

MED SCHOOL AND THE MILITARY

BY MICAELA FOX CORN

# STUDENTS OF VALOR

Early one morning in June 2002, **Sangki Oak** (Class of '19) dressed for work and sat in the kitchen perusing the *San Jose Mercury News* over breakfast. Old ideas began to percolate as he read one story: Motivated by the attacks on 9/11, a safety for the NFL's Arizona Cardinals had enlisted as a U.S. Army Ranger.

Oak had not known Pat Tillman's name before that morning—he was no football fan—but he had been similarly moved to enlist after 9/11. Uncertainties about the lifestyle change had been keeping him at bay. He was comfortable—a 27-year-old hardware engineer helping to shape the dot-com boom in Silicon Valley. He'd worked hard to build his career ever since graduating from Duke University with a degree in computer science. His field was changing rapidly; it had dawned on him that he might struggle to be marketable again if he did a tour of military service.

Then again, the day job wasn't always the most morally fulfilling, he thought. Tillman's multimillion-dollar NFL contract surely must have been harder to walk away from.

Months later, Oak enlisted with the U.S. Navy as a medic because of an affinity for hands-on work, travel, and the ocean. It's ironic, he says looking back, as he didn't see the water during two tours in the mountains of Afghanistan.

COURTESY SANGKI OAK



**LEFT:** Sangki Oak at Pitt. **RIGHT:** Oak sees patients at a clinic in Afghanistan.

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He first deployed in 2009 to a base near Herat, where he was the sole medical provider to a unit of U.S. Marines. The first five months were fairly quiet. At a one-day pop-up clinic Oak set up and staffed in the village of Qal-I-Naw, more than 300 patients lined up outside. Most acute issues he was able to fix: a stitch here, a topical cream there—he had been trained to treat healthy marines. But for the more puzzling chronic conditions locals faced, he was at a loss.

One father, holding his limp, pallid child in his arms, smiled and nodded understandingly when Oak told him that there was nothing he could do for her. *I just don't know enough medicine*, the medic thought, ideas percolating again. "It was the straw that broke the camel's back," Oak recalls. "I needed to be a doctor."

As the deployment progressed, his unit shifted to the offensive.

"We stirred up the hornet's nest, and things got a lot more violent. There were a lot of casualties on my team. We actually were hit pretty hard." Oak and a couple of team members were sent to an American-Italian base and tasked with expanding capacity. Located near the village of Bala Murghab—a Taliban stronghold—the base was essentially a bubble.

"There was a line in the sand, basically, that if Western forces crossed, they would get lit up," he says.

The unit returned home, but it was soon asked to redeploy. Oak's contract was up, yet he didn't want his buddies to go without their "doc." He extended his contract and returned to Afghanistan.

Returning to the States in June 2011, he launched himself into premed courses at George Washington University, then a first round of medical school applications, followed by a second. Pitt had been a long shot (he claims), but the second-year student has since found his stride. He's spoken with Pitt med's student Military Medicine Interest Group about his experiences with casualties in the field and about caring for people in austere locations. Oak plans to work toward a Master of Public Health during the second half of med school.

In 2015, he traveled to Nepal with Team Rubicon. The 60 volunteers—military vets and civilians—offered aid following the 7.8 magnitude earthquake that tore through the Kathmandu area. Oak has also spent time in Syrian refugee camps near the Iraq border, assessing the conditions of the camps.

"The benefit of having done military service is you find a way to make [things] happen," says Oak, 41.

A coordinator of Pitt med's Global Health and Underserved Population Interest Group, he's intrigued by the potential of 3-D printing for addressing some of the challenges of providing care in resource-poor settings.

Last summer, he received notice from the Pat Tillman Foundation that he had been named a Tillman Scholar. Support from the foundation will allow him to hit the ground running soon after graduation as a health care provider in overseas communities that need him most. (He won't have to spend years paying off school loans.)

And, notes Oak, "Being a Tillman Scholar connects me to a larger community of veterans with the common goal of helping to make the world a better place."





LEFT: COURTESY SANGKI OAK. RIGHT: COURTESY KIMBERLY BELL.

**ABOVE: Oak bonds with children in a village near Herat. RIGHT: Kimberly Bell and a fellow Army National Guard recruit in a medic exercise during active duty training.**



Kimberly Bell

When **Kimberly Bell** (Class of '17) received her first bill in the mail from community college, she balked, then worried. Neither of her parents had graduated from college. (When she was born, her mom was 15 and her dad was a young U.S. Army medic.) There was no one to help answer questions like, *What do you mean "financial aid"? How do you fill out a FAFSA?*

Then a high school friend dropped her a line: *You know, the National Guard will pay for everything.* A month after graduating in 2005, Bell enlisted. *But I won't sign the contract unless I can be a medic,* she said. The Guard agreed.

