Duty...

In August of 1982, Sue was employed at the Delaware State Hospital, teaching psychiatric nursing in a diploma nursing program. The Army National Guard Bureau needed a nurse to go on active duty for six months and called the Delaware National Guard to see if they could recommend someone. They needed a manpower analyst to help with a Surgeon Study to determine if a full time Chief Nurse at the National Guard Bureau was warranted. Sue was asked if she would like to work on the study. She agreed and requested a six month leave of absence from her civilian job. When the study was completed, the Chief Nurse position was created and filled. Sue was asked and agreed to extend her active duty for another two and a half years. Sue resigned her civilian position. During this active duty tour, Sue was promoted to Major.

She was assigned to the Manpower Division based in the Pentagon, but worked in Aberdeen, MD where she drove every day from Newark, DE. Sue eventually became a team leader and led the Safety Office Study to determine the need for a full time safety officer as well as a Readiness Management Assembly (RMA's) study. National Guard troops only get one weekend of time each month to become ready and RMA's are additional time for certain troops to prepare. The two year RMA study determined which troops needed additional training times, and money to pay them. A determination was made for how many RMA's each state would have.

Sue also worked on a Plans, Operation and Training Office (POTO) study. These studies took years to complete and involved developing questions and then going out into the field to interview the troops. Each task had to be documented and times determined for each task (time studies). This involved trips to Montana, Puerto Rico, Harlem and the Virgin Islands. Travel to these locations would be by commercial flight and then the state would provide a car and they would stay on a military base if it was available. There were opportunities to go to Germany and the Dominican Republic, but she turned them down as this would have meant a 20 day commitment and Sue still had a child at home.

#### Making Presentations at the Pentagon...

The end result of a study was a presentation to the two Star General of the National Guard Bureau at the Pentagon in Washington. Sue would be accompanied to the presentations by the chief of the division and the supervisor. She recalls being treated very well there. The National Guard is very small; as a result, they know their troops very well and know who is doing what out in the field.

Going on active duty was a very challenging and rewarding experience for Sue. It exposed Sue to many of the things she hadn't learned at the state level as a medical officer. She worked real hard on proper saluting, military protocol and polish of an officer, in addition to her responsibility as a manpower analyst.

In 1988, Sue completed her active duty and returned to the Delaware National Guard. Soon after, she was promoted to Lieutenant Colonel. In civilian life, she took a position with the Health Care Financing Administration (HCFA) and worked as a nurse consultant for Medicare until retirement.

In 1990, during the Persian Gulf War, a telephone call came one evening at 11 pm requesting Sue to volunteer for active duty. She said if military orders were sent, she would go, but would not volunteer for active duty. Volunteering would mean the loss of civilian employment and eligibility for financial assistance, if needed.

During that summer, Sue was to attend school at Fort Bragg, NC. All of the medical personnel at Fort Bragg had been activated for the Gulf War, resulting in reserve nurses back filling positions at Fort Bragg. Sue ended up in a head nurse position for the 15 day annual training period. Because Sue had been out of the medical/surgical environment for so long, it took her some time to get back into the routine; after a few days, she felt comfortable. This was a scary period because Sue was on active duty orders, which could have been extended indefinitely. She told her husband to be prepared for anything, as she was.

Near the end of Sue's service, medical functions in the Army were given to the Air Force and the Army was given air missions. This resulted in many Army hospitals being eliminated or downsized. The 116<sup>th</sup>

CSH became the 59<sup>th</sup> Medical Detachment. Their mission changed to supporting troops in the state. The 59<sup>th</sup> was responsible for medical records, annual dental exams, periodic physicals and nutritional counseling.

During the summer training in 1996, Sue was a Lt. Colonel and 55 years old, but participated in a Friday evening and weekend infiltration course, which included repelling down a 60 foot wall and war games all night. Sue retired in 2001 after 25 years of service. She looks back on the six years of active duty as the best time during her service. She was surprised at how close the members of a unit would become and how they would support each other. She made a number of friends and still is in touch with some of them.

While enlisting didn't achieve her goal of learning more about nursing, she did learn about being a team member, leader and follower. She learned a lot about life and not just medical information.