



NAVY

THE 5th of December 2001 was one of the few real bad days for U.S. Special Forces in Afghanistan. It was that morning when the Air Force tactical air control officer, attached to SF HQ staff, called up the wrong coordinates and placed a 2,000-pound high-explosive bomb on their heads. There were multiple killed, multiple wounded, SF and Afghan. The TAO had recently joined ODA 574 and its Karshi-led militia, which was then in a static position on their march toward Kandahar just 20 miles to the south.

Navy Captain (O-6) Steve Temerlin, M.D., the senior ranking physician for the 15th Marine Expeditionary Unit (MEU), established at Camp Rhino, got a go order about the time the SOC team from Pakistan was on the scene and found they had too many casualties to fit in their aircraft.

Just minutes before Temerlin's two CH-53s were about to take off, a C-130 landed at Rhino with an Army field trauma team, and the surgeon in charge sought out Temerlin for advice about where to establish their temporary triage. "I told them they should set up in the back of the C-130 so they could fly any patients out of there faster." An 18D Green Beret medic had arrived on the C-130, and he now climbed aboard Temerlin's helicopter. "He told me that one of the casualties was his best friend," Temerlin says, "and that he was coming with us to take over the unit that was hit."

Temerlin's two choppers headed to the scene, and aboard with him were a corpsman, three SEAL corpsmen and the SF medic. "When we got there," Temerlin says, "the Army SF guy disappeared into the dust cloud and I never saw him again." It was

DOCTOR AT WORK:

CAPTAIN STEVE TEMERLIN, M.D.

by Paul Avalone

Photos courtesy Captain Steve Temerlin M.D, U.S. Navy, and
Lieutenant Commander John Love, M.D., US Navy



Corpsmen (and Lt. Deb Ruyle, RN, at front of litter) move an 11 year-old Iraqi girl injured while playing in her backyard from the STP to a helicopter for transport.

about an hour after the SOC birds had come, and they had left with all the U.S. casualties and the 13 most severely wounded Afghans. "There were seven Afghan patients left," according to Temerlin, "all with orthopedic injuries, except for one elderly man with a piece of shrapnel through his skull."

One of Temerlin's CH-53s was set up with litters and supplies, the other was a backup, and as Temerlin tells it, "In the confusion when we landed, the Afghans loaded the patients on the wrong bird. There wasn't time to sort out the problem, and I just had to run back and get my medical bag in the first helo then run back, and I almost got left behind as the helicopter took off while I was climbing onto the ramp."

Temerlin's team brought the wounded



(above) Afghan victims of the errant 2,000-lb bomb are transported by Marine Corps CH-53 helicopter from the site of the accident to Camp Rhino, Afghanistan, on 5 December 2001. Navy Captain Steve Temerlin was the physician of the two-CH-53 casevac teams that performed the mission. (left) Triage at Camp Rhino, Afghanistan, just south of Kandahar, after the Afghans were casevaced from the accidental U.S. bomb strike on the SF-Afghan position on 5 December 2001. (below) HM-3 Saucedo tends to wounded Iraqi soldiers, transporting them via CH-46 casevac helicopter in Iraq in April 2003.

Afghans back to Camp Rhino, where the SOC birds had already arrived and had transferred the U.S. wounded to the waiting C-130, on which they were flown to an Air Force field hospital in Oman. Because Oman had a policy against allowing any Afghans on its soil, all the Afghan patients were stabilized at Rhino, then flown by CH-53 to the USS *Baatan* and USS *Peleliu*. Total time from injury to ship was about 14 hours. Temerlin's 15th MEU was from the *Peleliu*, so "I know what happened there," he says. "The two surgeons worked non-stop for the next 36 hours on the Afghan patients."

The Golden Hour

According to Temerlin, from what he saw firsthand and heard from those present, the SF medics on the scene had provided and directed top-notch immediate, life-saving care and "the severely wounded died more or less immediately. That is the same thing we saw in Iraq," says Temerlin, "that this 'golden hour of trauma,' when there are supposed to be many patients who will survive if seen soon enough, didn't seem to hold true. The survivors we picked up needed little in-flight care, and the dead hadn't lasted anything close to an hour. I don't completely understand why," he admits, "but it surely contradicts what I have been taught about civilian trauma all my life."

