

From Vietnam to Afghanistan A Career of Teaching, Leading, and Caring for Others

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Famed playwright and humorist Oscar Wilde once quipped that it is one thing to gather experience; doing something with it is very different. Nowhere is this truer than with the story of CAPT Benjamin G. Newman, MC, USNR, former Senior Medical Officer aboard USS Bataan (LHD-5). Dr. Newman recently visited the Bureau of Medicine and Surgery to brief the Surgeon General and his staff about his experiences “at the front” in the war on terrorism. Prior to that briefing, he shared reminiscences of his 40-year Navy career with the authors.

To understand CAPT Newman and his leadership style, you have to know a little about the man. A native Philadelphian and son of a physician, he started out as a Yellow Cab driver whose experience with the Navy was driving Sailors to the Navy Yard in South Philadelphia.

“I was so impressed with those ships. I used to drop Sailors off at the docks and just stay there. I said to myself, ‘When I can, I want to do this.’”

And so he did. In 1962, he was accepted into medical school and commissioned into the Navy through the “Ensign 1915” program, serving 45 days each summer on active duty at the Philadelphia Naval Hospital. Within a few years he was assigned to Destroyer Squadron 2 as a medical officer. “We departed for Vietnam in ’67. It was very exciting and I wanted

to do it. I kept these thoughts to myself, though, because I had a wife and child and thought people would think there was something weird about me. I didn’t think they would understand my patriotism.”

Vietnam Service

“When I arrived I got orders to the 3rd Marine Division at Dong Ha, right below the DMZ.” This experience proved to be a rude awakening.

“Today, we send kids to ACLS [Advanced Cardiac Life Support] and ATLS [Advanced Trauma Life Support]. When I was a kid at Abington Hospital I knew everything there is to be known about diabetes, lupus, heart failure, and all the ‘high falutin’ diseases you get in the main line of Philadelphia with the upper crust. But I didn’t know anything about combat injuries. No one talked about this

stuff. The Navy didn’t teach it. My corpsmen taught me what I needed to know. They were wonderful,” noted Dr. Newman.

“When I first reported at Dong Ha, I saluted and people just laughed at me and told me to get busy. A Marine who had stepped on a land mine still had his boots on. His foot was held together just by a piece of flesh. The doctor took his foot and, with a knife, just went at it. He took the boot with the foot in it and threw it in a paper box. You are never the same after seeing something like that or someone dying. As the most junior guy there I sometimes had to assign corpsmen to go out in the field with Marines. That was the worst job in the world because these guys might not come back. And a lot of them didn’t. You don’t forget that. I have a son who is now a corpsman.”



CAPT Benjamin Newman (right) prepares for the arrival of patients aboard *Bataan*.

USS *Bataan* SMO

Now spin the clock forward 30 years. The experience of Vietnam has faded into memory. The world has been altered by terrorist attacks on America. The “sleeping giant” now finds itself fighting a war on terrorism in Afghanistan.

Enter CAPT Newman, now Senior Medical Officer (SMO) aboard USS *Bataan* based in the North Arabian Sea.

USS *Bataan*, part of Task Force 58, carried 3,000 Marines and Sailors for “Operation Enduring Freedom.” It was one of two Level II care (providing resuscitative care in form of surgical and medical resuscitation) vessels in the task force. Each vessel carried a fleet surgical team, Marine medical assets, and ship’s medical company which contained a Senior Medical Officer, a General Medical Officer (GMO), and about 18 hospital corpsmen. Within these medical spaces aboard *Bataan*, CAPT Newman made sure the rules were simple. “We do the right thing and we have fun doing it,” explained Newman.

When *Bataan* undertook the mass casualty operation processing Afghans and Marines, the medical de-

partment was kept on an even keel. “There was none of the shouting and confusion created by an egotistical medical officer in charge. Everyone knew their job and addressed each other as Mr. Smith or Ms. Jones if they needed something done immediately. The entire bulkhead of the surgery suite was taped with medical supplies to allow for easy access of material. It was creating order and calm from a chaotic situation.”

Medical evacuation was a constant concern. The fighting in Afghanistan was 700 miles from *Bataan* and its Fleet Surgical Team and Level II resuscitative surgical care. This meant that every casualty had to be triaged at the site and a determination made as to whether to evacuate the patient from the front to Germany, Al-Seeb in the Persian Gulf nation of Oman, or by helicopter to *Bataan*. CAPT Newman credits the supply and logistical personnel with their excellent assistance in handling the MEDEVAC policy. Following the incident when a B-52 accidentally dropped a 1,000-pound bomb on friendly Northern Alliance fighters, the *Bataan* medical department received word that 30 casualties would be arriving in 4 hours. By the time a CH-53 helicopter landed on *Bataan*’s flight deck with the patients 16 hours had elapsed.

“They were dehydrated,” Dr. Newman recalls. “The dressings were bloody and dirty. They were in a great deal of pain. But they didn’t ask for



USS *Bataan* (LHD-5).

any pain medication. I noticed that they had opium plants in their pockets. Part of their culture is to chew on opium and that probably nullified some of the pain. No one died.”

