

A world away

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Eleanor Roosevelt is said to have issued the challenge to do one thing every day that scares you. As a pharmacy officer in the U.S. Public Health Service (PHS), I did not know exactly how I could take those words to heart. When I received a solicitation for volunteers to deploy to Iraq, I immediately knew that this was my chance to accept the challenge.

The road less traveled. Unlike the rest of my family, I have been the adventurous one with an insatiable desire to travel. I remember a sign on the bulletin board at Temple University's school of pharmacy that read "Work on an Indian reservation for the summer." I turned to my parents and proclaimed that I was going to do that even though I had not yet been accepted into the pharmacy program. Ultimately, I did gain admission there and immediately began my quest to work with Native Americans. My research on Native Americans led me to the PHS Commissioned Corps and the Commissioned Officer Student Training and Externship Program (COSTEP).

After successfully completing two COSTEP assignments, I realized that the Commissioned Corps would allow me to serve in a nontraditional role as a pharmacist. After graduation, I worked as an investigator for FDA's Office of Regulatory Affairs. In this position, I inspected pharmaceutical manufacturing sites and developed skills in conducting inspections and applying regulations, visiting

20 countries in my nearly 10 years with FDA. I believe that my skills and willingness to travel led my superiors to select me for deployment to Iraq. I felt honored to represent the pharmacy contingent of the PHS, knowing that many qualified and capable officers had also volunteered for this deployment. Although I had been afforded numerous opportunities to influence health internationally, I never imagined that I would be sent to Iraq.

Into the unknown. On January 8, 2004, I received an e-mail informing me of my impending deployment to Iraq. I had mixed feelings of excitement, shock, and nervousness, and I truly had no idea of what was to come.

During subsequent interviews with the Department of Defense, I learned that I would be assigned to the Iraqi Ministry of Health (MOH) team within the Coalition Provisional Authority (CPA). My primary duty in Iraq would be to develop regulations for imported drug products.

On February 29, I began my incredible journey into the unknown. My first stop was at the Continental United States Replacement Center (CRC) in El Paso, Texas, for a week of military preparation and training.

I arrived at check-in full of anticipation and anxiety. I was amazed at the diversity within my training group—military and civilian, old and young, male and female—and impressed with the positive attitudes of those around me. When we stood for the playing of our national anthem, I was overcome with pride and patriotism, and at that moment I understood the importance of our mission.

Our week was filled with medical evaluations, firearms certification, and briefings on wartime activities (Figure 1). As I would later learn, the early mornings, long days, and stress of training would be the best preparation for what was to come.

On March 4, we boarded a contract military flight to Kuwait. Our flight path was secret, and little information was provided about our initial movements once we arrived. We touched down in Kuwait more than 24 hours later and were immediately transported to a military camp, Camp Wolverine. Unbeknownst to me, I had to arrange for my own travel into Baghdad. Fortunately, an Army colonel took me under his wing and taught me the "military way" of doing things. Three days later we were dressed in full gear and on a C-130 military airplane headed to Baghdad.

I was nervous enough about flying on a military plane and even more so when I heard that our descent into Baghdad could be rough because of maneuvers to avoid attacks on our

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Figure 1. Author training with an MP5 submachine gun in Baghdad, Iraq. Weapons and other training also occurred at the Continental United States Replacement Center, El Paso, Texas. Photo courtesy of author.



plane. When I stepped off the plane and onto the airfield at Baghdad International Airport (BIAP), I looked at my surroundings in utter horror. There were tanks and military vehicles scattered around and American soldiers patrolling the airfield with M-16s. Although the field was surrounded by barbed wire and barricades, I felt like a sitting duck, just waiting for an attack on our group. For security reasons, we could not contact the MOH team with our arrival time. I gathered my four bags, two of which carried military gear, and hoped that the team would be at the airport to take me to the infamous Green Zone.