Temerlin has been practicing medicine for more than 20 years. As a civilian emergency-room doctor in Oregon in the 1980s, by coincidence he joined the Naval Reserves just prior to Iraq's invasion of Kuwait in 1990 and was on his way to





Capt. Steve Temerlin, flanked by Marine infantrymen flying to the scene of Army Special Operations MH-60 crash site just over the Pakistan border, to retrieve the helicopter during Operation Enduring Freedom, Afghanistan, January 2002.

Saudi Arabia at the start of the war that ended so quickly he never made it there. Shortly afterwards he realized, he remembers, "the thought of doing the same thing [civilian emergency medicine] for 30 more years was not interesting," so he went active duty. He attended Flight Surgeon training and joined Carrier Air Wing 5 in Japan. Married, with three daughters, it was all a great departure from his previous stay-at-home civilian career, but he's never looked back. In the Navy, Temerlin has plussed-up his military experience with Marine Corps Dive School and a stint with the Marine Chemical/Biological Incident Response Force based in Maryland.

The 9/11 terrorist attack on the U.S. found Temerlin deployed with the 15th MEU on the *Peleliu* in the midst of a medical humanitarian mission in East Timor. The Marine task force moved to the Arabian Sea, where Temerlin reasoned that, with the plan to deploy and set up inland 500 miles away in Afghanistan, the old USMC way of doing things would have to be changed. Realizing the need for on-the-ground surgical capacity, Temerlin tried to get delivered a newly developed FRSS (Forward Resuscitative Surgical System), but the one unit in operation had

just been field tested in the Bright Star Exercise in Egypt and was still on pallets somewhere in the States. "It would have been perfect," Temerlin says of the FRSS, "but politics smashed that idea, and instead of a well designed, small footprint unit, we got the Korean War-era surgical company supplies, most of which were worthless and unusable." Temerlin and his staff made do with the assets they had, but Temerlin's eyes were now open to the crucial faults in the Naval medical supply system.

Among Temerlin's experiences in Afghanistan were as attending physician for American Taliban fighter Johnny Walker (see sidebar) and as a combat physician on a TRAP mission. TRAP is Marine doctrine: Tactical Recovery of Aircraft and Personnel. An Army Special Forces MH-60 had crashed on the border just inside Pakistan. SF recovered the



Marine was injured by mortar fire and initially transported for medevac in an armored vehicle. The vehicle was then hit by a mortar and caught fire. The Marine sustained an airway burn. He survived.



An 11 year-old Iraqi girl injured while playing in her backyard by an AK-47 gravity round to the head. She was taken to a local hospital, which had no supplies or surgical capability, then transported to Shock Trauma Platoon 9 and placed on life support. X-ray showed the AK round in the center of her skull. She was medevaced to Fleet hospital, then the hospital ship. She survived neurologically intact.



bodies and sensitive equipment, but had no heavy-lift helicopters to recover the aircraft. The Marines, with their CH-53s, were tasked, and the first two were turned away by small arms fire. Temerlin went along on a second lift as the on-site surgeon, but the recovery turned out uneventful.

Temerlin came away from his Afghanistan experiences with a determination to use his rank and position to improve things for the next possible war. Along with the new FRSS units were the newly instituted Shock Trauma Platoons (STPs). Both the FRSSs and the STPs would place Navy medical personnel serving with the Marines very near the front lines in combat. With that, Temerlin realized that medical personnel would benefit from some basic combat training. He took leave, and on his own dime he attended Arizona's famed shooting academy, Gunsite, for its Tactical Medicine course, learning firearms and tactics integrated into field medical scenarios under live-fire conditions. He worked with the Gunsite staff to modify the

course to better suit potential Marine Corps scenarios then arranged for two groups of 15 doctors and nurses to attend just months before they were deployed to Kuwait in anticipation of the upcoming war in Iraq.

Time For High-Speed, Low-Drag Medicine

In the time between Afghanistan and Iraq, Temerlin worked hard to get the Navy's medical supply system modernized and up to speed. To produce and field more FRSS units, he says, "Everyone got in high gear after Afghanistan. We were able to field six FRSSes for the war in Iraq, which is truly miraculous."

For the war in Iraq the Marine Corps system for medical care (always provided by the Navy) was set up on five levels. First were the Battalion Aid Stations (BAS) — each manned by a young, post-intern physician and corpsmen. Next, the Shock Trauma Platoons, of 25 people each — two ER doc-

✚ Treating Johnny Walker ✚

It was December 2001, in Afghanistan, and Capt. Steve Temerlin had been informed that coming to Camp Rhino in the next few days would be a wounded American who had been captured fighting for the Taliban. By that time, the Marines had a full surgical team established at Rhino, including Temerlin and two other physicians, two medical officers and more than 30 corpsmen. Task Force 58 commander, Marine General Mattis, told Temerlin he expected the prisoner to be provided the best care possible.

