

## The Military Physician Culture(s)

Harold M. Koenig, M.D.

Vice Admiral, Medical Corps  
U.S. Navy, Retired

The practice of medicine is a culture distinct from all other professions. It is a helping profession, dedicated first to the preservation of health and prevention of disease, followed by healing and relief of suffering when the first two are no longer possible. Perhaps religious leaders are the closest kin to physicians in that they minister to the spirit, but do so without the use of drugs or physical procedures. This should come as no surprise, since in ancient times spiritual leaders were often also the healers.

Today, physicians are most commonly categorized by their clinical specialties. But the cultures in which they operate are best defined not by their clinical specialties but rather by the cultural spaces within which they work. There are four general cultural spaces for physicians: Clinical, Academic, Research and Administration. Many physicians have daily involvement in two of these cultures, and a few may involve themselves in three. Rarely is a physician involved in all four of the cultural areas simultaneously.

Military medicine has the same four cultural areas as civilian medicine, plus a fifth, Operational Medicine. The public's impressions of military medicine are formed based on what they learn from the media – and this is both good and bad. Examples of the bad include the notorious case of a cardiac surgeon in the late 1980's, legally blind in one eye, who had terrible patient outcomes and was eventually sent to federal prison. In 1997 the Dayton Daily News published a seven part series claiming in an introductory theme that “the U.S. military operates a flawed and sometimes deadly health care system that lacks the most significant safeguards protecting civilians from medical malpractice.” This series won the authors a Pulitzer Prize. Since then, there have been several similar local media articles highlighting poor outcomes in military hospitals.

But there has also been good media coverage of military medicine. Perhaps the most notable was *M\*A\*S\*H*, a popular TV Sitcom of the 1970's that ran for 11 years and 252 episodes. Re-runs play to this day on cable channels. *M\*A\*S\*H* was originally a book written by Dr. Richard Hornberger as a wholly fictional account of his years at the 8055<sup>th</sup> Mobile Army Surgical Hospital in Korea. In 1970, the book was made into a movie that won the Oscar for best screenplay, was nominated for best movie, and Sally Kellerman was nominated for best actress. Though the series was a comedy and the story lines quite satirical, the underlying message was that Americans cared so much about their soldiers that men and women, even some opposed to the nation's involvement in this or any war, willingly sacrificed and worked under horrible conditions to care for their fellow man.

Some two decades later, the Vietnam War followed, and again military medicine received favorable reports. Military medical personnel stood out for the wonderful care they provided under very arduous conditions. Significant technological advances came from the Vietnam experience that helped advance civilian care at home.

In the War on Terrorism military medicine again shines in a favorable light. Killed in Action (KIA) to Wounded in Action (WIA) ratios are dramatically lower than ever before. These advances are not accidental but the result of application of lessons learned from previous

conflicts. Simultaneously, military medicine has received positive media exposure for humanitarian aid recently provided domestically after the twin hurricanes that devastated much of the nation's Gulf Coast; the help rendered by the hospital ship *Mercy* following the Indonesian Tsunami and by ground units in Western Pakistan following a massive earthquake.

The purpose of this paper is to provide an overview of military medicine and further insight into the military medical cultures. The paper will define the five cultures of military medicine, how they interact with one another, how military physicians move between them, and how each culture affects a physician's career development.

### **Clinical Culture**

Nearly all military physicians begin their military medical career as clinicians. They all graduate from medical school, virtually all from a US civilian school or the Uniformed Services University of the Health Sciences. Most complete a residency in a medical specialty either before entering active duty or while serving on active duty. Virtually all military physicians, once fully trained in a medical specialty, pass their board examinations on their first attempt – a far better record overall than their civilian peers.

While most go directly from medical school through residency to specialty status, some military physicians serve as a General Medical Officer (GMO) after only one year of post-graduate medical training. All GMO's are required to have a valid license to practice medicine in at least one jurisdiction (usually a State, but also the District of Columbia and some territories of the US). Many GMO's have additional training beyond the one year of graduate medical education that enables them to perform in a specific operational environment – for example, aviation, undersea or special operations. Most GMO's then proceed on to specialty training, and most will later state without equivocation that their time spent as a GMO was the highlight of their medical career.

The US armed forces operate hospitals and clinics in areas of major troop and fleet concentrations throughout the United States and at many locations overseas, some quite remote and isolated. Clinical care is provided by a mix of GMO's, fully trained and board certified physicians supplemented by non-physician health care providers (nurse practitioners, etc.). Care is provided to active duty, their family members, retirees and their families. If demand exceeds the capacity of the facility, an insurance program known as Tricare assists in obtaining and paying for care for the beneficiaries from civilian sources. The US military serves about 9 million beneficiaries, more than the entire population of the State of New Jersey or Georgia, the 9<sup>th</sup> and 10<sup>th</sup> most populous States in the Union, respectively.

