

Transcript Details

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Global Humanitarianism: Lessons from Army Medicine

GLOBAL HUMANITARIAN MISSIONS IN ARMY MEDICINE

Brought to you by the United States Army Medical Department.

Hosted By: Dr. John Armstrong. He is a former Army Colonel who served as Director of the US Army Trauma Training Center in Miami, Florida, and as chair of the ACS Army Committee on trauma.

Guest: Dr. David F. Crudo, Colonel and doctor, Pediatrician and Deputy Surgeon in the US Army Pacific at Tripler Army Medical Center, Honolulu, Hawaii.

Dr. ARMSTRONG:

"You must be the change you wish to see in the world." Wise words from Mahatma Gandhi and easily applied to humanitarian missions around the globe in the United States Army.

Hello, Dr. Crudo.

Dr. CRUDO:

Dr. Armstrong, how are you today?

Dr. ARMSTRONG:

Quite well, thanks. It is important to highlight that Dr. Crudo has led missions around the globe, in the Philippines, Mongolia, and Madagascar, and as we begin, Dr. Crudo, I am curious to help our listeners to understand you are a pediatrician and a deputy surgeon, what does that mean?

Dr. CRUDO:

Well, surgeon is a title that the Army uses to speak about physicians that are in command position. Surgeon is a title where we are the medical advisor to the combating commander. So that is currently my job now. I am at the US Army Pacific and I work for Lt. Gen. Benjamin Mixon who is the commander of the entire forces in the Pacific.

Dr. ARMSTRONG:

(1:30) It seems that part of the mission of the US Army Pacific is to enable medical humanitarian missions within a sizable area, what is the spectrum of this activity?

Dr. CRUDO:

We do lots of different things and most of them are done under the Commanders Theater Security Cooperation Program, bringing medical forces into a foreign country that we want to engage, which is a great way to open a lot of doors into that nation. So our commander sends medical teams to various countries. We do various medical projects ranging from primary care to surgical missions to just doing a subject matter exchanges on medical evacuation or working with NGOs and other topics like that, but mostly our biggest focus is providing medical care to underserved populations.

Dr. ARMSTRONG:

Some of this activity occurs with these non-governmental organizations?

Dr. CRUDO:

We do. We try to interact with those organizations whenever we are planning a mission because those organizations are working in those areas before we arrive and they are after we leave, so we do a lot of coordination with them to have some continuity of care after we go into a country and leave.

Dr. ARMSTRONG:

When you go in, what do you bring in with you? Are you in essence bringing a hospital with you? Are we talking about hundreds of people and setting up shop or is it something a bit different?

Dr. CRUDO:

It depends on the mission. The Army typically for just doing a primary care mission which may include pediatricians (3:00), family practitioners, internal medicine physicians, as well as some dentist; optometry is always a big issue, giving out free glasses wins a lot of friends. So we may have teams of anywhere between 10-20 personnel for those what we would consider a smaller mission. There are larger mission cycles, one that the US Navy does, where they send entire Hospital Ship. USNS Mercy is right now is going through the South Pacific and Southeast Asia. That's a 1000 bed hospital ship with hundreds of personnel deployed on that where they can give a huge range of services to the underserved population that the ports are falling into.

Dr. ARMSTRONG:

So, it sounds like these can be scalable missions, which can you can really adjust depending upon the circumstances and the needs.

Dr. CRUDO:

Yes, we do. In fact, I mean there are some forces that are in some countries all the time and will just go out with may be even two or three people because that is the number of medics they have where one physician happens to be in the country providing medical care to the forces and they will go out and do little medical civic action programs and deliver what care they can even out of a backpack.

Dr. ARMSTRONG:

I understand though in your current role you are not directly a part of this other program that we are about to mention, but there is a Pacific Island Healthcare Program that is run out of Tripler Army Medical Center in Honolulu. What is that about?

Dr. CRUDO:

The Pacific Island Healthcare Project was a congressionally funded program for the teaching hospital of Tripler Army Medical Center. It is to benefit graduate medical education, provides humanitarian medical (4:30) care to underserved pacific islanders and this started back in 1990s so this has been going on for quite a while and we served indigenous people from Guam, American Samoa, the Commonwealth of Northern Marianas, the Republic of Marshall Islands, Federated States of Micronesia; they are all eligible for care here at Tripler and the funding we get from Congress is to provide transportation from those islands to our hospital and then we will provide free medical care to those patients. It is a great program; we get to see lots of tropical diseases and diseases in advanced stages that we do not know and I would say so it is great for the graduate medical education program and of course it benefits the patient as well.

Dr. ARMSTRONG:

As part of this network then with these islands that are scattered across the Pacific Ocean, is there a remote communication opportunity with these patients when they are back on their islands?