Johnny Walker arrived without fanfare or media notice at Rhino close to midnight, and Temerlin was immediately summoned to evaluate him. "I was telling myself to feel nothing as I knelt next to the litter and pulled the blanket down," Temerlin says. "I exposed a very slender, disheveled young man with long black hair and a beard. A cloth hood covered his eyes. The expression on his lower face was fearful." Still today Temerlin feels that confidentiality prevents him of describing Walker's wounds, except to say that they were "nothing dramatic." He came to Walker with strong emotions, knowing Walker had taken up arms for the Taliban against Americans, and his own reaction struck him. "In spite of what he had tried to do, in that moment he became my patient. I felt the same compulsion to care for him and protect him that I had for anyone. I was angry with myself for being unable to think of him as something different."

Walker was kept at Rhino for 10 days, segregated and guarded in a green connex container. Temerlin saw him every morning and evening, changing his wound dressings and giving him pain medication and antibiotics. "I only talked to him about his wounds and his comfort," Temerlin says. "I never discussed anything else. I listened to the tone of his voice and his choice of words. He spoke English with an Arabic accent. He spoke carefully and well, and I believed his accent was an affectation. I had the impression he was a typical young narcissist to whom we weren't completely real, just actors in his own little saga."

Walker was provided with a bunch of blankets against the winter cold. "He was a lot warmer than us," according to Temerlin. "I remember one morning waking up shiver-

ing, wet and in a pool of water under an artillery shell hole in the roof of the hooch and thinking that I'd be a lot more sheltered and comfortable in Walker's box."

Walker's clothes had been filthy, tattered rags, so Temerlin gave him a set of surgical scrubs, which peeved his fellows because the scrubs were few and far between, with none as replacements and no way to clean what they had. Temerlin drew the line at Walker's comfort though when Walker asked for more than the two MREs he was getting each day. "I told him that was all the rest of us had and he wasn't going to get more than us."

Later, about a month after Walker was moved from Rhino, Temerlin caught an interview of Walker's mother on CNN and composed the letter below with the intent to send it to CNN to be forwarded to Mrs. Walker. His commander advised against it, so Temerlin held off, keeping the letter to himself, until now, and *SOF* proudly makes it public.

Dear Ms. Walker,

25 January 2002

Today I saw on the news that your son John reported he had not been given medical care while he was in custody at Camp Rhino, Afghanistan. I am the physician who provided care for him during the 10 days of his stay there. I'm sure I bear some responsibility for his memory lapse, as I have failed to bill him for my services. Perhaps the following will help his memory.

• Initial Complete Physical Examination:	\$200
• Daily exam and dressing change (\$40/visit, 2/daily x 10 days):	\$800
Total charge:	\$1000

Please note that the above fees are for my professional services only. The bandages, antibiotics, pain medication and food he was given were paid for by the same United States citizens he betrayed and murdered. I understand a bill from them is pending.

Respectfully,
Steve Temerlin
Commander, Medical Corps, United States Navy;
Diplomate, American Board of Emergency Medicine,
American Board of Internal Medicine

tors, a nurse, a physician's assistant, corpsmen and drivers – were designed to travel with support units behind the leading-edge fighting units. At the next level were the FRSS units, which, in a nutshell, are mobile operating rooms and consist of 44-member teams. The level above, established in the staging bases in Kuwait and later Iraq, were the surgical companies, Alpha, Bravo, Charlie and Delta — 260-man mobile hospital units designed to provide complete care. Finally, in the Persian Gulf were the hospital ships *Comfort* and *Mercy*.

Casevac was to be provided by Marine helicopter squadrons. In particular, CH-46's in teams of two. Each with a crew of six: two pilots, two crew chiefs (to man the .50 cal), a Navy surgeon and Navy corpsman. That was Temerlin's assignment in Iraq — surgeon on a casevac CH-46. The problem was, Temerlin's fellow doctors, nurses and corpsmen had never been trained on CH-46 casevac operations. With his Afghanistan experience and Gunsite training, Temerlin was tasked with training the others. The CH-46's were fully equipped for casevac, with mounted litters, etc., unlike the CH-53's in Afghanistan, which had been chosen for use there because of their longer range (twice that of the 46), mid-air refueling capability and greater lift capacity (for the higher altitudes). In Iraq altitude wasn't an issue, and the 46s had Forward Air Refueling Points (FARPS) set up throughout the countryside.

