

Chapter 2

HISTORY OF DEPLOYED AIR FORCE OTOLARYNGOLOGISTS IN OPERATION IRAQI FREEDOM AND OPERATION ENDURING FREEDOM

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INTRODUCTION

Early in Operation Iraqi Freedom (OIF), otolaryngologists accompanied ground combat units during the initial invasion into Iraq and continued to serve with these combat units. As discussed in Chapter 1, Army otolaryngologists were primarily involved during this timeframe. The US Air Force (USAF) initially deployed otolaryngologists

when the first Air Force theater hospital (AFTH) in Balad, Iraq, was established in September 2004. This chapter will relate the history of deployed USAF otolaryngologists/head and neck (H/N) surgeons, based on the documentation by Colonel Joseph Brennan, USAF otolaryngology consultant to the Surgeon General.

LEAD-UP TO DEPLOYMENTS

In the spring of 2004, USAF surgeons began hearing that the first USAF Role 3 theater hospital would be established in Iraq (Figure 2-1). Both the Army otolaryngology consultant to the Surgeon General, Colonel John Cassler, and the USAF otolaryngology consultant to the Surgeon General, Colonel Joseph Brennan, aggressively lobbied to deploy otolaryngologists to Iraq. Colonel Cassler rotated for 2 weeks to Iraq in September 2004 to personally make his case. The USAF leadership ultimately decided in the spring of 2004 to significantly cut the number of USAF otolaryngologists, to declare USAF otolaryngology a “non-deployable” specialty, and to dismantle the deployment equipment sets stored at Kelly Air Force Base (AFB) Annex in San Antonio, Texas.

The Kelly AFB staff notified Colonel Brennan that they had received orders to dismantle four palletted boxes of equipment designed for combat surgical operations. At that time, both American and British H/N surgical teams consisted only of a neurosurgeon, an ophthalmologist, and an oral surgeon. Consequently, Colonel Brennan, on behalf of the USAF otolaryngologists/H/N surgeons, composed a letter that was sent to every medical general officer and to

all hospital commanders at every hospital in the USAF. Colonel Brennan took this position to call attention to what he felt was a clinical care issue, whereby otolaryngologists should have the opportunity to apply their surgical knowledge and skills to the management of combat trauma to the face, head, and neck.

Colonel Brennan found a sympathetic ear in Major General Charles Green, commander of Wilford Hall Air Force Medical Center. For the first time in OIF, the USAF would be taking over command from the Army of the largest military hospital in Iraq. After hearing Colonel Brennan’s plea, General Green stepped in to address the issue, and within 48 hours the decision was made to add an otolaryngologist/H/N surgeon to the newly deploying USAF H/N team. General Green, and ultimately General Taylor, the USAF Surgeon General at that time, were directly responsible for the decision to deploy an otolaryngologist/H/N surgeon to Iraq. In Colonel Brennan’s own words, “The right thing has happened for the USAF, for our wounded, and for me—I will always be thankful to General Green and to General Taylor for making the decision to deploy ENT [ear, nose, throat] surgeons to Iraq” (personal diary of Colonel Brennan).

After the decision was made to deploy an otolaryngologist to Iraq, Colonel Brennan rushed to Kelly AFB to check on the combat surgical mobility package and found that it had already been dismantled. This event turned out to be fortunate, for Colonel Brennan was then able to rebuild the entire mobility package based on a best practices “dream list” of surgical equipment suggested by USAF otolaryngologists for the mission of caring for combat wounds to the face, head, and neck. The list’s costs were estimated at \$600,000, but USAF managers in Washington, DC, indicated that there was no money to purchase the equipment and supplies, a stance subsequently reversed. Fortunately, some of the equipment could be obtained from Shepherd AFB, where the USAF had recently shut down the ear, nose, and throat clinic and mothballed the instruments and supplies. The rest of the equipment was rapidly purchased when the mobility package



Figure 2-1. Air Force theater hospital, tent hospital complex, Balad, Iraq, 2004.

became the highest priority at Lackland AFB.

In summary, the effort to gain permission for the deployment of US military otolaryngologist/H/N

surgeons to the combat support hospitals during Operation Iraqi Freedom was successful, owing to the efforts of Colonel Brennan and Colonel Cassler.