No safe place. Much to my surprise, my team was at BIAP to meet me. I felt lost and confused as we drove in a country unknown to me but surprisingly familiar to my new colleagues. I braced myself as we left the gates of the “secure” airport area and accelerated down the highway. Personnel around me were scanning

the streets with their guns ready, prepared for the hazards of the Red Zone, a name given to any area outside of the established military camps. We raced by buildings that had been bombed, and I noticed a bullet hole in the windshield of our vehicle. The erratic driving was understandable, given my team’s close call with an improvised explosive device (IED) on this same road. I sat in the back seat in, for me, unusual silence, aware of my increased heart rate and feeling of general anxiety.

We arrived at the Green Zone checkpoint without incident, and I was welcomed to my new home. The Green Zone was approximately a four-square-mile area bordered by the Tigris River and extending to boundaries beyond Saddam Hussein’s palace (i.e., the Palace), which served as the CPA’s headquarters. I was surprised to learn that approximately 10,000 Iraqis lived or worked in the Green Zone. Physically and emotionally drained, I checked in with the CPA, completed

the necessary paperwork, and began exploring my surroundings.

As I stepped through the south entrance of the Palace, I stared at the ornate building that would be my living quarters until I was assigned permanent housing. Living in the Palace was not as glamorous as it may sound. I entered a room filled with at least 100 bunk beds and selected an area in the corner of a designated “female section” in an attempt to secure some privacy (Figure 2). Of course, when living with 200 men and women in a large, open room, privacy is relative. I could not complain about my living arrangements when others arriving with me were sent to stay in tents. At least in the Palace we could not hear the explosions and were protected from the cold nights.

The Green Zone was not exactly a safe area. After my first night in the Palace, I awoke to learn of the brutal stabbing of one of my CPA–MOH colleagues in the Green Zone. This served as a horrific reminder that, even in the Green Zone, we needed to be vigilant at all times. Thankfully, my colleague survived the attack and was transported out of Iraq for medical treatment.

It was after this attack that I was introduced to the rest of the CPA–MOH team. The Senior Adviser called a meeting to discuss security in and away from the Green Zone. I immediately understood that security was a major concern for my team and that assisting the MOH remained our top priority.

The MOH. The Iraqi MOH has numerous responsibilities, ranging from renovations of clinics and hospitals to the national distribution of drugs. Poor government funding under Hussein’s rule restricted the MOH from using current technology. The annual budget for the MOH in most recent years was only \$16 million. With Iraq’s population of approximately 26 million, that equates to \$0.61 per person. The budget of the U.S. Department of Health and Human Services for fiscal

Figure 2. Room where the author had temporary quarters, in Saddam Hussein's palace, Baghdad. Photo courtesy of author.



year 2005 is \$580 billion for a population of approximately 294 million (\$1972 per person).

The CPA–MOH team has had a major role in rebuilding the health care system in Iraq since the “end” of the war in April 2003. Since that time, there has been a constant rotation of specialists in specific areas (civilians, military, other PHS officers, and foreign nationals) to assist in this mission. The specialized knowledge, skills, and abilities of each team member uniquely contribute to the successful rebuilding of Iraq’s health care system.

The CPA–MOH was divided into two teams: public health and logistics. I was part of the last CPA rotation into Baghdad and was assigned to the logistics team, composed mostly of pharmacists and logisticians. I reported directly to CDR

Eugene M. deLara, Pharm.D., U.S. Navy, who was the chief of the logistics team. My primary role on this team was unique, as there were no other pharmacists with regulatory backgrounds. Charged with developing regulations for imported drug products, I quickly realized that I had my work cut out for me.

On March 16, I prepared for my first trip to the MOH. I ate breakfast in the chow hall before heading to my office for our team’s daily security briefing, during which we discussed the previous day’s events and attacks. Afterward, we put on our body armor and helmets and met our convoy for our trip to the MOH building, in the Red Zone. As required by the CPA, each vehicle had two armed personnel (“shooters”) as a precaution, but everyone had to watch for suspicious activity.

Nothing could have prepared me for this experience. On the streets, there were no apparent traffic laws and no traffic lights; it was complete mayhem. When necessary, we drove on the wrong side of the road or on curbs to keep ourselves safe. I was not sure what I was looking for as I scanned the road but was assured by CDR deLara that I would know it when I saw it. The piles of rubble and trash along the roadside could easily hide an IED. Over time, I became familiar with the area and our route.

