



By Bernadine Healy, M.D.

Serving Military Medicine

ARMY SPECIALIST CRYSTAL DAVIS IS A TINY girl who walks with style. Yet beneath her slim-fitting slacks are an artificial limb and another limb heavily scarred by wounds from her service in Iraq. Last month, she was introduced to a packed theater as one of the stars of the just premiered *Fighting for Life*, a documentary about military medicine, due for general release this fall. As Davis rose from her seat, she slipped off her prosthetic leg and waved it in the air to the crowd's standing ovation. For many in the audience, the ovation was also a poignant cheer for the film's other star: our nation's one and only military medical school, the Uniformed Services University of the Health Sciences in Bethesda, Md., or USU. Known as the West Point of medicine, USU is a survivor as well, having escaped shutdown multiple times in recent years.

The film shows how much we need this place, with its focused mission to teach medical students and graduate nurses to practice good medicine in bad places. Students call it the best medical school no one's ever heard of. Its faculty deploys to combat zones, does research on threats like anthrax, and joins humanitarian missions in response to events like the 9/11 attacks and Hurricane Katrina. Besides prevention and treatment of illness, students get additional training in public health, emerging infectious diseases, and vaccine technology. They study weapons of mass destruction and how to organize and lead disaster operations. These capabilities, so critical to wartime, are increasingly crucial to a civilian world threatened by major natural disasters and terrorist attacks and are largely untaught if not unknown in civilian medical spheres.

Taming chaos. Battlefield expertise, of course, is a unique part of USU teaching. The school has trained 25 percent of today's military physicians. From the perspective of Gen. James L. Jones, former commandant of the Marine Corps, "it's become an institutional anchor important to the quality and stability of military medicine." Take Operation Bushmaster, in which USU students go to remote areas to simulate a mass-casualty event. Specialized makeup artists turn "patients" into real-looking war victims, with skulls blown open, scorched and ragged limbs, and bodies soaked in blood. The "medics" must stabilize them with

speed and teamwork, judged not only by their patients' fate but also by the students' ability to lead and to impose system on chaos—critical in catastrophes of any ilk.

A key to success here is "jointness," a founding principle of USU in that students from the different services—Army, Navy, Air Force, Public Health—train and work together. The military will tell you that in recent years jointness among the services has transformed its medical operations, leading to a dramatic fall in deaths from war wounds. A unified medical command is now jelling. And all the medical services use the same integrated system for treatment and transport. In Iraq, the severely wounded are rapidly moved from the field to the nearest surgical combat support unit and then on to the Army's medical center in Landstuhl, Germany, for further care, en route to a military hospital in the States. With high-tech Air Force medevac units that bring intensive care to 30,000 feet, the path can be traveled in a matter of days.

Arguing that it's cheaper to train military doctors in civilian schools, cost cutters have often ignored USU's unique capabilities. It took bold leadership for USU's former president, James Zimble, to marshal bipartisan congressional support to defeat the Clinton administration's several attempts, most recently in 1997, to close the university. Had the 1997 plan succeeded, USU would have graduated its last class in 2001 and closed its doors entirely three weeks after 9/11. Who would have noticed? Yet the country would have lost capabilities important to current war efforts and the kind of expertise that should help civilians find better ways to prevent the medical chaos that reigned in New Orleans after Katrina.

We would have lost something else: a spirit that's well captured in a USU military history lecture about Lewis Heermann. A prominent Navy surgeon in the early 1800s, he refused to be held back from an expedition because it was too dangerous. He replied, "My life, sir, is no more valuable than that of any other brave officer." In the film, one can see and hear explosions in the distance surrounding the bleak terrain at Balad air base and military hospital in Iraq. A USU physician acknowledges that he has already experienced at least 100 mortar attacks in his short time there but shrugs off his own fear—as if to say that his life is no more valuable than the lives of the patients he cares for. ●

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American military surgeons operate on a patient in the field.