Perspective / Opinion

An Island of Navy Blue in a Sea of Army Green

By CMDR Michael McBride, MD, MS

I joined the Navy to help Marines. After spending eight years with the Army and serving four overseas tours, two in Iraq, I thought I was done serving. My Marine Veterans at the Milwaukee VA told me I could not be a Marine, but I could help Marines by joining the Navy. The Marines are a department of the Navy and provide all medical personal for their care, including corpsmen who accompany every mission. I admire Marines as they truly are the shock troops of the US military. Their conditioning and standards are equaled only by the most elite units in the other branches. Marines are the only Veterans who will greet each other with a "semper fi", regardless of age, gender, or era of service. It is rare to see this camaraderie in Veterans of the Army, Navy, Air Force, or Coast Guard.

The only reason both the Army and the Navy accepted me was they needed psychiatrists, badly. As a child I lost my hearing in my left ear, which didn't matter to either branch as they needed this skill set. Soon after commissioning as a commander in the Navy, I volunteered for a deployment to Afghanistan.

The Navy provided most of the personal at the NATO Role 3 Combat Hospital in Kandahar. Our rotation began with training at Camp Pendleton, California. One of the briefs included a discussion with Marines who had been wounded in Afghanistan, most were amputees. A common presentation to the trauma bay was of a service member who had stepped on a IED resulting in blast injuries to both legs, groin, and the arm holding the rifle. Everyone is trained to apply multiple tourniquets, as bleeding out was the number one cause of death. If a service member arrived at the hospital with a pulse, there was a 98% survival rate. Staff took great pride in the motto, "Best Care Anywhere."

The second month of our training was at Fort Stewart in South Carolina. The army prepared us for convoy operations, clearing buildings, and weapons qualifications. I had more Army training with the Navy than I had Army training with the Army. Our skipper, the commanding officer of the hospital, briefed us on the mission saying, "You will be an island of Navy blue in a sea of Army green." Kandahar is in the southeastern section of Afghanistan which was under the operation of the US Army. The Marines were next door in the Helmond Province and the British medics were providing their care. Needless to say, I was disappointed.

For the next eight months I served as the Director of Mental Health, overseeing a clinic located in the heart of the hospital protected by bullet-proof doors. Besides me the clinic had two psychiatrists, a psychologist, four corpsmen, and a chaplain. Our mission was two-fold: care for the mental health needs of all NATO service members with the goal of returning them to duty and, second, providing mental health support to our fellow Sailors as part of the Care For The Caregiver Program. If we were not dealing with trauma, we were addressing the drama of personal issues in our shipmates. There were no days off.

My first week in theater, I received a call from an outlying forward operating base (FOB) where a Soldier had become psychotic. He was brought to the hospital in a helicopter with his first sergeant. My corpsmen began the assessment but quickly found himself struggling with understanding the language of the Army. I stepped in and translated, explaining to the corpsman what the Army was saying and then translating "Navy speak" to the army 1st Sgt. I then had to communicate with the Air Force regarding evacuation to Landstuhl Hospital in Germany. Now we had a third layer of semantics to overcome. The Air Force flight medic refused to authorize evacuation because the Soldier had high blood pressure. Once his blood pressure was stabilized, they refused to evacuate him because he was not "critical," he was not sick enough. We had to place him on a 24-hour watch until space opened on another plane.

Throughout the deployment, there were many examples of the differences between Army and the Navy. I was informed this is based on entrenched histories and doctrine that is set in stone. Historically, Navy deploys on ships destined for months at sea. Sailors must not only learn their designated job but also a second job. If someone falls overboard, there are no replacements. The Army functions like a giant machine with every soldier doing their part. If a Soldier gets sick or injured, a replacement rapidly covers down and the machine rolls on. Thus, standards for who deploys are vastly different between Army and Navy. My shipmates could not comprehend how the Army deployed Soldiers with serious medical conditions, and reacted by recommending evacuation. Army commanders had a different view, and preferred to keep Soldiers in theater as long as they could perform their duty. I was at the fulcrum of this tension trying to mediate the mission of both services. "Conserve the fighting strength," is the motto of the Military Medical Corps.

I never got to treat a Marine. Coincidentally, many of the Army units in our area of operations were the same units I cared for while in Iraq, including one Soldier who greeted me in the clinic with, "Hey, Doc, remember me?" I had evacuated him out of Baghdad three years earlier. "How did you get deployed?" His response was that he had a special skill the Army needed.

By the end of the deployment, I had a conversation with the lead mental health officer in Afghanistan, an Army colonel, and explained to her the translation challenges, and recommended Mavy treat Marines and Army treat Army. She had no answer.

I'm fortunate to have a job at the VA as being around Veterans eases the transition from a deployment. I could tell how disappointed some of the Marines were to hear I had not been

able to fulfil my dream of helping jarheads. On the way out of my office, one Vietnam Marine Vet said, “Maybe you should join the Air Force.”

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