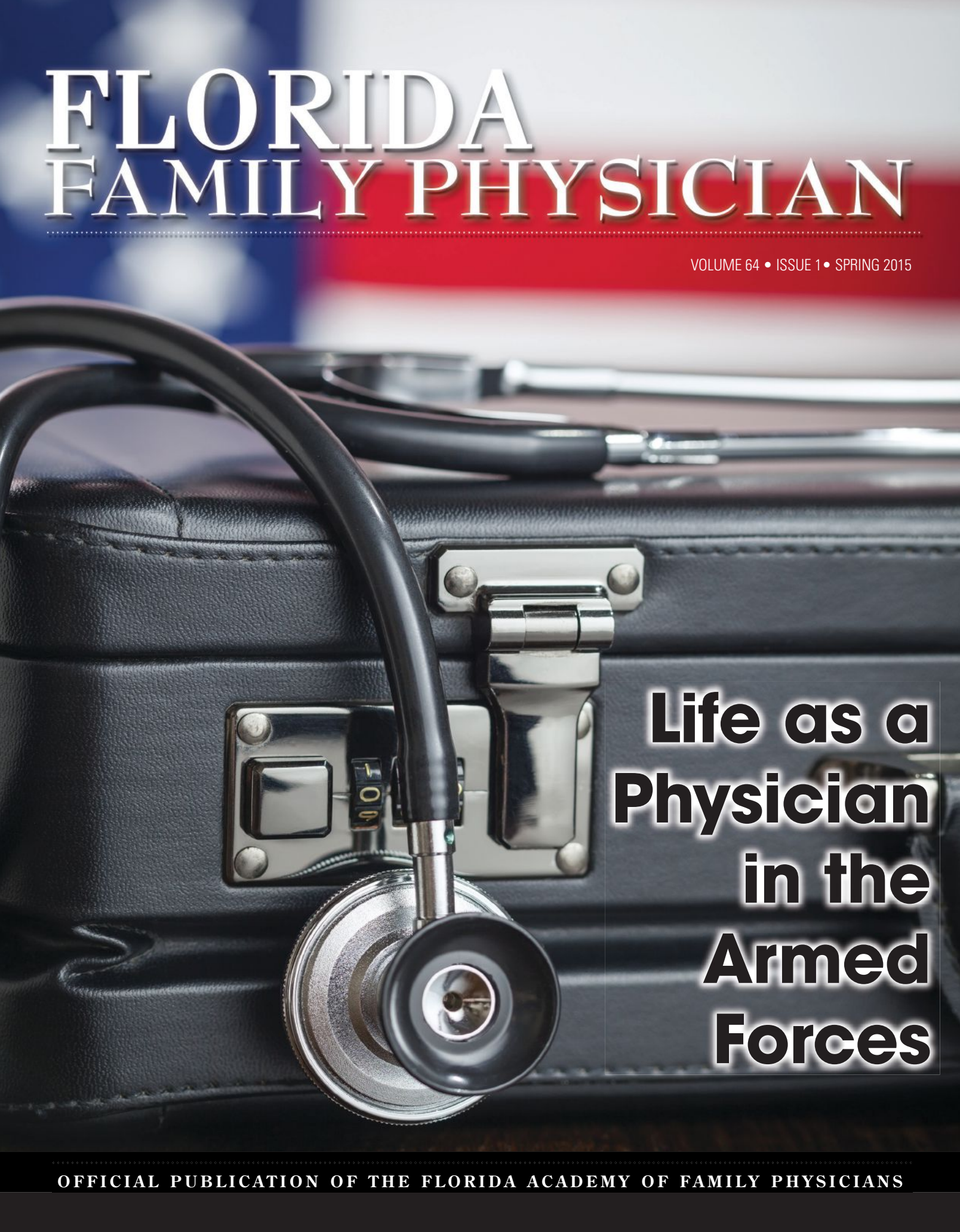


FLORIDA FAMILY PHYSICIAN

VOLUME 64 • ISSUE 1 • SPRING 2015



**Life as a
Physician
in the
Armed
Forces**

OFFICIAL PUBLICATION OF THE FLORIDA ACADEMY OF FAMILY PHYSICIANS

NAVY FAMILY PHYSICIAN

Experiences of Terry Soldo, DO



Terry Soldo, DO, CDR MC USN (Ret), pictured right.

I spent an afternoon talking about family physicians in the military with Terry Soldo, DO, of Jacksonville, Florida. Terry started his Naval career as a Navy Corpsman and was then given the opportunity to attend Physician Assistant School. He served as a Warrant Officer in the Navy and had many operational experiences on board ship and on shore. He then went to Kirksville College of Osteopathic Medicine to earn his Doctorate of Osteopathy and trained in family medicine at the Naval Hospital Camp Pendleton, California.

In 1999, Dr. Soldo was sent to Haiti as part of the Peacekeeping Force after the return of President Aristide. The mission was drawing down, but there were still about 500 military personnel in Port Au Prince. During his time in Haiti, he served as the head of medical services. By this time, the mission was largely a humanitarian one. Three or four times a week, Dr. Soldo and the medical/surgical team would travel to a remote village or a part of the city to see 200-500 patients. Surgeons could perform curative procedures of thyroid goiters, hernias, cystic hygromas and vascular problems. The medical team largely diagnosed problems and used medications as judiciously as they could, knowing that they would not be able to sustain chronic disease therapy. Dr. Soldo knew greater good would come from improving the hygiene and public health of the community. He met with community leaders and provided them with the book "Where There Is No Doctor" written in Creole. The book taught sanitation, first aid, hygiene, and prenatal care to be managed by lay health workers in the community.