### **Academic Culture**

Each of the armed services operates medical centers and large hospitals located in areas with large military beneficiary populations throughout the United States. Many of these facilities have accredited residency programs in a variety of medical specialties. Most are closely affiliated with local medical schools and also support the training of those schools' medical students and residents. The military physician staffs at these facilities are assisted in the training of residents by civilian staff physicians and consultants from the local medical schools and community. Many military physicians spend the majority of their careers working in the academic environment. Clinical research is an essential part of most

residency training. Residents and staff work together on clinical research projects, and the results of their work are presented in national forums and published in prominent medical journals along with the work of physicians from civilian institutions. As noted in the section above on the Clinical Culture, military trained residents have better success in passing their specialty boards on the first attempt than do civilian trained residents. The military also has, on a percentage basis, more board certified physicians than the civilian community.

### **Research Culture**

Research in military medicine is more akin to the research carried out at institutions like the National Institutes of Health (NIH) or the Centers for Disease Control and Prevention (CDC). In fact, military medical research is often conducted in conjunction or collaboration with NIH and CDC. There are separate military medical research facilities operated by each of the services, often jointly staffed, that deal with areas of specific interest to the military. Included in this group are several laboratories dealing with infectious diseases, five of which are located in strategic areas around the globe. There are laboratories that deal with chemical and nuclear effects on biologic systems. Some laboratories deal with aviation, space flight, undersea medicine, blood storage and preservation, vaccine development and numerous other militarily relevant research areas. Scientific advancements from these laboratories find application in civilian health care as well as the military. The physicians who work in these laboratories are usually board certified in a clinical specialty, and many have advanced scientific training including PhD degrees in scientific disciplines. Physicians who find their way into the Research Culture usually spend their careers there.

### **Administrative Culture**

Just as in the civilian medical world, there is a need for a few military physicians to leave the clinical and/or academic culture and move into medical administration. Though today there are many very capable non-physician health care administrators, there continues to be a need for physicians in some positions, particularly where medical institutional or organizational leaders must interface with civilian physician peers. Traditionally, but not always, the officer in command of a medical center or large hospital with residency training programs is a physician. To date, each of the service's Surgeons General has been a physician, although the law recently was changed to allow an officer from one of the other corps of the service's medical departments to fill this position. To prepare for this and other administrative roles, it is necessary to provide an administrative career "ladder" for physicians who will take on these responsibilities. Virtually all physicians who move into the Administrative Culture do so only after having significant experience and accomplishment in the Operational, Clinical and/or Academic Cultures. Physicians who assume administrative responsibilities in the Research Culture have usually spent much of their career in the militarily relevant research disciplines.

### **Operational Culture**

In today's military, nearly all physicians spend time in the Operational Culture. It is this culture that differentiates military medicine from civilian medicine. Most physicians experience a "tour" in the operational culture either before entering their second year of GME (their residency) or soon after completing their specialty training. For those in the latter group, they will practice in their clinical specialty, but likely in an assignment where they

will have close interface with the military's operational environment. This experience is valuable to the military, in that the services provided by the physician are essential, but it is equally valuable to the physician, for this is where he or she learns about the environment in which the people entrusted to his/her care live and work. The operational culture encompasses the full range of military activity – from combat to humanitarian aid and assistance. As this paper is written, the US armed forces are involved in the full spectrum of this activity – and military physicians are an integral part of it. This is “business as usual” for military physicians. Once an operational tour is completed, the experience becomes embedded as a part of the physician's personal experience– and most will eventually say, they have had no prouder moment.

## **Conclusions**

There are five distinct military medical cultures. They all interface with each other as in a Venn diagram. But the Operational Culture is at the center of this Venn and overlaps with all of the others. The Operational Culture is the *raison d'être* for military medicine, the other cultures exist to support it. During a career, most military physicians work in several of these cultures. Even those who serve on active duty only long enough to complete their obligated service will usually serve in at least two of the cultures, most often the clinical and operational cultures. It takes special skills and advanced education and training to enter the research culture. Those who pursue specialty training in the military directly out of medical school will be in the academic culture, but after completing training they will spend time in the clinical and probably the operational culture as well. Those who remain on active duty after completing their initial period of obligated service, as their careers develop, will have some experience in the administrative culture. A few will move late in their career entirely into the administrative culture attaining positions of high rank and responsibility, but only after significant accomplishment in the clinical, operational and academic cultures. A few from the research culture will also spend time in the administrative culture.

Keeping the various cultures in balance and in support of the Operational Culture is the responsibility of those in leadership positions, generally the most experienced and senior physicians. They have spent time in usually at least four of the cultures and so understand not only their differences but each one's essentiality.

Physicians who are selected for the flag or general officer ranks today are more well-rounded and experienced than was the case in the past. These challenging positions now are filled by physicians who excel in a majority of military medicine's cultures. Experience and accomplishment in the Operational Culture and as well as most of the other cultures is now required for selection for assignment to these positions.