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Seabee Medicine Epitomized Active/Reserve Integration

Naval Construction Forces Command is integrating highly trained and motivated Reserve Component Seabees into their deployment cycle to minimize the frequency of redeployment of their troops. Active and Reserve Integration is the key to minimizing individual OPTEMPO and maximizing force effectiveness, including safeguarding the health of some 16,000 Seabees who have been heavily employed during OIF. Originating in WWII, NCF Seabees, including their active and reserve medical support, hit the beaches with Marines and built military bases during the famous “island-hopping” campaign of the Pacific.

Over 140 medical department enlisted and officer personnel are proudly attached to one of 8 active and 12 reserve battalions, and these dedicated men and women work tirelessly to maintain the health of Seabees. Whether it is the wartime prosecution of the GWOT or the recently demonstrated peacetime disaster relief and assistance provided in the wake of Hurricane Katrina, NCF’s worldwide contingency operations would not be possible without a heavy reliance upon reserve forces.

Outside the Little Creek, VA, headquarters of Naval Construction Forces Command (NCF) and the FIRST Naval Construction Division (INCD), stands a ten-foot-tall Seabee statue. Inside is the home of Seabee medicine. CAPT Floyd Campen, DC, USN (Force Dental Officer) and CDR Roland Powers, MC, USN (Deputy Force Surgeon) maintain medical and dental cognizance over the NCF. Monitoring the health and wellness of Seabees scattered globally, their duties warrant total commitment. Augmenting the small active duty staff of Force Surgeon and AC Corpsmen, they respond to the needs of the NCF from home, office, and commonly from the road, 24/7, day-in and day-out. Their efforts mirror the full integration that has



CDR Michael McGrath, MC, USN, (center)
performing a surgery.

occurred between active and reserve Seabee forces. Whether for a real world humanitarian assistance mission such as during Hurricane Katrina, or a multinational, joint exercise such as Ulchi Focus Lens 05, these two dedicated Navy Reservists put their practices and patients on hold to become part of the FIRST Naval Construction Division team.

For Seabees, the capstone event of annual training is the Field Exercise or FEX. Now combined into a “SUPER FEX,” the Active Component train alongside their Reserve Component counterparts. SUPER FEXs demonstrate the additive benefits of seasoned Reservists learning from and teaching their typically more youthful active duty colleagues. Should this battalion deploy in support of OIF to Southwest Asia, the Field Exercise becomes a dress rehearsal for the combat integration of mobilized Reservists into the NCF. For this reason, the Field Exercise is attended by CAPT Campen and CDR Powers. Held at either Camp Shelby, MS, or Fort Hunter Liggett, CA, these SUPER FEXs have now trained several battalions to assume their position as “Go” battalions. Constantly aware of the refrain: “train like you fight, fight like you train,” Seabees simulate today’s threats under harsh tactical environments.

Battalion medical and dental officers must also sharpen the skills of the medical team. New to Naval Construction is the teaching of

combat lifesaving (CLS). CLS is the rendering of lifesaving care beyond that of more traditional first responder first aid as initiated by lay, nonmedical personnel. The acute need for the CLS was a painful Seabee lesson learned early in OIF; a mortar attack in the Al Anbar Province left scores of Seabees killed or wounded in action. In response, CLS training has intensified. The minting of Combat Life Savers has increased from 35 to a minimum of 50 providers per battalion (most battalions have twice that number). Through the direction of the Deputy Force Medical Officer and Force Dental Officer, Naval Construction benefits from the talents of Reserve medical officers to adapt and enhance CLS capabilities and training.

The team of doctors proudly brandishing *bugs* (Seabee parlance for the warfare device) on the pocket of their blouses has been carefully selected to provide a range of specialties from which the NCF may draw. Through astute recruiting and time-honored mentoring, CDR Powers has assembled a mix of medical and surgical specialties that includes rheumatology, emergency medicine, general surgery, ophthalmology, GI, OB/GYN, and cardiothoracic surgery. These specialties require as many as ten years of training beyond

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medical school. Thus, Reserve medical and dental officers associated with the NCF are usually quite senior. Whereas the medical and dental skills they possess are available "off-the-shelf," the leadership skills required to run a global NMCB medical or dental department take additional time and training. Fortunately, the top-notch cadre of corpsman drawn to Naval Construction is equally impressive.

As testimony to the unique integration of the medical and dental officers into the battalion staffs, save for the Special Warfare SEALs, Naval Construction is the only warfare specialty in which medical department officers can earn a warfare designator, Seabee Combat Warfare (SCW), which is indistinguishable from that earned by any other Seabee officer and that requires the same course of instruction. The Seabee Combat Warfare device is offered to all officers and enlisted members affording competency and familiarity with all the construction equipment and weapons within the Table of Allowance.

Like other reserve officers who must maintain proficiency in their respective trades during times of mobilization, Seabee medical officers sometimes risk jeopardizing "perishable" clinical skills when mobilized to work in areas outside their usual fields of expertise. Regardless, Naval Construction is imbued with extraordinarily talented doctors, dentists, and corpsmen who find unique, relevant, and sometimes newsworthy ways to maintain professional relevance.