The Iraqi MOH typically operates from 0800 to 1400 every day except Friday, and our team would go there almost daily for meetings. While I did not initially understand the need for such frequent travel into the Red Zone, the need to meet face-to-face with my Iraqi colleagues quickly became apparent.

The task at hand. My primary role at the MOH, as I understood it, was to assist the registration department in revising the drug registration regulations for imported drug products. After assessing the current regulations, I realized that some modifications would be necessary to make the process transparent to companies wishing to send drug products to Iraq. The MOH already had a strong foundation on which to build, and I thought that would make my job much easier. I was wrong.

On March 28, administration of the MOH transitioned back to the Iraqis, and, without warning, my role at the MOH changed. The newly appointed Iraqi interim minister of health was now fully responsible for the MOH operations. Without the CPA authority to directly affect decisions at the MOH, I found myself acting as a consultant rather than a regulator. All of my work at the MOH now had to be approved by the minister of health.

It took about a month to convince the registration department of my good intentions. I remember the day the wall between us came down. I noticed a change, an acceptance, as soon as I mentioned that the registration details should be designed by regulators rather than by representatives of pharmaceutical companies, who were viewed as having a conflict of interest in the matter. We could finally work together in a collaborative effort to revise the drug registration regulations.

Like the U.S. system, the Iraqi registration system combines the registration of a company and each product that the company plans to send to Iraq. Most data that would normally be submitted in a new drug application or an abbreviated new drug application in the United States are required for registration with the MOH. Unlike the U.S. system, the MOH performs full testing on all lots of approved drug products that enter the country before it allows them to

be distributed, rather than implementing a random sampling plan to verify the reliability of the supplier's certificates of analysis. I was shocked to learn of this practice, but the Ministry was equally surprised to learn that FDA does not test every lot of product on the shelves of our pharmacies. This reminded me that Iraq and the United States had been secluded from each other for over two decades; I wanted to start bridging the gap.

Revising the regulations was an arduous process that took at least a month longer than I originally anticipated. A working group comprising representatives from several selected departments within the MOH was established. I served as the CPA representative for this working group, providing guidance and sharing knowledge of my own regulatory experiences. Numerous meetings resulted in multiple rewrites of the drug registration regulations. For each version of the regulations, the drug registration technical committee would need several days to review all of the changes. Finally, regulations acceptable to all those on the working group were approved. As the CPA spokesperson, I presented the working group's final draft to the Minister of Health for approval. Unfortunately, the CPA transitioned out of Iraq before I was able to see the revised drug registration regulations accepted and approved, but I am hopeful that the approval is imminent.

As members of the CPA–MOH team began leaving Baghdad, I inherited additional responsibilities. One of the biggest problems facing the MOH was the shortage of drug supplies in Iraq. Iraqi pharmacists described to me a thriving black market for unapproved drug products, likely stemming from the shortage.

The first emergency drug purchase, which totaled \$44 million, was initiated by our logistics team. After the team's departure, I assumed the responsibility for ensuring delivery of the drug shipments to specified

distribution warehouses in the Iraq governorates, established administrative boundaries within the country.

As I immersed myself in emergency drug purchases, my frustrations rose to match the sweltering temperatures of Baghdad. Had I not been limited in my movements outside of the Green Zone, I would have made the deliveries myself. Unexpected delays due to supply shortages and security concerns were inevitable, but we did distribute some critical medications to remote areas of Iraq. This first purchase did not even scratch the surface of alleviating the drug shortage, but it was the start of delivering safe and effective drugs to patients.

Experiences of a lifetime. I had experiences of a lifetime in the three short months I spent in Baghdad. April 7, for example, tested my ability to overcome fear. Even though my job requires me to fly around the world, I am not a fan of flying. And I had never flown in a helicopter. You can imagine my hesitation when I was given the opportunity to fly in a Black Hawk helicopter to Tikrit to discuss health care issues at the governorate level with the U.S. Army's 1st Infantry Division (ID). I knew there was a good deal of fighting going on throughout the country, but it was a last-minute invitation, so I had to make a quick decision. I decided to go along, and what a ride it was!