Learning to be an effective first responder to natural disasters in Pennsylvania took rigorous drilling—one weekend every month and two weeks a year for six years. Bell did standard military active duty training, as well. (The Army National Guard can be called up as federal reserve troops.) She also completed EMT certification.

All the while, she was going to school. And raising a family.

In 2011, after transferring from community college, Bell graduated from Pitt with a bachelor's in biology. Her two daughters, 1 and 3 at the time, watched their mother cross the stage in cap and gown—and almost as quickly as the tassel turned, watched her sights set on Pitt med. During her final two inactive duty years with the Army National Guard (she was never called up), Bell applied to several med school programs and worked in the maternity ward at Magee-Womens Hospital of UPMC. By the time she became a first-year med student in 2013, she'd zeroed in on ob/gyn as a specialty.

It appears that the 30-year-old's approach to life is highly practical and strategic. (Think General MacArthur's island-hopping tactic.) In truth, Bell says, she has always been a dreamer—one laser-focused on adding "MD" to her name.

And now earning that MD is close enough to touch. The fourth-year says her time in the military has carried her here, by teaching her discipline, patience, and the value of a team.

"I formed such a great bond with the people I went through basic training and medic training with, because the situation was difficult, and we leaned on each other.

"Med school is just like that. We're all struggling in the same way, going through the same things, and we have each other. And I love it." ■



Kendra Parker-Pitts

## OFFICER TRAINING

While **Kendra Parker-Pitts** (Class of '17) was a Pitt undergrad, the biology and Russian major traversed the streets of Pittsburgh as an EMT. Those ambulance rides cemented Parker-Pitts's love for emergency medicine.

Now, the high-speed fourth-year is participating in the U.S. military's Health Professions Scholarship Program (HPSP). Through HPSP, prospective military physicians go through med school on the military's dime and become officers in the army, navy, or air force.

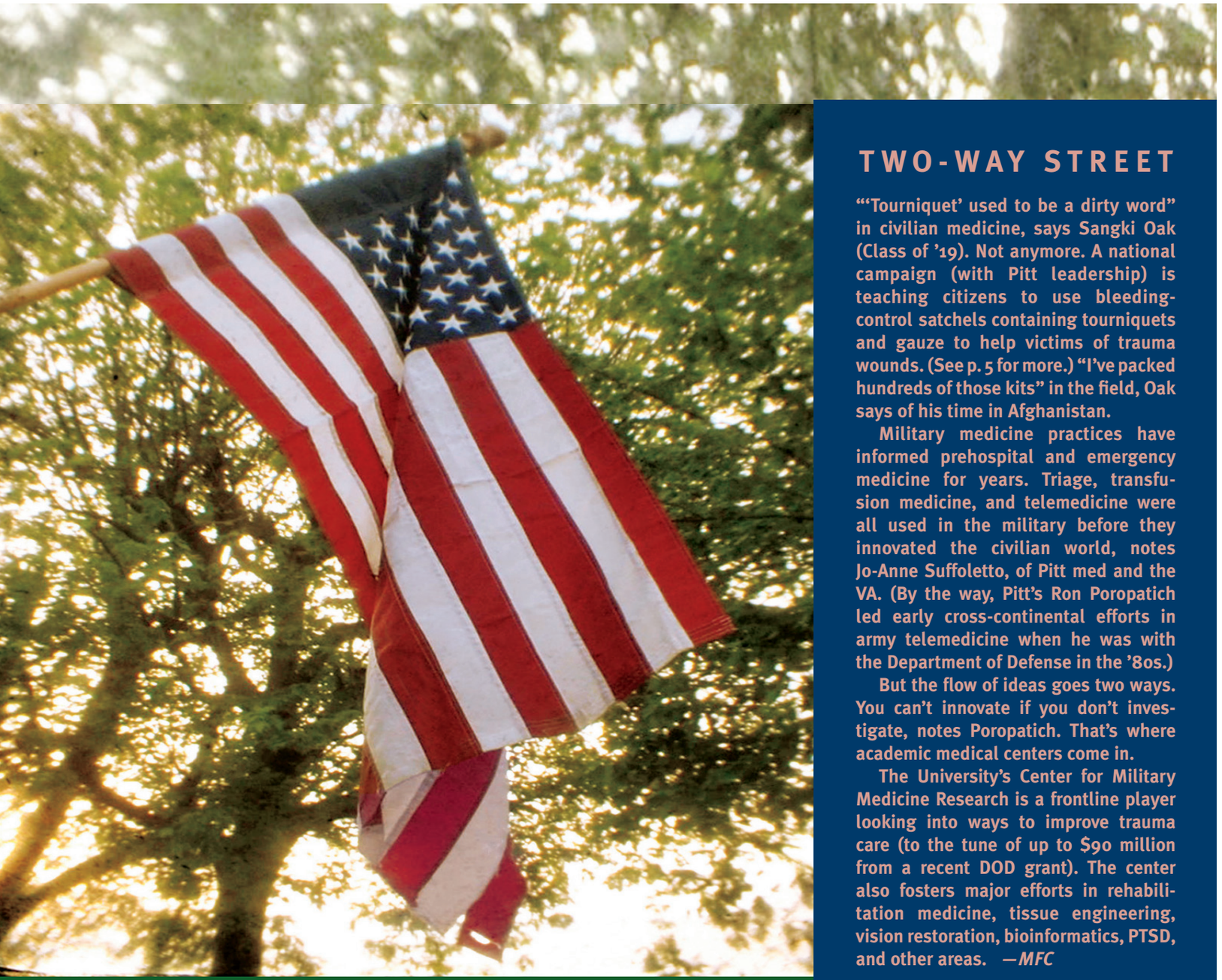
Besides the six-week army officer training course Parker-Pitts took the summer after her first year, HPSP is not a big time commitment while you're in school, she says. After graduation, she'll serve on active duty in the army for four years in exchange for her four-year scholarship.