By the time Temerlin returned to the States from Iraq in May 2003, his team had flown 82 patients. "Thirty-six were Marines, 23 Iraqi civilians and 23 Iraqi EPW's. We never lost a patient," he reports with quiet pride, "and all of us eventually came home."

One day during the battle in and around Baghdad, Temerlin's two-helicopter team was called to pick up a wounded Iraqi boy and girl. Temerlin was in the lead helicopter. "We were having trouble finding the grid coordinates," he says of the initial pickup. "We flew deeper over the city, including one of the palaces. We flew for more than half an hour before we finally saw colored smoke signaling us to land. We took small arms fire spiraling in, but nothing hit the aircraft." They landed in a rough dirt field between some destroyed buildings and a treeline in which Marines were squatted in position. From the treeline sprinted two Marines — each carrying one of the kids — with the kids' father and uncle right behind. The boy, five years old, and the girl, four. "The boy had a gunshot or shrapnel wound to his lower left chest. His sister, with a gunshot wound to her right arm."

At touch down, the two casevac crews had received word of another pickup — this one deep in the city, for which the two choppers now headed. As Temerlin tells it, "We flew over suburbs and then the inner city. We saw signs of bombing, but no Marines in the city yet." Their coordinates were "a large open area of pavement in between several large buildings and an arena. It was surrounded by power lines and high telephone lines, so we had to sharply bank and spiral in." Marines appeared, with two litter patients: two of their fellow Marines with multiple shrapnel wounds to the head, face, arms and



Navy Capt. Steve Temerlin M.D. and Chief Hospital Corpsman (E7) Tom Spradain flank Ollie North during North's visit to the 1st MEF casevac team in Kuwait on 18 March 2003, days prior to the war's kickoff.

upper torso. "We were the first to lift off and had to pull up quickly and bank to the left to avoid the power lines, and a second later there was a loud bang, and we jerked again to the right." The crew from the second chopper reported that the explosion was an airburst RPG near Temerlin's helicopter's rear rotor. Escaping damage, they flew their patients to a FRSS.

The next morning, Temerlin's crew got the call to transport the two Iraqi children to the surgical company located at Viper for the

more extensive treatment the kids needed. Picking up the children, Temerlin was told by the surgeons that the boy had wounds to his spleen, liver and bowel, and the prognosis was bad. They took on the children and their father and uncle and headed south. It was a long flight, and about an hour out still, and the little girl woke from sedation. "She seemed in pain, but didn't complain," according to Temerlin. "Her father stood next to her litter and comforted her, rubbing her long black hair." At Viper, as the two children were loaded into an ambulance, a security team took into custody the father and uncle at gunpoint, flexi-cuffing them, and the girl "started screaming and crying. In that moment," remembers Temerlin, "I looked at her face and saw my own daughters that I had abandoned in order to come to Iraq. I think that moment I realized how numb I had become, putting my family out of my mind and expecting never to come home. I saw that child and she was everything that I had been ready to lose." Temerlin climbed into the ambulance to try and comfort the girl. To no avail. And he could only reboard his chopper for the final leg to the base.

Pluggger Problems

Temerlin tells of a time days before the troops reached Baghdad. It was 0200 hrs, and his team got a call: two Marines run over in a "skirmish hole," scratched into the earth just deep enough to lie out of the line of horizontal bullets and shell fragments. The two Marines were critical. One chopper was down for repairs. The other, Temerlin's, was low on fuel. That was an acceptable risk. The pilots flew with NVGs, low and fast, just above the electric lines. A spinning IR chem light brought them in to the ground, where the two Marines had been run over on their heads. The sergeant was dead; the lieutenant barely alive and would need a neurosurgeon. The closest facility with one would be the surgical company far to the rear at Viper. "We're flying and flying, and it's taking too long," Temerlin relates. "Then I hear the pilots on the intercom saying, like, 'do you think that instrument is accurate?'" It wasn't. They were lost. "Fuel was down to vapors. We landed. We had to. In the middle of nowhere. It was just before dawn." With the crew chiefs manning their .50 cal, Temerlin and his corpsman, HM3 Saucedo, took up their M16s. The pilots asked, "Doc, did you bring your GPS?"

