



**PERSPECTIVES**

# Medicine in Service

**CDR Joseph M. Miller, MC USN(R)**



I was a fellow during Gulf War 1, and the word was that if there was a need for doctors, the first to be drafted would be fellows. I knew at that time how little medicine I really knew, and told myself if the need were arise in the future and I were better trained, I would offer my services. Following 9/11, I became one of the oldest newest members of the Medical Corps of the United States Navy Reserve. I am an academic ophthalmologist, and was able to serve by assisting resident education and practicing my specialty at Balboa Medical Center in San Diego. I firmly believe that our fighting forces and their dependents deserve the finest care that we can offer, and from what I have seen, Navy Medicine does just that. It has been a lot of fun, I have made some great friends, and have had some opportunity to travel (photo is from a training cruise to Cameroon). Most importantly, I have had the privilege to practice medicine on behalf of our country and wear its uniform, to serve those who serve us.

**LtCol Duane Pitt, MD  
Flight Surgeon, Commander 129th Medical Group  
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While in my residency, I decided to serve in the military; I saw it as an opportunity to give back. I am now Commander of the 129th Medical Group (Non-Deployable Position) with the 129th Rescue Wing, California Air National Guard. We are located in the heart of the Silicon Valley, and our mission is to train and prepare to perform our wartime mission of combat search and rescue anywhere in the world. The unit also works closely with the Coast Guard and various civil agencies on state missions. We have members who have deployed around the globe, including Afghanistan and Iraq.

The medical group has access to technology that is similar to that in civilian medicine, but the US Airforce Medial Corp as a whole operates the ability to establish a small hospital (EMEDS) which can be assembled in less than 24 hours. The EMEDS has the capacity to treat many battlefield injuries, offering wound care, outpatient care, operative theater, in-patient facilities, radiology and dental services.

We see all types of cases and triage them for AirVac as necessary, but our primary goal is to get as many of our patients returned to the battlefield as soon as possible, or moved up the echelon of care. In fact, a major difference I see between my military and civilian patients is related to exercise and health standards maintained by military discipline. My military patients are an athletic population, and our medical mission is to provide maintenance and preventive medicine so that they can continue to engage in the battlefield. As an orthopedic surgeon in private practice, I see a great deal more issues as a result of obesity and neglect of personal responsibility to their own health among my civilian patients.