The mission also served as medical support to the large American Embassy in Port Au Prince. One evening he was called to a French Hospital, accompanied by a Marine Corps Armed Rapid Response Team, to attend to a British citizen who was at 32 weeks gestation with preterm labor. The French hospital had Ritodrine, but didn't know how to use it. Dr. Soldo was able to use it to stop the labor long enough to get her on an air ambulance to Tampa.

She was 6cm dilated when she got on the plane, but made it to Tampa before she delivered.

One day, the mission was particularly ambitious and was to be a combined medical and engineering visit to a remote village. Dr. Soldo was not scheduled to be on the trip since he was preparing to return to the States. About 45 minutes after the team left, a call came in saying the team was involved in an accident. Dr. Soldo and the company's surgeon left to go to the site of the accident to assess the damages. When there they found a large Mack truck loaded with rocks had hit the Deuce-and-a-half personnel truck which had overturned. Dr. Soldo instantly became the triage officer for the mass casualty. One member of the medical team died instantly from head injuries and one died a short time later with pulmonary pedicle tear. A woman on the team sustained a pelvic fracture and Dr. Soldo strapped her to a back board using his belt to stabilize her pelvis for transport. One senior member of the medical team had a closed head injury and required to be airlifted to Miami for treatment. A young physician, present on the team while on her elective rotation during her Family Medicine residency, was evacuated due to a broken arm—additional education she had not planned on. The only surgery performed at the military compound was for an abdominal pain that was not getting better after the accident and there was no CT scan available. The exploratory surgery was unremarkable.

After Dr. Soldo's strong performance in Haiti, the Officer-In-Charge of the medical group, a surgeon who later became Surgeon General of the Navy, told the Air Force Unit replacing them that they didn't need the internist, pediatrician and obstetrician the Air Force was planning to send. Instead, "just send a few family physicians."

In 2003, Dr. Soldo was again called to serve in Operation Iraqi Freedom. His job was to be triage and evacuation officer and ward medical support for the 2nd FSSG, a medical company in close support for combat Marine units. Dr. Soldo arrived before the invasion and spent one and a half months in Kuwait preparing for action and getting equipment ready. Most of their equipment was confiscated by the 1st FSSG which was to be the primary support

for the invasion. However, immediately after the invasion, the combat units moved so quickly that Dr. Soldo's unit was called upon to leapfrog past the 1st FSSG and move into position about 20 miles south of Bagdad. His unit landed on an open highway but the equipment didn't show up until the next day. In the first 20 days 396 patients were seen, of which only 26 were taken to the operating room. Patients varied from testicular torsion to high velocity missile injuries to the brain. His most memorable case was a small child who found an explosive device that he brought home where its detonation resulted in severe facial injuries. The child's airway was maintained with IV tubing until definitive surgical airway could be performed. Patients were both American and Iraqi (friend and foe) and they were triaged not by nationality but by injury severity.

The unit would move twice more during the invasion: first near Bagdad then to a fixed air base in Iraq some distance from Bagdad. At the air base location, the majority of patients seen had Norovirus infection that left both incoming personnel and medical personnel with the disease. Dr. Soldo required 4 liters of fluid before he was able to walk because of the extreme dehydration the Norovirus caused. Despite meticulous hand-washing, Dr. Soldo contracted the virus a second time prior to leaving Iraq.

Why are family physicians needed in wartime? Dr. Soldo's unit saw 599 patients during his short time in Iraq. Only 31% of the patients sustained combat injuries and most patients had what is termed Disease Non-Battle Injuries: medical problems that occurred while in the area or due to activities involved with supporting the combat troops. Of the 599 patients, only 68 (about 10%) required surgery in the operating room. The unit saw women, children, military, civilian, young and old patients.

Family physicians, more than any other specialty, are trained to provide care in all of these areas. Their unique background, varied experiences and ability to effectively shift from one discipline to another, make them ideally suited as triage officers. When you need a surgeon, there is no substitute. But Family Physicians in every service, have proven that, without a doubt, they play a major role in providing the high quality care that our war fighters have come to expect in every environment on the globe. ■

About the Author

Robert Raspa MD, FAAFP, was born in Fairmont, WV and attended West Virginia University School of Medicine. He completed Family Medicine residency at Naval Hospital Pensacola, FL and has been board certified in Family Medicine since 1985. He attained Certificate of Added Qualification in Geriatrics in 1992. He served as full time faculty at the Uniformed Services University F Edward Hebert School of Medicine in Bethesda, MD. From 1997-2003 he was program director of the US Navy's largest Family Medicine Residency at the Naval Hospital Jacksonville, FL. Upon completion of 21 years of active Naval service, he retired to begin active practice and continued Family Medicine teaching at the St. Vincent's Family Medicine Residency in Jacksonville, FL. He is past Chairman of the Board of the Florida Academy of Family Physicians having served as its president. He is Chairmen of the Commission on Education of the American Academy of Family Physicians. He is married to Jennifer McGrady Raspa and has two sons, Connan and Logan who were born and continue to live in Florida.

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