

A Day in the Life of the Army Medical Corps

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Editor's Note: DCMS Board of Directors member Terry D. Hashey, DO, MHSE, is a Captain in the United States Army Reserve. He spent four months (July – November 2006) as the Task Force Talon Flight Surgeon at the Forward Operating Base Salerno in Afghanistan. Daily he conducted flight physicals, cared for aviators and their air crew, flew on MedEvac Missions, and responded to medical emergencies at the FOB Salerno Hospital. Dr. Hashey also took part in monthly Medical Civil Affairs Projects (MedCAPs) where medical teams try to alleviate symptoms and identify conditions that can be surgically cured at the base's hospital. The following is an edited excerpt from a journal he kept about his experiences.

Last week I went on my first MedEvac Mission as a Flight Doc. One of the best parts of the week was the MedCAPS (Medical Civil Affairs Project). What a great mission. We are trying to win the hearts and minds of the local nationals by providing medical care and comfort items. When the recipients see us as caring people who want to help them, it makes it safer for the soldiers when they go out on patrol or convoy. Fewer bombs are made and more bombs are turned into us by the friendly local nationals. As a result, American soldiers' lives are saved.

Early in the morning it was up for a quick shower, shave, and snack before suiting up. I met the medics at our aid station for a pre-brief. They went over all my gear to make sure I had everything and was properly outfitted. Then it was on to the hospital. The 14th Combat Support Hospital runs the medical slice and we support them. Everyone on the mission is a volunteer.



Dr. Hashey examines a young Afghan girl's throat.

Charlie Med (another support unit) provides medics. We had a nurse anesthetist, general surgeon (who ran the pharmacy), myself (family doctor), a nurse, and four medics. There were some support folks from the medical side as well.

We were transported in by the engineer company that

builds the roads and buildings. They provided the vehicles and the security forces. Once at the hospital, we received another briefing by the engineers on the importance of the mission and how dangerous it is.



(L to R) Dr. Hashey with an Afghan National Army Soldier and an Afghan National Police Officer.

The briefing went something like this: "The risk is HIGH. (Hmmm, not good, right?) The high risk includes IEDs (improvised explosive devices), VBIEDs (vehicle born improvised explosive devices), SIED (Suicide Improvised Explosive Devices), snipers, rabid dogs, armed individuals, traffic crashes, roll-overs, flooding from the washed out crossings", and a bunch of other stuff.

The TC (guy in charge) gets in our up-armored HumVee, complete with jamming instruments and a gunner with an M-16 and a 50 caliber machine gun. I ask about the bulletproof windows. "What if we get shot at? Do I duck? Do I open the window and return fire? How do I give the 50 caliber ammo to the gunner?" I get my answers and feel prepared.

Engines start and we roll through the base. Everyone is serious. No jokes. No laughter. Life is very real now. We travel across the post and through two gates. Our weapons are loaded and ready. Seatbelts are on. Here we go.

The roads are calm; unlike what I have seen on TV about Iraq. Here, the cars pull over to the side on both directions and let our convoy through. Occasionally along the way we see Afghan National Army (ANA) soldiers and Afghan National Police (ANP) directing traffic to pull over. People, especially kids, run from their homes to stand on the roadside to wave and smile (Very rarely is someone not smiling). I look through the bulletproof glass into people's eyes. We

stare at each other. Most wave and smile. I wave back. Some just stare. Those are the folks that make me glad I have such a robust security detail.



Dr. Hashey reviews test results on a young Afghan boy.

But all goes well. We arrive at the provincial governor's compound. Just past, but adjacent is the Tawny District clinic. We pull all the vehicles into the compound. The engineers move the gun trucks to the key points along the inside of the wall and set up security points. Some of the engineers dismount and escort everyone from the compound and clear the area. We hear "All clear". Then medical personnel dismount and unload their equipment, setting up in the modest brick and mortar clinic. Once inside, I take off my individual body armor (IBA) that weighs 65 pounds and my Army combat helmet (ACH).

There are four rooms and an alcove in the clinic. As the family doctor, I am located at the first door. I have an assistant with no medical training. Our room is also the pharmacy. We have a bundle of some sort for the patients to sit on, and I kneel. There is a desk, but that is where the local doctor sits and observes me. The next room has two medics. In the next room are a nurse anesthetist and medic. The alcove has two medics in it. The last room has a nurse and assistant.

Outside, the surgeon and an assistant set up a pharmacy. The engineers place a guard at the entrance gate and a vehicle and guards at the exit gate. They also have HA kits (humanitarian aid) as well as toys and stuffed animals. Our medic brings in local nationals in groups of ten, marks their left hand with a "permanent marker K and number", waits for me to attend those patients, and then summons the next group. Each patient gets an encounter slip filled out with their K number, symptom, and medicine. Prior to the patients arriving, I gave a quick class to the medics on what the medications are used for, contraindications, complications, and side effects. I also gave a list of reasons to refer to me.

The total staff saw well over 300 patients in 3 hours. I saw 46, including 7 consults from the other rooms. A lot of the

patients had headaches, belly pain, and joint aches. Some were even well, but they were looking for HA kits and Tylenol. There are no diagnostic resources on site, so much of the diagnosis is based on patient history through interpreters and physical exam. I saw patients with suspected gall stones, leishmaniasis, malaria, fulminate ear infections, rheumatoid arthritis, abdominal mass, arm fracture, pneumonia and some miscellaneous odd complaints.

I saw a girl about 7 years old complaining of transient blindness for a couple hours at a time without other complaints or findings, a boy who "doesn't have enough blood," and a man with "low body pressure."

Understanding the patients was a challenge. My first interpreter (Terp) didn't have any medical background, and he preferred to chat outside with the ANP. Once I switched to a new terp, it was better. This new terp was very caring and worked with me to learn my routine. Much of the time the medics would give Tylenol for headaches and Maalox for tummy pain. I would try to get more out of the patient in regard to symptoms and a physical exam to rule out additional concerning etiologies. Once we got into a rhythm, it worked quite well for the limited resources. By the end of the event, the medics felt very comfortable identifying what "wasn't quite right," and called me in to help.



Dr. Hashey checks the heart rate of an Afghan man.

This was a rewarding experience. I was able to further expand my scope of care by using the medics and their experience to see more patients and provide the best care we could. We passed out a lot of medications and HA kits. We made a number of referrals to the local clinics and back to FOB Salerno. All in all, this was a great experience for so many reasons. We helped people get better, protected our soldiers by winning the hearts and minds of patients, got outside the wire, and had a blast (figurative, not literal, thankfully). Everyone loved the experience, and the first thing they asked when we got back as "When is the next MedCAP?"