



Doctor like 'small-town' surgeon in Iraq

By Kate Nolan

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Second of three parts

Lt. Col. Robert Dixon, a senior flight surgeon at Luke Air Force Base, was an early trainee in Scottsdale Healthcare's combat medicine training program.

Dixon, 52, who has served in Saudi Arabia, Turkey and Afghanistan, was deployed this spring to Kirkuk Regional Air Base in northeastern Iraq. The base is on the outskirts of Kirkuk, a city of more than 750,000 about 180 miles north of Baghdad.

Dixon is a Goodyear resident with specialty training in emergency and aerospace medicine and a medical degree from Virginia Commonwealth University.

He was recently interviewed online by reporter Kate Nolan, with his responses reviewed by U.S. Air Force authorities.

Today's story, the second of three parts, provides a look at his work as medical operations flight commander for EMEDS, or the Expeditionary Med-

ical Squadron, in Kirkuk:

How does your work in Kirkuk compare to your work in the States?

Routinely, it's like being on call for a small-town surgical practice, but without pediatrics, obstetrics or geriatrics (similar to a surgeon on a Navy aircraft carrier). I'll do a few appendectomies, hernia repairs, and maybe a gallbladder while I'm here. Of course, I do not have modern laparoscopy, harmonic scalpel, laser, robotics, intraoperative ultrasound, or fluoroscopic capabilities. My small-town surgeon grandfather would have felt right at home.

When there are combat operations, we may get as few as one or two or up to 20 casualties within a few hours.

Small-arms combat wounds are like typical gang warfare and domestic violence gunshot wounds at a civilian trauma center.

High-velocity rifle, missile and blast combat wounds are like nothing seen in a civilian trauma setting in the United States, with the exception of natural disasters, industrial accidents, or terrorist events like the Oklahoma City bombing. In addition to the blast energy injury to



Lt. Col. Robert M. Dixon (foreground left), along with other medical personnel, anxiously awaits casualties.

the brain, lungs and ears, there are numerous contaminated shrapnel fragment wounds, fractures and burns. Our job is to select the most seriously injured but survivable casualties for immediate surgery. ... As soon as possible, these casualties are evacuated by aircraft along with less severely injured patients to a higher level of medical care within Iraq such as a field hospital or

“When there are combat operations, we may get as few as one or two or up to 20 casualties within a few hours.”

Lt. Col. Robert Dixon
Senior flight surgeon at Luke

theatre trauma center.

Does the place look like an episode from M.A.S.H.?

The helicopters sound louder, are larger and more powerful. There are no Jeeps. The loudspeaker has been replaced by e-mail. A few airbases still have medical facilities in tents; most have been or are being replaced by modular or fixed structures. Our trauma room would look familiar to anyone who has worked inside Maricopa County Medical Center's trauma room.

The most significant difference from M.A.S.H. is the professionalism of our modern volunteer military personnel.

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Scottsdale Healthcare to honor active-duty military

Scottsdale Healthcare is initiating "Salute to the Military," a permanent display recognizing employees, physicians and volunteers who serve in the military and military personnel who train at Scottsdale Healthcare.

The first honorees:

■ Lt. Col. Frederick Marciano, medical director of neurology at Scottsdale Healthcare, is on active duty in the U.S. Army Reserves at Fort Bliss, Texas. In 2003 Marciano served at Landstuhl Regional Medical Center in Germany, where he was lead neurosurgeon in the treatment of POW Private First Class Jessica Lynch, who was taken captive and rescued in one of the most highly publicized events in the early stages of the war in Iraq in 2003.

■ Lt. Col. Robert Dixon, senior flight surgeon at

Luke Air Force Base, has served in Afghanistan, Saudi Arabia and Turkey. Deployed in Kirkuk, Iraq, Dixon participated in combat medical training at Scottsdale Healthcare in 2005.