We left the Green Zone at 0915 in two Black Hawks and made the 45-minute trip while flying no more than 200 or so feet off the ground (Figure 3). Two gunners were perched in each helicopter, ready to fire and constantly scanning the area for potential attackers. Take-off was exhilarating. We flew over Baghdad, and I saw that many parts of the city were demolished, and bombed buildings abounded. It was a bit scary flying so close to the ground, not knowing if our enemies would try to attack, but I pushed those thoughts away. Once we passed over Baghdad, we flew over the rural ar-

eam. The most frightening moment of the flight was when the gunners began firing their weapons while we flew over some fields. I later learned that they were just conducting a test fire.

Our arrival in Tikrit at Camp Danger was anticipated by members of the 1st ID, who were waiting for us. We were whisked off to another of Hussein's palaces for introductions and presentations.

After the formal presentations, we were given a security briefing before jumping into our Humvee, one of six vehicles in a convoy (Figure 4). Though my heart was racing, I knew that everything was being done to keep us safe. The soldiers conducted some last-minute checks to ensure that conditions were safe; the previous night there had been numerous attacks against coalition forces.

Our first stop was a local hospital where we visited patients on several floors. On the children's ward we found a little boy bruised and battered from a car accident he was in 40 days prior. I later learned from an Iraqi pharmacist that the boy had been unconscious for nearly all of that time. Next we went to the room of a woman who was crying out. Allegedly she had been shot by coalition forces. She could not have been happy to see us, barging into her room geared up with body armor, helmets, and weapons. How scary we must have looked to these people.

We then went to the Tikrit Medical School. Classes were not in session, but we did get to see the library. Tensions seemed to rise the longer we stayed at the medical school because we were in a very vulnerable situation. It is never a good idea to stay in one place too long because it gives those who wish to harm us the opportunity to do so. Despite the fact that there were at least 15 armed soldiers from the 1st ID standing guard, I was always watching for danger—constantly scanning.

After visiting the medical school, we returned to Camp Danger to con-

Figure 3. Author in a Black Hawk helicopter for a trip to Tikrit. Photo courtesy of author.



tinue our briefings. Our flight back to Baghdad was postponed because a helicopter was shot down near Baqubah, and one of our helicopters needed to fly to the site.

We finally departed Tikrit at 2045 for our return to Baghdad. Night flights are calmer and much safer since the enemy cannot see the helicopter until it is upon them. However, I am glad that I got the chance to fly in the daylight hours, just for the experience.

Ironically, I had a close call after returning to the Green Zone. As I was typing my journal, something exploded close enough to send me running to the door of my office with my head tucked down. It was very unnerving.

Bridging the gap. Shortly after my arrival in Baghdad, I was asked to accompany a group of five Iraqi pharmacists, three women and two men whose ages ranged between 25 and 37 years, to Amman, Jordan, and assist them in securing visas to visit the United States. I had met only two of the women briefly on my arrival at the MOH and felt somewhat apprehensive about escorting them to a country that was unfamiliar to me.

My apprehensions quickly disappeared when I saw the look of relief on their faces when I offered to accompany them. Four of the pharmacists had never traveled outside of Iraq, and three had never even flown in an airplane. Health care professionals were forbidden to travel outside of Iraq under Hussein's rule, and I could not imagine what they were feeling as we arrived at BIAP. They were leaving everything they knew and going to the United States for five weeks of training. Their expressions as the airplane accelerated down the runway said it all. They were happy, excited, thankful, and a bit nervous. How lucky I felt to be a part of their incredible journey.

I spent the next three days with these five wonderful people who taught me about their culture and religion, Iraqi history, and the Arabic language. We discussed the pharmacy profession, and I learned that Iraqi pharmacists who worked in a government institution under Hussein's rule made the equivalent of \$1.50 per month and typically held second jobs in private pharmacies to supplement their incomes. Since that time, these

Figure 4. Soldiers from the U.S. Army's 1st Infantry Division guarding a convoy during author's visit to Tikrit. Photo courtesy of author.



same pharmacists earn \$150 each month.

