Military DOs display heroism on and off the battlefield

War Healers

Capt Terry D. Hashey, DO, MC, USAR, examines an Afghan national at Forward Operating Base Salerno in Afghanistan, where he was stationed for four months earlier this year. Dr Hashey is a flight surgeon in the US Army Reserve. (Photo courtesy of Dr Hashey)
The estimated 2,200 DOs who serve in the US military share a single goal: to keep our nation's soldiers, sailors, airmen and Marines alive, even if it means risking their own lives.

That principle compelled Cmdr Richard H. Jadick, DO, MC, USN, to set up a makeshift emergency unit in the middle of the battlefield in Fallujah, Iraq, an action that saved 30 lives in one battle, according to his commanding officer. He also received a Bronze Star Medal with a Combat V for helping save the lives of seven of those 30 who were critically wounded during the US assault on Fallujah in November 2004.

A military physician’s principal responsibility is for the healthcare of his patients, no matter where that takes him, Dr Jadick asserted during the keynote address he gave at the 111th Annual AOA Convention and Scientific Seminar in Las Vegas in October. “It only made sense to me that I move forward — that I go with these guys wherever they’re gonna go because that’s my patient population,” he said. “They were the guys I ate with, the guys I played cards with, the guys who slept in the rack next to me. They’re more than patients. They’re people who count on me.”

To honor all DOs who serve or have served the healthcare needs of the men and women of the US military, The DO spoke to five osteopathic physicians about their wartime experiences on and off the battlefield. Like Dr Jadick, each one can be counted as a hero.

One used dermatology to explore the mind-body-spirit connection among US Marines in the Iraq War. Another used osteopathic manipulative treatment in Afghanistan to speed troops back to duty. Another DO practices trauma care on both US troops and Iraqi insurgents. One in the Florida National Guard is doing what he can to win the hearts and minds of the Afghan people. The last, a Vietnam veteran, was nominated by his peers for the military’s highest decoration — the Medal of Honor.

Here are their stories.

(continued on the next page)
Mind-body-spirit connection

In 2003, Lt Reagan Anderson, DO, MC, USN, was training as a diving medical officer at the Naval Undersea Medical Institute in Panama City, Fla, when he decided to volunteer for duty in Iraq.

“I was one of the few people in my class who wasn’t married, so I felt that I should go,” says Dr Anderson, a 2002 graduate of the Kirksville College of Osteopathic Medicine of A.T. Still University of Health Sciences (KCOM/ATSU). “It was a personal challenge and an amazing honor. I would make the same decision again in a heartbeat.”

In July 2004, he was deployed to Camp Fallujah in Iraq as a battalion surgeon with the 1st Reconnaissance Battalion, 1st Marine Division. “I was on a combat mission with my battalion within 48 hours of arriving in Iraq,” Dr Anderson recalls. “You’re with the same people every day so they quickly become your family. You rely on them to survive, and they rely on you.”

Dr Anderson returned to the states three months later, only to sign up for another tour of duty in late 2005, which took him back to Camp Fallujah for seven months.

During both tours, he assisted with numerous trauma resuscitations on Marines with sucking chest wounds and arterial bleeding from bullets and roadside bombs. Sometimes, he performed medical procedures. Other times, he held the Marines’ hands and explained what was going on.

“When a patient is scared and doesn’t know what’s happening, his blood pressure and pulse increase, and that affects his body’s ability to form clots and stop hemorrhaging,” he notes. “If you can hold his hand, talk to him, distract him from what’s going on, you’re not only calming him down. You’re also giving him the honor and dignity he deserves.”

Learning about the mind-body-spirit connection at KCOM/ATSU helped shape Dr Anderson’s approach to medicine in Iraq, he notes, with wounded patients as well as with all the other
Marines in his battalion. “I found that physical interaction went a long way,” he says. “These guys were in an environment where they were never touched, so the physical modality of laying my hands on them, just one human being to another, had a big impact.”

By using osteopathic medicine’s approach of treating the whole person, Dr Anderson zeroed in on his patients’ psychological needs. “You can’t get these guys to tell you what’s going on emotionally or spiritually,” he points out. “They’re Marines: the toughest of the tough. There’s this huge fear that if they show any weakness, they’ll be laughed at or branded as crazy. Military culture is such a ‘big boys’ club.”

To get around his patients’ pride, Dr Anderson made “psych” rounds twice a day, which consisted of briefly visiting everyone in his battalion. In those short encounters, he paid attention to the troops’ body language, as well as their words and intonations. He also closely observed their dermatological conditions, which often served as external indicators of what was going on inside.