DEPLOYMENT TO IRAQ

In September 2004, Colonel Brennan, in recognition of his nearly career-ending efforts to convince the USAF medical leadership of the importance of having otolaryngology expertise on the H/N teams (as well as his volunteering to do so), was deployed as the first otolaryngologist/H/N surgeon to Iraq. Colonel Brennan joined the first USAF H/N team at Balad in September 2004 (Figures 2-2 and 2-3). He was the busiest primary surgeon on the team from the beginning of that month through the following January.¹ This timeframe was the bloodiest period in the conflicts in Iraq and Afghanistan and included the Battle for Fallujah in November (Figure 2-4) and the Mosul dining hall bombing in December.

Colonel Joseph Wiseman, director of the San Antonio Uniformed Services Health Education Consortium Program, was the second OIF USAF otolaryngologist selected for deployment, arriving in Iraq in January 2005 (Figure 2-5). Colonel Wiseman volunteered to deploy, despite being “protected” as a program director. At this time, the otolaryngology department at Wilford Hall Medical Center was solely tasked to fill the deployed OIF otolaryngology position at Balad. Because Wilford Hall had only a handful of deployable otolaryngologists at the time, it was challenging to meet this demand while continuing to support the USAF otolaryngology/H/N surgery residency pro-

gram. Fortunately most of the faculty members were willing and able to deploy. The decision was made to deploy Major Manuel Lopez in April 2005, because Colonel Eric Mair and Lieutenant Colonel Drew Horlbeck were considered of crucial importance to support the residency program. Major Lopez, who had joined the USAF just 6 months before, took outstanding care of the wounded during his deployment and published a seminal article that demonstrated the safety of in-theater facial fracture repair of US service members.^{2,3} Major Lopez discusses these critically important “lessons learned” in Chapter 14, Indications for Facial and Neck Trauma Surgery.

In August 2005, the aftermath of Hurricane Katrina necessitated shifting the order of deploying otolaryngologists to Iraq. With short notification, Lieutenant Colonel Michael Xydakis volunteered to deploy but was unexpectedly replaced by an Army otolaryngologist about 2 months into his deployment. Based on an agreement brokered at the Surgeon General level, the USAF agreed to let Army otolaryngologists rotate into Balad at the AFTH for the following 24 months (see Chapter 1, History of Deployed Army Otolaryngologists in Operation Iraqi Freedom and Operation Enduring Freedom).

Starting in 2007, USAF otolaryngologists resumed deployments to Balad. During the next 2 years, Lieu-



Figure 2-2. Tricorner storage structure containing the first ear, nose, throat deployment set, Balad, Iraq, September 2004.



Figure 2-3. The ear, nose, and throat clinic, next to the emergency room (for airway control), Balad, Iraq, 2004.



Figure 2-4. Aerovacuation during the Battle for Fallujah, Balad, Iraq, November 2004.

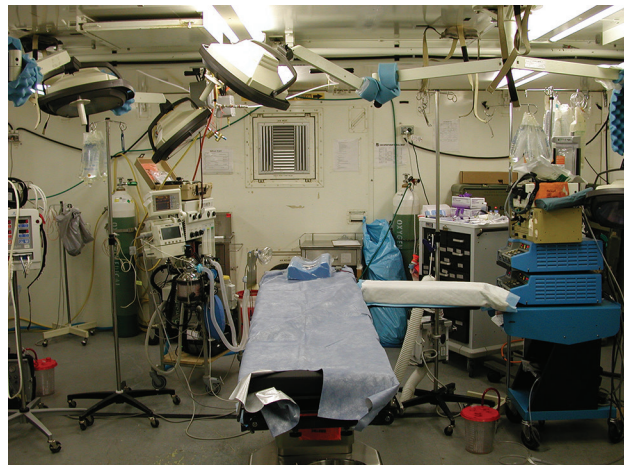


Figure 2-5. Operating room in isoshelter (medical facility structure), Balad, Iraq, 2004.

tenant Colonel Chester Barton, Major Lee Miller, Lieutenant Colonel Douglas Gottschalk, Lieutenant Colonel Carlos Esquivel, and Major Robert Eller served at the

AFTH in Iraq as the only H/N surgeons in country during their tours, providing outstanding surgical care of the wounded and saving many lives.