We talked openly about the choice of two of the women to wear scarves to cover their hair, the practice of arranged marriages, and their feelings about the U.S. occupation. They asked me to describe Americans and our feelings about Iraqis, expressed their concerns about the future of Iraq, and told me that improvements in their systems have been slow. My conversations with them were the greatest education I could have had regarding Iraq and its people.

Too close for comfort. We had our share of tragic events, mortar attacks, and other close calls. One occurred on Easter morning after my very first night in my newly assigned trailer. My roommate, Elizabeth, and I had our reservations about our new living quarters, especially because they provided little protection against incoming mortar rounds and

rockets. At 0500, a huge boom—a mortar round—jolted me out of my sleep and shook the windows. The explosion was too close for comfort.

I looked at Elizabeth with my eyes wide open and a scream welling up in my throat. She looked terrified as she fell out of her bed onto the floor. My first instinct was to run, and as I made for the door, she reminded me that we were supposed to get on the floor between the beds and pull the mattress over us. It was total chaos as I fell over my trunk, which was in the middle of the floor, and landed flat on my face. All of this happened in the span of 15 seconds.

Apparently, I had arrived in Baghdad just as attacks on coalition forces were becoming more frequent. April 2004 was turning out to be one of the worst months for attacks since the “end” of the war. The attackers began targeting the coalition in the morning, when there was much activity in

the Green Zone. One morning, I was preparing to travel to the MOH and was waiting with a colleague for a British security team. We were standing in the parking lot when suddenly we heard a whoosh and a whistle through the sky. This was the first time that I had actually been outside when a mortar or rocket had been fired at us. It seemed as if everything was moving in slow motion. We had enough time to hear the launch (the whoosh), listen to the whistle, comprehend that it was enemy fire, and drop to the ground before the impact. We heard two more launches right after the first impact, but they must have been duds. The only thing you can do after hearing a mortar or rocket launch is find cover or drop to the ground. Trying to run away would be senseless because you cannot predict the site of impact. Technically, we were supposed to go to the shelter in the Palace's basement

when an attack was announced over the loudspeaker by the “Big Voice.” Instead, we ran to the concrete barriers in the parking lot to take cover. We finally got the all clear and traveled to the MOH to start the day’s work.

The journey home. After spending three months and three days in Baghdad, it was time for me to leave. I had mixed feelings about leaving my friends behind, so much so that I almost wished someone would make me stay.

My trip down the road to BIAP—now labeled by many as one of the most dangerous streets in the city—was one of the scariest memories of my time in Baghdad. Attacks on this road had been frequent and deadly, and I had this five-mile stretch of road standing in the way of my safe return home. Our team’s trusted South African personal security team was both nervous and aggressive. We seemed to travel at least 120 mph,

and all I could hear was the sound of the tires against the road. My protectors swerved in and out of traffic to ensure a safe ride. When I think of the personal risk that they took for me, I am both moved and amazed. We said our goodbyes, and I watched them drive away, knowing that I would probably never see them again.

As we took off in the C-130, I anxiously wondered if we were going to come under fire. Two hours later, we touched down in Kuwait without incident. The difference in Camp Wolverine from when we first arrived was truly amazing. Nothing remained of the base camp, except a single tent standing in the middle of a field.

On June 19, 2004, my flight departed Kuwait City in the early morning. After nearly 24 hours, I arrived in Allentown, Pennsylvania. I felt exhausted and a bit overwhelmed. As I came through the security checkpoint, I spotted my family

waving a sign that read “Welcome Back from Iraq.” Their faces showed pride, joy, and relief as they ran toward me with tears in their eyes. The crowd started to cheer; complete strangers hugged me and thanked me for keeping them safe. I just smiled and was reminded of how lucky I was to make it home safely. Lucky for meeting the exceptional and courageous people that I encountered in Iraq—other Americans, Iraqis, Brits, New Zealanders, Italians, South Africans.

There is a saying that people come into your life for a reason, a season, or a lifetime. I will never forget what I learned from my encounters with my newfound colleagues a world away. Despite our different backgrounds, we seemed to share the goals of improving our patients’ health, the health care system, and how we related to each other. As human beings, we were not so far away from each other at all.