“You have to know your patients well, and paying close attention to their skin was one of the key ways I did that,” Dr Anderson notes. “Inflammatory dermatitis was a clue to other problems: Maybe the patient had shot at someone and it weighed heavily on his mind, or he had a serious mission coming up, or his wife was cheating on him back home. A lot of the men had acne or oral herpes, brought on by stress. It wouldn’t keep them from going on a mission, but I could use it as an entry into talking about what was going on in their lives.”

Most people don’t understand the true nature of post-traumatic stress disorder (PTSD), Dr Anderson asserts. “PTSD is not ‘going postal,’” he says. “It’s more like a blunting of the senses, like a ‘fog of war.’ If a soldier’s emotional and spiritual needs go unnoticed, the fog of war is going to set in. That’s when complacency sets in and casualties happen needlessly. And that’s why the mind-body-spirit connection is so important.”

Honored to serve
“We would like to bring my husband to your attention,” wrote Natalie D. Hashey, DVM, in response to a call for heroes that ran in the August issue of The DO. “Our two little boys and I are very proud of his daily sacrifice to help those in need of care.”
A flight surgeon in the US Army Reserve, Capt Terry D. Hashey, DO, MC, USAR, returned in November from a four-month tour to Forward Operating Base Salerno in Afghanistan, where he provided medical care and conducted flight physicals for helicopter pilots, aircrew and support staff. He also served on a trauma response team that cared for injured Americans, coalition forces and local nationals.

After graduating from the University of North Texas Health Science Center at Fort Worth—Texas College of Osteopathic Medicine (TCOM) in 2003, Dr Hashey completed a family medicine residency at Mayo Clinic in Jacksonville, Fla, but chose to volunteer for deployment to the Middle East before establishing his practice. He is now setting up a solo family medicine practice in Jacksonville.

Like Dr Anderson, Dr Hashey didn’t wait for patients to come to him. He often made rounds on the flight line and in pilots’ offices so that he could learn more about his patients and their working environment. “Much like the idea of treating the whole person and the whole family, we take care of the whole unit. And we have to understand how all the soldiers in a unit fit into the scheme of this operation in order to better care for them,” he wrote The DO while still deployed.

Having served as a teaching assistant in osteopathic manipulative medicine at TCOM—where he received the Leo Benavides Memorial Award for leadership and service to the community—Dr Hashey was aggressive in practicing OMT on his patients.

“Soldiers work hard,” he writes. “They wear heavy body armor, carry heavy loads, and sit in uncomfortable positions for long periods of time. I have used OMT often here and have had great success. I’ve returned troops to full duty faster with OMT and have avoided mind-altering pain medication in doing so. This is a concern in a deployed environment because many of my patients fly and refuel aircraft and load weapons. Returning them to duty as quickly and safely as possible is very important to my mission.”

“My experience in Afghanistan has been amazing,” he adds. “Both American and Afghan soldiers put their lives on the line every day in hopes of securing freedom for the people in Afghanistan. I can think of no greater honor than helping America’s warriors come home.”

Over there
On April 1, Capt Carrie D. Ayers, DO, MC, USA, flew to Forward Operating Base Marez in Mosul, Iraq, as part of the US Army’s 172nd Stryker Brigade Combat Team. She thought she would be returning home in the fall—but the Army had different plans.

Dr Ayers joined the Army in 2001, during her first year at the Kansas City (Mo) University of Medicine and Biosciences College of Osteopathic Medicine (KCUMB-COM). After graduating in 2004, she served a general surgery internship at William Beaumont Army Medical Center in El Paso, Texas, which treats Texas military personnel stationed at Fort Bliss.

“My interest in the military started when I was young,” Dr Ayers writes from Iraq. “I loved watching the relationships and interactions my father had while serving in the New Hampshire National Guard.”

Instead of applying to residency programs after completing her internship, Dr Ayers volunteered for a tour of duty as a general medical officer. She looked for a unit that was set to deploy to a location that would suit both her and her husband, who is in the Air National Guard. They moved to Fairbanks, Alaska, in June 2005. In August, most of her unit deployed to Iraq, but she stayed behind to treat incoming soldiers who had been wounded in action.

“That was a rewarding experience and one that I devoted my time to with great pleasure,” she writes. “One of the neatest jobs I had was ensuring that our soldiers were discharged from the Army with the benefits they deserved. Having just received my master of business administration degree in healthcare leadership,
After decades of discrimination, DOs gained acceptance by the US military in 1966, when for the first time osteopathic physicians could volunteer to serve as commissioned medical officers in the armed services. Then in July of the following year, the US Selective Service began drafting DOs to serve in the military’s three medical corps. To recognize the 40th anniversary of this initial draft of osteopathic physicians, the AOA will honor the original 113 DOs who served as medical officers next year during the AOA House of Delegates’ annual meeting, which will be held July 20-22, 2007, in Chicago.