Dr. CRUDO:

We do. Over time we have developed telemedicine workstations in many of the smaller islands that they are out there so that the medical officers on those islands can communicate with the specialists at Tripler basically through the internet.

Dr. ARMSTRONG:

It sounds like you are bringing in high-tech across the Pacific.

Dr. CRUDO:

We are, and we do a lot of telemedicine things not just web-based too, but we have a remote electronic ICU where our intensivists actually have cameras and phones in the intensive care units at some of the military facilities on Guam and Korea (6:00) where they can

help manage ICU patients. In those places, they do not have an intensivist.

Dr. ARMSTRONG:

Dr. Crudo, you obviously have a special place in your heart for the care of children. What is the role of the pediatrician in these humanitarian missions?

Dr. CRUDO:

Well, it is clear in the humanitarian missions where they were just going in under an army engagement or actually following up after a conflict or complex humanitarian mission that there is a huge number of children that were affected by whatever, especially like disaster relief, cyclone going through Bangladesh last year that we had a team there that helped out. These disasters occur all over the pacific all the time so we typically get called in to provide some medical relief. Other operations that were engaged in children getting caught up in these situations and desperately need medical care, so it is clear that pediatricians need to be on these medical teams.

Dr. ARMSTRONG:

How do you go about preparing and planning for these humanitarian missions?

Dr. CRUDO:

We typically visit the country and since we are working, it is usually military to military engagement, we will sit down with the military of the country, we will go to their proposed sites (7:30) where we conduct these activities, sit down with the local politicians, the local municipal health officers and find out what conditions, diseases they would like us to focus on to bring some relief for, what are the special problems that exist in that area because each country is a little bit different. We work with the NGOs. If they have medical capabilities as well, they give us input to what the current problems are and we try to address those as we plan, so we will tailor our team and our medication supply list to what those countries have requested us to do.

Dr. ARMSTRONG:

Once you are in the mission, how do you know that you are succeeding?

Dr. CRUDO:

Well, in some of the smaller missions that we do, we are just doing some primary care may be moving from village to village on a daily or every other day basis, it is a little difficult to see that we have made a huge impact. We rely on the NGOs to give us some feedback later on. We do go out and solicit that to see how our missions have been effective and how we could do things differently. We communicate back with the, say the civil military affairs officers of the host nations military, again they go out to the countryside that we have just

visited and can solicit feedback on what was actually done there and what kind of effect we had. Some of the bigger missions that are actually providing surgery and in those you can see immediate impact, some of these children who have been shunned for life because they have had a cleft lip and palate, (9:00) now is repaired. You have clearly restored hope for their life and improved their lives, so you can see that impact immediately.

Dr. ARMSTRONG:

Is there a particular mission that you found memorable, where you really felt that you were making a big difference in the lives of these people?

Dr. CRUDO:

We did a mission in Madagascar, we were on a drought relief mission and we had engineers with us who were digging wells and then trying to get some extra water to these people and we saw a lot of diseases that we were not accustomed to seeing, but we brought our text books and some infectious disease experts with us and did the best we could with that and it was quite rewarding to all of the team because clearly those people had not seen any physicians in years; there are just no medical officers around in some of these parts of the world and when you leave, the local population usually has a parting ceremony for you. You do some cultural events to learn more about them. They are very thankful. We exchange gifts. They are all just all rewarding.

Dr. ARMSTRONG:

It sounds like you really become part of the lives of these villagers.

Dr. CRUDO:

We do. Usually their chief political leaders again come and greet us and reward us. You know, they do not have a lot to give us, but just kind of little token gifts that they give us. Everybody just walks out of there with huge place in their heart for all the people that you have tried to help.

Dr. ARMSTRONG:

Well, beyond the humanitarian missions and regular care that pediatricians provide in army medicine, what is the role of army pediatrician in the global war on terrorism? (10:30)

Dr. CRUDO:

It is two-folds. The military has an extensive medical presence in every base for the Army, Air Force, Navy, Marines, Coast Guard, and most of them have pediatricians assigned and they on a day to day basis take care of those service member's children. It is a great comfort and a great morale boost to the soldiers, airmen, marines, sailors who were deployed that they do not have to worry about, oh!

my wife, my child, someone in my family is sick and I hope they are getting good medical care because their families are well taken care of by those medical treatment facilities, state-of-the-art care by the army pediatricians for those service members.

Dr. ARMSTRONG:

We have been learning about humanitarian missions through army medicine that are winning hearts and minds of children and adults around the world with Colonel and doctor David Crudo, pediatrician and deputy surgeon for the US Army Pacific collocated with Tripler Army Medical Center in Honolulu, Hawaii. Dr. Crudo, thank you very much for being our guest.

Dr. CRUDO:

Thank you, Dr. Armstrong. It was nice talking to you. (11:30)