Perhaps it was just the lessons learned in Afghanistan — the incorrect use of the military PLGR ("pluggger") GPS that brought the two-thousand pound bomb down upon the SF

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Navy Doctor At Work

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team — or just the near impossibility of learning and using the plugger, but Temerlin had purchased and brought his own \$98 Garmin GPS to Iraq. The plugger is 1980's computer technology with an absurdly complicated menu system and the capacity for too many options. To become relatively proficient at it requires a two-week course and, because of its complexity, to remain proficient, weekly, if not daily, usage. The only advantage of the plugger over commercial GPSs is encryption. If the satellites are "turned off" (or, put into encryption mode), you might as well toss the commercial models out the window. And that's the argument that Temerlin used to hear from his peers in Iraq about his Garmin: "Yeah, and what are you gonna do if they turn the satellites off?" Now, out of gas, lost in the middle of the desert, the sun coming up and a caravan of people of camels within sight heading their way, the pilots used Temerlin's Garmin to get their grid and call in help. A Huey came first to take the living Marine to Viper, an Apache came as cover security, and the Huey made multiple trips ferrying ten-gallon jerry cans of gasoline for the Temerlin's CH-46.

Another day, Temerlin's team was called to evac seven wounded Iraqis in the Rumala oil fields. "It was surreal," he says, "flying over the burning trenches. Like Dante's Inferno. With bizarre shadows." Dash 1, the first helicopter, loaded up four patients, and Dash 2, Temerlin's, three: a gunshot boy, an elderly man shot in the chest and an Iraqi soldier with a five-round burst in the butt and back of the leg, from running away. Kuwait had a restriction against bringing any Iraqis—wounded or not—onto its soil, so the choppers made the long flight toward the hospital ship U.S.S. *Comfort* in the Gulf. Approaching the ship, the cockpit of Dash 1 filled with smoke from some ruptured hydraulic line, and the helicopter barely made it to the ship, crash landing. With the *Comfort's* deck now fouled, Dash 2 could not land and had to turn back. To their Kuwait staging base Temerlin's team flew and, against the Kuwaiti regulations, landed and cared for the three Afghans until they could eventually get them safely to the *Comfort*.

And, The Reality Is, You Lose Some

Then there was an afternoon casevac during the initial stages of the battle of

Baghdad. "We were flying 50 feet above the ground, faster than I had ever known a CH-46 could go," Temerlin says. "The XO was the smoothest, fastest stick I had ever flown with." The pickup was at a Light Armored Vehicle unit at the forward edge of the battle, and Temerlin's chopper landed in the middle. "A group of Marines led by a sergeant was carrying a litter towards us. The sergeant was despondent, and he told me his lieutenant had taken a round in the chest and had died just as we were landing." Temerlin checked the lieutenant, verifying his death, and the sergeant draped a U.S. flag over his lieutenant before they loaded him onto the helicopter. At the field hospital, as the corpsmen carried the litter from the chopper toward the morgue, "the rotor wash started to blow the flag off the lieutenant's face," Temerlin says. His corpsman, HM3 Saucedo, "tucked the flag in. I noticed a reporter snapping a picture of it, but didn't think anything about it." The photo wound up being a two-pager in *Newsweek*. Back home when he saw the photograph, Temerlin says, "I remember looking at it, thinking that I was trying to hide how sad I was, but not doing a very good job of it." In spite of the speed with which they had gone on that casevac, "We all wondered," Temerlin says in reflection, "if we could have gotten to the lieutenant faster and maybe saved him."

A year afterwards, and Temerlin still wonders. He has put his energies in better preparing present and future Marine casevac operations by fighting for more extensive training for deploying medical personnel and for a reorganization of the Navy's medical supply system to prevent the supply problems prevalent in Afghanistan and again in Iraq. He is working to have six FRSS units on each coast, ready for quick deployment worldwide.

It has been some 15 years since Temerlin switched from civilian emergency medicine for a career as a naval flight surgeon, and, whether it's fighting to save lives in Afghanistan and Iraq or fighting to improve and modernize the supply and training systems Stateside for future Afghans and Iraqs, for Temerlin, each day brings new challenges — never the same and never boring.

25 years as a Green Beret, Paul Avallone has been expelled from Special Forces for his six-part SOF series With SF in Afghanistan, which ran December through May. ☒