The AOA is attempting to locate all of the DOs who volunteered or were drafted to serve in the medical corps in 1967. Osteopathic physicians who made up this original group of commissioned medical officers—and who have not yet been notified by the AOA—should contact Carol-Lynn Zurek, the AOA’s director of administration, by calling (800) 621-1773, Ext 8002, or by sending e-mail to czurek@osteopathic.org. Those who send e-mails should title the subject line of their e-mails as “1967 Induction.”

**Pioneers**

On May 3, 1966, Secretary of Defense Robert S. McNamara directed the US Army, Navy and Air Force to accept qualified osteopathic physicians who volunteer to serve as officers in their medical corps. That same day, Harry J. Walter, DO, a newly trained general practitioner in Leawood, Kan, volunteered.

On July 14, 1966, Dr Walter was sworn in as a first lieutenant in the Air Force Medical Corps, thereby becoming the first osteopathic physician to serve as a commissioned medical officer in the armed forces. A 1965 graduate of what is now the Kansas City (Mo) University of Medicine and Biosciences College of Osteopathic Medicine, the 32-year-old native of Bowling Green, Ohio, had just completed an osteopathic internship.

“As qualified physicians, members of my profession feel we should be permitted to serve, and as Americans we want to,” Dr Walter said in an article in the August 1966 issue of *The DO*.

One day after Dr Walter joined the Air Force, Andrew Lovy, OD, DO, became the second DO to be commissioned as a medical officer in the armed services when he was inducted into the US Army Medical Corps as a captain. A 1962 graduate of the Midwestern University/Chicago College of Osteopathic Medicine (MWU/CCOM), Dr Lovy had been in general practice in Milwaukee for three years when he was drafted into the Army in 1966 as an optometrist, his previous profession. Because DOs were newly eligible to serve as commissioned medical officers, Dr Lovy successfully petitioned the Army to allow him to serve as a physician instead.

A former professor of neurobehavioral sciences at the Kirksville College of Osteopathic Medicine of A.T. University of Health Sciences, Dr Lovy is currently in private practice. He is considered to be the first DO “drafted” as a military physician.

Of the 111 DOs drafted in July 1967, approximately 70% served in the Army as captains and approximately 30% served in the Navy as lieutenants. Osteopathic physicians constituted 10% of the 1,130 physicians in that draft, according to Augustine L. Perrotta, DO, of Bloomfield Hills, Mich, citing data provided by Robert A. Klobnak, the first executive director of the Association of Military Osteopathic Physicians and Surgeons. Physicians were drafted to serve for two years.

The DOs drafted in 1967 “were used as a test group to assess the competency of osteopathic physicians,” AOA Trustee James J. Dearing, DO, and F. Timm McCarty III, DO, suggested in the resolution they submitted to the AOA House in July 2005 to honor the first osteopathic military physicians in 2007.

“These DOs served with distinction and proved the superior quality of osteopathic medical training,” paving the way for others in the osteopathic medical profession to serve as military physicians, emphasizes the resolution, which notes that the success of the first military DOs “led to the opening of all other governmental medical programs to osteopathic physicians.”

—Carolyn Schierhorn

Dr Ayers celebrated her 30th birthday and her wedding anniversary in Iraq—alone. This is not the first time she has been separated from her husband, who was deployed to Iraq in 2003 while she was still in medical school. “It’s hard to start a family,” she says.

Although still a supporter of the Iraq War, Dr Ayers can’t help but wish the war were over. “Physicians who have completed their residencies usually come over here for six months, but staying for a year or more is mentally
“taxing,” she says. “Your morale suffers and your skills suffer.”

“What we’re doing over here is great, but nothing happens overnight,” she adds. “You can’t just give people freedom and have them take care of themselves after they have been oppressed for so long. There’s a learning curve. And I can’t go home until they learn to do some things for themselves.”

**For the children**

While serving his second tour of duty in the Middle East, Col Ronald J. Renuart, DO, MC, FLARNG, did what he had always done as an osteopathic physician: He endeavored to save lives.