### On bonding with some 300 recruits

"Military medicine in general isn't a huge community, so it was nice to go and meet some of the people I'll be working with in the future [at officer training]. And when I was interviewing for residencies, I ended up knowing pretty much everyone I was interviewing with [from basic training], which is something that doesn't happen at all in the civilian world."

### On rotating at the VA

"The patients are wonderful. Not only is it amazing to be able to care for them after knowing how they served and protected us, but they are also lovely to work with. They are so thankful for the care they're receiving. They know you're all on the same team." *—MFC*



## TWO-WAY STREET

"'Tourniquet' used to be a dirty word" in civilian medicine, says Sangki Oak (Class of '19). Not anymore. A national campaign (with Pitt leadership) is teaching citizens to use bleeding-control satchels containing tourniquets and gauze to help victims of trauma wounds. (See p. 5 for more.) "I've packed hundreds of those kits" in the field, Oak says of his time in Afghanistan.

Military medicine practices have informed prehospital and emergency medicine for years. Triage, transfusion medicine, and telemedicine were all used in the military before they innovated the civilian world, notes Jo-Anne Suffoletto, of Pitt med and the VA. (By the way, Pitt's Ron Poropatich led early cross-continental efforts in army telemedicine when he was with the Department of Defense in the '80s.)

But the flow of ideas goes two ways. You can't innovate if you don't investigate, notes Poropatich. That's where academic medical centers come in.

The University's Center for Military Medicine Research is a frontline player looking into ways to improve trauma care (to the tune of up to $90 million from a recent DOD grant). The center also fosters major efforts in rehabilitation medicine, tissue engineering, vision restoration, bioinformatics, PTSD, and other areas. *—MFC*

## JOINING FORCES

Alvin Thalappillil's (Class of '18) interest in veterans' health started close to home—with his brother, a veteran injured in the Iraq War, and his father, who served in India's military. So in spring 2016, he took a new minielective at Pitt med called Joining Forces: Caring for Veterans at the VA and in the Private Sector. The elective was inspired by the national Joining Forces effort, announced by former first lady Michelle Obama in 2011, to ensure the highest standard of care for American military families.

Thalappillil wanted to understand veteran patients within the context of their lives and what they were looking for from their doctors. "If you haven't seen war, it's a difficult thing to ask about. You have to be sensitive," he says.

But it's worth the effort, says Jo-Anne Suffoletto, assistant professor of medicine and associate chief of staff for education and innovative learning at the VA Pittsburgh Healthcare System.

"To miss asking patients about military service history is to miss a whole formative part of their life, and the impact it may have had on their overall trajectory."

Pennsylvania is home to the fourth-largest number of vets in the country (as of 2014, the most recent year for which data are available). And "there's a very significant veteran population in the Pittsburgh region," says Ron Poropatich, executive director of Pitt's Center for Military Medicine Research, professor of medicine, and retired army colonel.

Encouraged by student interest, codirectors Suffoletto and Poropatich are teaching the minicourse again this spring. *—MFC*