Details: A dedication will be held at 4:30 p.m. Sunday in the cafeteria at Scottsdale Healthcare Osborn, 7400 E. Osborn Road, Scottsdale. Speakers will include U.S. Rep. Harry Mitchell, D-Ariz., and representatives of the U.S. Air Force, the Arizona National Guard, and Luke Air Force Base.

Scottsdale Healthcare military training

What: In 2005, Goodyear resident Lt. Col. Robert Dixon, a U.S. Air Force surgeon now serving in Kirkuk, Iraq, was one of the first trainees in a unique Scottsdale Healthcare program that helps the military accomplish its combat mission.

Update: U.S. Rep. Harry Mitchell is working to secure funding for the unique public-private alliance between Scottsdale Healthcare and military bases around the country. Mitchell, D-Ariz., said the program reduces costs and enhances military training.

Program: The military trauma training program at Scottsdale Healthcare Osborn consists of a trauma skill tutorial and hands-on clinical trauma rotations. The program partners with Maricopa Integrated Health System and offers training in trauma, burns, orthopedics, EMS ride-alongs and wound care.

Model: Scottsdale Healthcare executive Wendy Lyons and then trauma chief Dr. Tom Wachtel set up the program. It is described as a model for community hospitals to provide military medical training as military hospitals increasingly are shuttered. Luke Air Force Base, the U.S. Army Reserve and Army and Air National Guard units participate.

Duty: Surgeons participating in the program focus on preparing for a combat deployment.

Luke AFB surgeon operates in Kirkuk

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Our uniforms are worn correctly and proudly. Insubordination, disrespect, fraternization, overt sexuality, adultery, harassment and buffoonery are not condoned. Workplace etiquette is adhered to on and off duty. Alcohol is prohibited. With the exception of casualties, this would be a G-rated documentary.

How sophisticated is U.S. military medical care in the field?

The successful reduction of the "died of wounds" rate and reduced complications in the Iraqi and Afghan conflicts is due to bringing sophisticated trauma treatment closer to the front lines and getting seriously injured patients to higher levels of care and home to rehabilitation quicker.

Small Mobile Forward Surgical Teams accompany infantry forces and provide immediate life-saving field surgical intervention; they are backed up by ground and helicopter evacuation to EMEDS and Combat Army Surgical Hospitals at airbases.

Subspecialist surgical consultation and critical care interven-



Lt. Col. Robert M. Dixon (far right) oversees medical casualties being brought in for surgery in Kirkuk.

tions can be obtained by urgent air evacuation to the Joint Theater Trauma Center. As soon as possible, U.S. casualties are evacuated to the Joint Regional Trauma Center at the U.S. Army's Landstuhl Regional Medical Center in Germany. Critical Care Air Transport Teams provide continued monitoring and critical care resuscitation and treatment en route. Unlike previous conflicts, no patient is too unstable to evacuate by air. Un-

der ideal circumstances a severely burned or injured casualty can be in the United States or Germany at a burn center or trauma center within 72 hours. ...

Lessons learned from this and previous conflicts as well as civilian trauma and burn centers have been distilled into standardized clinical practice guidelines for the optimum care of wounded soldiers, eliminating guesswork and learning curves.

Additionally, most of our medical personnel benefit from training at military or civilian trauma centers prior to deployment.

Do you treat Iraqi military and civilians?

The Iraqi civilian medical infrastructure is now robust enough to care for its own. However, Iraqi Military or Police forces and civilian bystanders severely injured in the course of combat operations are triaged and treated in the field and brought to the EMEDS for life-saving stabilization and then released to Iraqi medical authorities.

Enemy casualties are managed just like our own soldiers. Even though they are not officially considered "enemy combatants" under the protection of the Geneva Convention, we treat them as such, with the same priority and care as our own casualties.

One of the remarkable characteristics of our coalition forces: as soon as hostile fire stops, our combat soldier/medics change from shooters to life-savers to render care and comfort to the injured enemy. We continue to provide medical care throughout their incarceration.