

## Trauma team faces steady pressure of war

By Gina Cavallaro, Marine Corps Times

Updated 8/22/2011 12:38 AM

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SANGIN, Afghanistan — Hospitalman Chris Carson dialed the phone and placed it in the lance corporal's bloody fingers. It was 7 a.m. and cool and quiet inside the battalion aid station at Forward Operating Base Jackson. An Air Force medical evacuation helicopter was on its way.



By Thoma Brown, Gannett

Commander. Mark Duncan, left, and Marine Lt. Rich Whitehead finish a dressing change on a 2-year-old Afghan boy.

"Dad?" the wounded Marine said into the handset. "I've been hit."

The Marine was with [Charlie Company](#), 1st Battalion, 5th Marines, out of [Camp Pendleton](#), Calif., which has seen its share of casualties since arriving in Sangin in March. He told his parents he had seen the improvised explosive device before it was detonated by someone hiding nearby, and he was able to dart away from it quickly enough to avoid catastrophic injuries. He was thrown by the blast wave as it clipped the left side of his body, causing fractures and an eye injury he didn't yet know would take him out of the fight.

"I'm going to be OK," he told them, confident in his return to the battlefield "after they patch me up."

Many Marines who arrive here on stretchers express the same sentiment. They want to rejoin their buddies and the mission of securing Afghanistan's Helmand province.

Members of the medical staff see things differently. The violence that has plagued Sangin for months is such that even stalwart Navy doctors and corpsmen give pause.

"We've seen Marines come through here who survive a gunshot or an IED, then they go back out and they get killed or come back with their legs blown off," said Navy Lt. Rich Whitehead, 1/5's battalion surgeon. He conceded

after the lance corporal's departure that he hoped the wounded rifleman would be sent home.

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Although some of the Marines killed and wounded in action have suffered gunshot wounds, the majority have been taken out by IEDs. Lt. Col. [Tom Savage](#), 1/5's battalion commander, described Sangin as "a minefield."

The Shock Trauma Platoon, one of six in Helmand province, is led by Cmdr. Mark Duncan, a family physician who works with emergency medicine physician Cmdr. Erik Sergienko, two nurses, four corpsmen and two Marines. They search all trauma patients — including fellow Marines — for explosives before they enter the aid station. On more than one occasion, wounded locals were found to have IED-making materials.

Whitehead and his team handle day-to-day cases, including the mandatory battery of tests in the Military Acute Concussion Evaluation that Marines must go through if they were within 165 feet of a blast. The number of tests the aid station medics administered jumped from 36 in May to 75 in June and numbered more than 10 in the first few days of July.

The battalion medical team also works with the Shock Trauma Platoon when urgent-care patients — the overwhelming majority of whom are Afghan locals or soldiers — come in. They even treat the suspected bomb emplacers, who tend to arrive at the aid station with missing limbs and tall tales of innocence.

On July 1, Whitehead and his team treated a 48-year-old Afghan man who sought help at the gate of a nearby [Afghan National Army](#) unit but was brought to FOB Jackson because of the severity of his injuries. Whitehead and his team grew suspicious after examining their pattern.

"His foot was perfect, but he had a blown-out hand and shrapnel up the side of his leg," Whitehead said, pointing out that the man's explanation for the injuries continued to change as the medical team tried to nail down what happened. After the man was stabilized and questioned by an intelligence team, he was detained.

A similar case had involved three boys days earlier. "I felt sorry for them until we figured out the wounds were from placing an IED," Whitehead said.

Whitehead was an enlisted corpsman for 12 years before being commissioned in 2005. He commands 65 corpsmen, 46 of whom were assigned to 1/5 straight out of boot camp and Enhanced Mojave Viper, the Corps' premier pre-deployment exercise held at the Marine Corps Air Ground Combat Center in Twentynine Palms, Calif. "Some of these guys haven't even been in the Navy yet, and they're out there ... doing trauma medicine on patrol," he said.

For the most part, they handle the stress well, but he's had at least one who had to be benched for a couple of weeks after a string of traumatic experiences. The more seasoned corpsmen keep an eye on the younger ones with regular visits to the remote patrol bases where the line companies work. At other times, the corpsmen show up at the aid station and have to introduce themselves because no one's met them face to face.

If they're having trouble, the experienced guys said, it's obvious. "You can see it in their face, the shock," Hospital Corpsman 1st Class Scott Adessa said.

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"He commands 65 corpsmen, 46 of whom were assigned to 1/5 straight out of boot camp and Enhanced Mojave Viper, the Corps' premier pre-deployment exercise held at the Marine Corps Air Ground Combat Center in Twentynine Palms, Calif."

I realize Corpsmen are great, but as a retired Navy corpsman who served with the 1st Marine division in Vietnam and got wounded by a "booby trap" or enemy surprise firing device as the telegraph said, Corpsmen go through an intensive training course to become a corpsman and then additional training to be able to serve with our beloved Marine corps. Please research your information before you write it down as the truth. Corpsmen can not become corpsmen straight out of Boot Camp!

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