A 17-year veteran of the Florida Army National Guard, Dr Renuart served in Iraq and Kuwait in 2003. In September 2005, he shipped out to Camp Phoenix near Kabul, Afghanistan, with the 53rd Infantry Brigade as the senior medical officer for Combined Joint Task Force Phoenix IV, which consists of troops from all branches of the US armed forces, as well as troops from France, Germany, Romania, Canada, New Zealand and the United Kingdom. The mission of the task force is to provide trainers and mentors to help the government of Afghanistan build a professional Afghan national army.

Thanks to Dr Renuart and his colleagues, the lives of two Afghan children were saved along the way.

Among the duties of a deployed medical officer is periodically leaving his or her base to set up clinics for local citizens, Dr Renuart explains. Known as medical civil action programs (MEDCAPs), these outreach clinics bring medical services to underserved regions.

During one such MEDCAP excursion in Afghanistan in December 2005, the other medical officer at Camp Phoenix saw an 8-year-old boy who was blue in color due to a congenital heart defect. The problem, which would have been treated in the United States when the boy was an infant, had not been treated because there were no Afghan surgeons to correct the ailment, Dr Renuart says.

Coincidentally, the medical officer who found the boy was Col Mark A. Denner, DO, MC, FLARNG, a classmate of Dr Renuart’s at the Nova Southeastern University College of Osteopathic Medicine in Davie, Fla, and a 29-year veteran of the National Guard. Dr Denner, a family physician, wrote a pass for the boy to visit the base and be examined by Dr Renuart, a general internist. Two days after he saw the boy Dr Denner sent to him, Dr Renuart examined a 2-year-old Afghan boy with a similar condition.

“We started brainstorming about how we could help these children, who would probably not live past their teenage years without surgery,” Dr Renuart recalls. “Then I got a care package from my wife that had the answer.”

Included in the care package was a newspaper from Jacksonville that ran an article about an organization called Patrons of the Hearts, which brings children from foreign countries to Jacksonville for cardiac care. By another coincidence, Dr Renuart had been chief of staff at one of the hospitals owned by Baptist Health of Northeast Florida, which collaborates with Patrons of the Hearts. He immediately contacted the president of Baptist Health to see whether Patrons of the Hearts would accept the two boys.

“In January, a few days before our tour of duty was over, Dr Denner and I got word that the boys had been selected for the program,” he recounts. “I met them at the Jacksonville airport when they arrived in April. Everything just fell together. Our fellow soldiers in Afghanistan helped with logistical support, and Northwest Airlines and the 53rd Brigade’s Afghan Children’s Relief Fund donated flight expenses.

“They were blue when they came to the United States, but they were pink when they left.”
‘Defining Heroism’
The story of Vietnam veteran Lt Edward M. Feldman, DO, MC, USNR (Ret), is the stuff that James Bond movies are made of.

As a US Navy surgeon attached to the 3rd Medical Battalion, 3rd Marine Division, Dr Feldman removed an unexploded North Vietnamese mortar shell from the abdominal cavity of a Marine during the battle of Khe Sanh—one of the bloodiest battles of the Vietnam War—in January 1968. Several US media picked up the story, reporting that the live mortar fuse could have at any moment blown up the Marine, Dr Feldman and those assisting him.

In a column titled “Defining Heroism,” which appeared in the January-February 2004 issue of Navy Medicine, another Naval surgeon in the 3rd Medical Battalion recalled Dr Feldman’s heroics:

“You’ve seen it dozens of times—an unexploded shell or bomb is located in a precarious position and unless removed or defused, the entire city or world will be blown to smithereens,” wrote Lt Cmdr James O. Finnegan, MD, MC, USNR (Ret). “Invariably, one heroic individual steps up and attempts the nerve-racking, gut-wrenching task of defusing the explosive at great personal risk. ... We all imagine that we would function in those situations just as the hero did. But would we?  “I know someone who did: Lt Ed Feldman—the greatest war hero I have personally ever known.”

According to an account of the incident that appeared in The New York Times on Jan 24, 1968, Dr Feldman ordered a crude barrier of sandbags constructed in a corner of the bunker where the wounded Marine had been transported, and then he placed the Marine on a litter behind it. Dr Feldman lay on top of the barrier and successfully removed the live shell while two corpsmen held flashlights. The shell was taken away from the area and detonated. The Marine lived, and Dr Feldman received a Silver Star Medal. He was 26 years old at the time with only a general internship under his belt.

“How can you get an education for eight years, have a nice home and car, and think that you don’t owe anything to your country?” asks Dr Feldman, who practices gynecologic surgery in Thousand Oaks, Calif. “My mother came to the United States as an immigrant and was always very grateful to be living here. I can’t imagine feeling otherwise.”