Consider CDR Alan Spira, MC, USN, Medical Officer for NCMB-18 (Ft. Lewis, WA). Dr. Spira is a well-known tropical medicine specialist. Author of over 16 peer-reviewed, scientific manuscripts, over 50 military-specific and popular articles; and originally an emergency medicine physician by training, Dr. Spira runs a travel and tropical medicine clinic in Beverly Hills, CA. When not in private practice, he is typically traveling to Africa where he volunteers his time as a physician. Prior to joining the Seabees, he served with the Marines in the 3d Civil Affairs Group (Camp Pendleton) and is one of the few Sailors in the Navy with the Civil Affairs NOBC. For the Marine Corps, he conducted humanitarian missions in Africa and Central America. What is apparent is how CDR Spira is able to maintain his proficiency and interest. What is not immediately apparent is the wealth of experience in the form of deployment medicine his practice of travel medicine brings to Naval Construction.

Dr. Spira's knowledge of and experience with infectious and tropical diseases would seem an arcane, esoteric specialty for most providers, unless they are Seabee docs. Volunteering his expertise beyond NMCB-18, CDR Spira is the deployment health subject matter expert who puts global health into perspective in light of the disease threats our Seabees face when deployed.

Showcasing another one of the many talented Seabee medical providers, consider CDR Michael McGrath, MC, USN, Medical Officer for NMCB-24 (home based Huntsville, AL). Dr. McGrath is a board certified general surgeon and thoracic surgeon. He is a partner in a cardiothoracic surgical practice ranked number one in Virginia and 23rd nationwide by a national news magazine. He is also an Assistant Professor of Surgery at Eastern Virginia Medical School where he teaches both medical students and surgical residents. Since open heart surgery is one of those skills that may suffer from skill erosion if not practiced regularly, following recall, Dr. McGrath figured out a way not only to serve the "Dixie Doers," but also to keep his skills sharply honed (pun intended). The Seabees are indeed fortunate to boast having such a committed and dedicated physician. Currently deployed in support of OIF in Iraq as a battalion medical officer, Dr. McGrath is responsible for the health of the whole battalion. This includes those in his direct care in Al Asad as well as those primarily managed by his corpsmen at NMCB-24's forward operating bases throughout Al Anbar Province.

But the real distinction is what Dr. McGrath does when not providing primary care for his battalion: CDR McGrath sought collateral duty as trauma surgeon with Bravo Surgical at the base fleet hospital. Now having performed or assisted in well over 50 cases of injured Sailors, Soldiers, and Marines, calls come into the BAS at all hours for Dr. McGrath. "They are always happy to call me not only during emergency situations but they will call me . . . if there is a chest injury or an injury that involves something that has vascular surgery involved," says CDR McGrath who once again earns his moniker "Chest Cutter." Dr. McGrath goes on to say, "It is a lot better doing those cases with multiple hands. The other day, we had an interesting case where a Marine was wounded . . . and as we were working on this 22-year old, the nurse came in and told us that he had twin boys that he had

never seen. It ramped up the tension level in there, because we were going to do everything we could to make sure he got out of that hospital and home so he could see them. It is an honor to serve those Marines, Soldiers and Sailors in their time of need."

Like CDR McGrath, the doctors and dentists of Seabee Medicine find their practice very satisfying. But job satisfaction takes on additional meaning when the friends of a Marine whose leg you just saved personally come to thank you. Despite a heavy workload, CDR McGrath still found time to study for and earn his SCW device. As noted above, CDR McGrath went through the same rigorous qualifying standards that every Seabee goes through: there were no modifications because he's a doctor. Now proudly wearing the device, CDR McGrath reports, "It was a great challenge, and I am thrilled to have earned it." Subsequently, Dr McGrath has also completed the requirements for the Fleet Marine Force Qualified Officer warfare device.

This fall, CDR McGrath is scheduled to return home. Wistfully, CDR McGrath noted, "My boys put eight ribbons on a tree to signify each month I would be gone. They have been removing the ribbons one at a time, counting down the time till I get home. When I get back, I get to cut down the last one. I look forward to spending time with my family and relaxing at home. After I hug my kids and wife and everything else, I want to go to a restaurant and have a real meal in a real place and go for a swim in the pool. I miss green grass, my dogs, and even my son's lizard." What CDR McGrath has not missed was the opportunity to serve proudly his country as a Navy Reservist. Like the other dedicated physicians, dentists, and corpsmen who have gone before him, Naval Construction owes a debt of gratitude to these fine and dedicated Reservists.

Force health protection relies on the ability of one active-reserve integrated team working shoulder-to-shoulder in training, in garrison, and in combat. Seabees know that when they go in harm's way, their docs will be there to care for them. It has been this way since island-hopping in the Pacific; it is this way now, too.

This month's article was prepared by CAPT Robert Koffman, MC, USN, Force Medical Officer for 1NCD with assistance from LTJG J. Pittmann, CEC, USN, NMCB-24 PAO.