The old adage we train as we fight was certainly applicable aboard *Bataan*. “One reason for our success is training! We trained always for the real thing,” said Newman. However, his training and teaching methods involved not just learning the skills and being the proverbial taskmaster but using drills to build self-confidence and gradually instill self-esteem. He also used the evolutions to help build respect among the ship’s company medical, the Fleet Surgical Team, and Marine medical personnel onboard.

Initially, his drills, pierside in Norfolk, involved no timing, no rushing, and no one was allowed to make a mistake. “It was so everyone could learn the mechanics and the job of everyone else before we timed it. Whenever we sat down to discuss lessons learned we talked about cases not individuals,” remarked Newman. By the time they arrived and left the coast of Pakistan, the *Bataan* medical staff looked back and found their exercises to be more draining than the real thing. “Throughout each drill and when actual casualties came aboard there was this emphasis on treating everyone with respect, with no shouting and no yelling.”

The medical cases seen aboard *Bataan* included a shrapnel wound to the jaw that required 10 hours of surgery. An ENT physician along with a GMO tended this case. There were compound, tibia, fibula, and foot fractures with an Afghan Northern Alliance fighter which required an amputation. “As a SMO, one of the most challenging aspects of leading is convincing younger doctors aboard to keep in mind that they are sending the



Surgery being performed on Afghan patient.

Afghan ally back to his country and not the Mayo Clinic, so keeping him alive forever and going beyond the scope of the ship’s medical capability is impossible with dozens of other patients waiting for surgery. You don’t get cooperation by waving your rank around. These kids are too smart and must be educated and persuaded as to the reality of what our limitations are,” said Newman.

“We had some patients who couldn’t eat because of their wounds and on the ship we weren’t prepared to give intravenous calories.” But there was another lesson to be learned. “We normally get this kind of patient in for 2 days, but these pa-

tients were with us for weeks. Some couldn’t eat because of facial wounds, a tracheotomy, or tubes in their stomachs. So we had to improvise. I told my supply officer what I wanted to do in terms of calories, carbohydrates, fats, and proteins, and we put food in a blender. We only had one blender on the ship. I think it belonged to a Sailor. We blended up some food to put in these tubes.

“The Afghans culturally did not take many narcotics, preferring to be conscious and awake at all times. They chewed poppy seeds in order to suppress their appetite, and went without eating for 3 days,” said Newman.

Although most of the patients were Northern Alliance fighters, Al Qaeda and Taliban were also brought onboard for treatment. “They were impressive warriors who fought for money; they had very little schooling and one Afghan physician who was a member of the Taliban/Al-Qaeda alliance asked nothing more than immunizations for his children.” There were armed guards standing by at all times, as these enemy Afghans were given 3-minute examinations. “We were told that these were people that could stick a pen in your eye. They were trained to kill. We took our devices off our collars and put tape over our name tags.”

Perhaps the most astonishing story recounted by CAPT Newman were the Afghans who were brought up to the flight deck. They looked out at the ocean and asked “Where did that come from and how long has it been there? How much of it is there?” They were in awe of something they had never seen before and CAPT Newman and his staff had to convince them that the globe was three-fourths water. As they were led around the ship, Afghan patients were astounded at the weight room and inquired as to why men and women needed to do this.

Among the diseases encountered among the Afghans were leishmaniasis and beriberi. In Afghanistan an average lifespan is 45 years. As in Cuba at Camp X-Ray, the Al Qaeda and Taliban detainees being processed and interrogated required a full medical examination performed under strict security guidelines. “They had burlap bags over their heads and were blindfolded; we could not have any pens or objects that could be used as a weapon.”

One high profile patient Dr. Newman treated was John Walker



Pashtuns outside sick bay.

Lindh, the so-called American Taliban. He was initially treated for his wounds aboard USS *Peleliu* (LHA-5) then transferred to *Bataan*. “Walker fascinated me, he had an IQ of 140. He also needed over 2,000 calories to maintain his health,” said Newman. “Many of the detainees were protein-depleted and needed treatment for shrapnel or bullet wounds. We learned that pre-natal vitamins and a powerbar a day from the ship’s store helped address part of these nutrition deficiencies.” CAPT Newman would be the only medical person aboard *Bataan* allowed access to Lindh and came to understand that his religious devotion was real. He provided Lindh with a Quran (Islamic Book of Divine Revelation) and spent 10 minutes a day with him. Newman’s actions in ensuring that the prisoner received humane treatment would help the government when accusations of maltreatment surfaced.

CAPT Newman blesses his medical team and narrates a most heroic action performed by a third class

corpsman attached to the Marines. During a very long medevac, “he kept an airbag pumping on an Afghan patient for 12-hours, pressing and squeezing that bag.”

Newman demonstrated a real passion for his staff, pointing out that any leader who is a micro-manager, is condescending, or treats with contempt even the most newly trained corpsman out of Great Lakes only undermines the operational mission and wastes precious talent.

Today, CAPT Newman stands tall both as a teacher hoping to share his experience with a newer generation of Navy medicine caregivers and as a patriot who, 40 years later, still views the Navy through the eyes of that young cab driver. □

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