“Volunteering for Vietnam wasn’t about politics for me—it was about saving our servicemen on the ground,” he adds. “Those kids were 18 or 19 years old. They were like beyond kid brothers.”

A 1966 graduate of what is now KCUMB-COM, Dr Feldman joined the Navy Reserve in September 1967. Before being deployed to South Vietnam, he spent a month at the Field Medical Service School in Camp Pendleton, which trains Navy medical personnel to serve with the Marine Corps. When he saved that Marine’s life in Khe Sanh, he had been in Vietnam for about a month.

Dr Feldman became a hero again seven months later—this time to a US Army battalion under siege by the North Vietnamese.

Born leader
On Sept 4, 1968, Dr Feldman was preparing for incoming casualties at the main Marine medical facility in Quang Tri, Vietnam, where he was still attached to the 3rd Marine Division as a Navy surgeon. An Army helicopter crewman from
a nearby base ran into the medical facility asking for a physician to follow him to his helicopter. Dr Feldman volunteered to go. He was airlifted, under typhoonlike conditions, to three kilometers south of the demilitarized zone, where a company of armored personnel carriers (APCs) from the 1st Battalion were being attacked by a battalion-sized North Vietnamese force firing automatic weapons and launching rocket-propelled grenades and mortar shells.

Heedless of the enemy’s small-arms fire, Dr Feldman charged to the head of the column of APCs, according to eyewitness accounts on the Web site for the Khe Sanh Veterans Association. Finding no wounded soldiers, Dr Feldman stopped just long enough to grab a discarded flak vest, a helmet and an abandoned M-16 semiautomatic rifle. Exposing himself to steady enemy fire, he lurched from vehicle to vehicle, assisting the wounded, encouraging the men and returning fire himself.

“It was dark, and the enemy was all around us,” Dr Feldman recalls. “The North Vietnamese were about to overrun us. The company commander had been evacuated, the forward observer had been killed and the executive officer had just been blinded by enemy fire. The weather was so bad that I couldn’t find out where other officers may have been and I wasn’t able to report what was happening. So I assumed tactical command of the unit. It was kind of an attribute of command.”

Dr Feldman directed the men to move with their wounded to a more defensible position atop a hill from which the men could better direct their fire at the enemy and from which air ambulances could better evacuate the wounded, the Web site states. Once on the hill, known only as “Hill 162,” Dr Feldman guided the men in forming a defensive perimeter with the APCs, all the while treating the wounded, many of whom had gone into shock from losing blood. Once the wounded were stabilized, Dr Feldman called for a Chinook helicopter, which is larger than a standard-sized helicopter, to evacuate all the wounded and dead at one time.

After he returned home, Dr Feldman received a Bronze Star Medal with a Combat V for his valiant service under combat conditions in Khe Sanh and Quang Tri. His military honors also include a Presidential Unit Citation, a Navy Unit Citation, a US Marine Corps Combat Action Ribbon and a Republic of Vietnam Gallantry Cross.

But those who served with Dr Feldman had something bigger in mind.

In 2000, Lt Col John Langston, USA (Ret), who had been a captain attached to the 1st Battalion at the time, testified about the events of that day, which he had been monitoring via radio, in an attempt to bring Dr Feldman’s heroic acts to the attention of the US Department of Defense.

“Lt Feldman had chosen not to leave, but to stay on the ground ... where his leadership and encouragement were needed most,” Langston is quoted as saying on the Khe Sanh Veterans Web site. “It is my opinion, speaking as a combat experienced company commander and career Army officer, that if it were not for the skillful and courageous leadership of Lt Feldman, many of the company’s wounded would have perished. Moreover, the several elements of the company would have been isolated and destroyed piecemeal by the enemy.

“Therefore, for his conspicuous acts of gallantry in coming to the aid of the men of A Company, 1st Battalion of the 61st Infantry Regiment, which were made at the risk of his own life, over and beyond the call of duty, I am recommending that Lt Edward M. Feldman, DO, be awarded the Medal of Honor.”

Dr Feldman’s nomination for a Medal of Honor has been taken up by US Rep Robert Wexler, R-Fla, according to a spokeswoman for the congressman.

Uncommon dedication
In his convention keynote address, Dr Jadick described what makes DOs stand out among their peers: “We take not only skills to our patients’ bedside, we take a commitment that I don’t think you see in everybody,” he said.

“We are unique. We are different. We bring something to the table that not everybody understands,” Dr Jadick asserted. “It starts the minute you get into that osteopathic medical school, and it never ends. It’s continuous.”

The opinions expressed in this article by US military personnel do not necessarily reflect the official positions of the US armed forces.