DEPLOYMENT TO AFGHANISTAN

Shortly before then, in 2006, rumors had begun circulating that the USAF would establish the first OEF AFTH at Bagram Air Base, Afghanistan. Discussions were held regarding the number and types of surgical subspecialists to be deployed to Bagram. Colonel Joseph Brennan and the otolaryngology/H/N surgery consultant at that time, Lieutenant Colonel Willie Tellez, personally contacted the Assistant Surgeon General, Major General Green, and lobbied to have USAF

otolaryngologists sent to Afghanistan. General Green, who was primarily responsible for the deployment of USAF otolaryngologists to Iraq, made the decision to deploy USAF otolaryngologists to Afghanistan. USAF leadership also decided to change the composition of the H/N teams deployed to Afghanistan to include only an otolaryngologist and an ophthalmologist.



Figure 2-6. Helipad next to Craig Joint Theater Hospital, Bagram, Afghanistan, 2009.



Figure 2-7. Operating room in Hardened Hospital, Bagram, Afghanistan, 2009.



Figure 2-8. Emergency room, Bagram, Afghanistan, 2009.



Figure 2-9. Intensive care unit, Bagram, Afghanistan, 2009.

USAF oral and maxillofacial surgeons and neurosurgeons would not deploy to Afghanistan, but plastic surgeons would be deployed. Additionally, deploying USAF otolaryngologists were directed by US Central Command Air Forces to attend a 2-week emergency neurosurgery course in Balad prior to arriving in Afghanistan.

Lieutenant Colonel Kenneth Yu volunteered to be the first USAF otolaryngologist to deploy to the AFTH at Bagram Air Base, Afghanistan (Figure 2-6). Lieutenant Colonel Yu set up the otolaryngology/H/N surgery clinic and expertly provided H/N surgical care to the wounded (Figure 2-7). Lieutenant Colonel Mark Boston, the next USAF otolaryngologist to deploy to Afghanistan, had the challenging task to not only provide H/N care but also to serve as deputy commander of clinical services. Lieutenant Colonel Boston did an outstanding job in both capacities. At this time stateside USAF otolaryngologists, concerned about the level of care available to head-wounded casualties by otolaryngologist/H/N surgeons performing neurosurgical procedures, urged the USAF Surgeon General to deploy USAF

neurosurgeons to Afghanistan to provide American and allied wounded with the best neurosurgical care available. Again, Major General Green made the courageous decision to deploy USAF neurosurgeons to Afghanistan in September 2007, which was subsequently seen as the correct decision for surgical care of head-wounded casualties.

Major Cecelia Schmalbach replaced Lieutenant Colonel Boston in Afghanistan, and was followed by Major Lakeisha Henry, Major Vishal Doctor, Lieutenant Colonel Carlos Ayala, Major Peter Sabatini, Major Richard Barnett, Major Brian Moore, Major Justin Morgan, Major Nathan Christiansen, Major Demetrio Aguilar, Lieutenant Colonel Greg Park, Colonel Joseph Brennan, Colonel Willie Tellez, and Lieutenant Colonel Jose Barrera. Colonel Tellez volunteered to serve 1 year as commander of the AFTH at Bagram Air Base. All of these gifted USAF otolaryngologist/H/N surgeons provided the finest H/N combat casualty care to the wounded. Hundreds of soldiers, marines, airmen, and sailors returned alive to their families as a direct result of the life-saving care rendered by these talented and dedicated surgeons (Figures 2-8 and 2-9).

SUMMARY

Army otolaryngologists ended the mission at Balad, Iraq, in 2010. USAF otolaryngologist/H/N surgeons continue to staff the AFTH at Bagram Air Base, Afghanistan. Their excellent care extended from the theater hospitals to Landstuhl Army Medical Center in Germany, and continues in the United States, where reconstructive and rehabilita-

tive surgical procedures and medical care are provided to wounded service members. This textbook contains hundreds of lessons learned by military otolaryngologist/H/N surgeons who served in Iraq, Afghanistan, or both locations. These surgeons have also written dozens of other book chapters and peer-reviewed articles.

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