



A shared smile with compassionate care went a long way to help win over hearts and minds and facilitate relationships with residents in the Tarin Kowt area of Uruzgan province, Afghanistan. Lt. Cmdr. Leah Brown, Navy orthopedic doctor from Naval Hospital Bremerton was assigned to Combined Joint Special Operations Task Force - Afghanistan and deployed to the Role 2 hospital at Tarin Kowt Forward Operating Base from Oct. 2012 to May 2013 where as part of an all-female medical team took on a humanitarian role to provide needed medical care to residents in the area. (Photos courtesy of Lt. Cmdr. L. Brown)

# Navy Doc Brings Care To Afghanistan

By Douglas H Stutz | Naval Hospital Bremerton Public Affairs

**T**he Tarin Kowt district of Afghanistan is mired in poverty, wracked by warfare, and beset by a host of concerns such as lack of available medical care.

Lt. Cmdr. Leah Brown helped to alleviate some of that medical care shortage by providing direct patient-centered care to the local population during her time recently deployed with Combined Joint Special Operations Task Force – Afghanistan.

Brown, an orthopedic doctor at Naval Hospital Bremerton received the

Army Bronze Star for her humanitarian efforts when she assigned to the Role 2 hospital in Tarin Kowt Forward Operating Base, located in southeast Uruzgan province from Oct. 2012 to May 2013.

“I was part of a medical team utilized by special operations and we took on a humanitarian assistance role to visit the local hospital which served the entire province. They had a very large catchment area. It is also one of the poorest regions as well as a very traditional area that really needed dedicated medical support,” said Brown, an Atlanta, Ga.

native with 10 years of Navy service.

Brown noted that as part of the Role 2 hospital’s medical team, she and others were invited by the local hospital equivalent of chief medical director to help them care and offer services to the surrounding population. Brown conducted orthopedic surgeries that the local doctors couldn’t handle as well as provided orthopedic care to many local children and men. She made such a positive impact, she even started treating women.

“Being able to treat Afghan women



Lt. Cmdr. Leah Brown (second from left kneeling) and other members of the Role 2 Hospital at Tarin Kowt Forward Operating Base share a brief moment from providing needed direct patient-centered care to the local population of Uruzgan province, Afghanistan.

was a very big deal due to their rigid beliefs rooted in old ways. It was a huge turnaround and a big accomplishment,” Brown said, adding that as part of an all-female team, they really made a strong positive impression in providing health and wellness care.

As a result of their efforts, Brown attests that the all-female medical team really helped to win over hearts and minds and facilitate relationships.

“We started to see women on a regular basis at the Role 2. But at the start, we never saw any. Then we started to see young girls, then older women and then mid-adult age women. This symbolized that we had advanced in our relationship and were trusted. We visited the hospital and coordinated getting the patients to the base to the Role 2 facility which was one of the reasons it was such a big deal. It also helped to have an advanced female medical team made up of an orthopedic doctor, anesthesiologist, critical care nurse, hospital corpsman and translator. We pulled from every level of care we had to comprise our team,” said Brown.

The all-female team became high

profile in the area, primarily all Navy with three Air Force personnel. They utilized all the resources at their disposal and devoted extra time and effort helping the local populace. Brown and her team shared what they could, donating underutilized supplies such as gauze and a few instruments. All this helped to show that they were willing to assist the locals. Still, they were in the midst of a very volatile region of the country.

They were always very careful in going to the hospital to provide medical care. Hospital visits were always carefully coordinated with safety and security being of paramount importance.

The local hospital itself had seen better days. Three decades of war had depleted skilled medical workers, what supplies were to be had, and there was a limited infrastructure, not only in the hospital but throughout the region.

**“It was a hard deployment but our entire base embraced what we did at the hospital. Everyone got involved, from helping with a blood transfusion to bearing a litter.”**

- Lt. Cmdr. Leah Brown





**Taking a photographic pause for the cause, Lt. Cmdr. Leah Brown, Navy orthopedic doctor from Naval Hospital Bremerton and Atlanta, Ga. native, shares a shutterbug moment with Tarin Kowt locals during her time deployed to the Role 2 hospital at Tarin Kowt Forward Operating Base from Oct. 2012 to May 2013 as part of Combined Joint Special Operations Task Force - Afghanistan.**

“The hospital staff was limited due to the constant danger and there were simply not a lot of resources. It was also frustrating to see so much poverty and what the prolonged war had done to the country. In conversation with our translators, they would share on how it used to be. It’s sad,” Brown said.

Due to local tradition, the Tarin Kowt hospital was segregated along gender line. There was an entire separate area in the hospital for women, which lacked many of the amenities found on the other side of the hospital.

“It was vastly different. We even provided a lot of health items for women. Their female medical director, really an equivalent to a midwife, was aggressive in pushing the agenda for women’s health care. We did mid-wife training for a group of 14-15 year old girls, who

were essentially the only providers available for women there. The main concern for medical attention for women was it was just mainly required during the birthing process,” related Brown.

Along with being smack in a war zone and trying to deliver medical care to a populace in need, there were constant logistical, location and logical issues to handle and try to comprehend on a daily basis. Those dilemmas were part of the legacy of constant warfare, pain, and suffering for overlapping generations over the past 30 years.

“Dealing with the Afghan people in such a different environment to ours, and trying to understand the psychology of them living in nearly impossible situations was so difficult,” Brown shared, adding that the cultural divide would always lessened when a local hospital

provider would contact them to see a specific patient.

“There were many cases I remember such as when we were asked to care for a local child with a femur fracture that had been that way for a week, and the provider added an ‘oh by the way can I send another I’m caring for.’ The other kid, around 10 to 12 years old, had wounds sustained from live ordnance – with a finger already amputated, an upper extremity open wound and a serious tibia fracture. We took care of him and essentially saved his leg,” said Brown.

Local children finding improvised explosive devices and unexploded ordnance were a constant theme. Another local child found ordnance and the resulting blast caused a huge skull defect.

“The child’s father had cared for him but we took him in and immediately



Uruzgan residents arrive at the Tarin Kowt hospital that serviced the entire southern Afghan province. As one of the most traditional areas, it wasn't until an all-female medical team that included Lt. Cmdr. Leah Brown earned their trust by providing medical care to the local populace. Brown, Navy orthopedic doctor from Naval Hospital Bremerton, assigned to Combined Joint Special Operations Task Force - Afghanistan was deployed to the Role 2 hospital at Tarin Kowt Forward Operating Base from Oct. 2012 to May 2013. For her efforts, Brown was recognized with the Army Bronze Star.

provided emergency care. With treatment and therapy the young child went from being bed ridden to using a walker to zooming around our area," remembered Brown, adding that they then got to send him to the Role 3 multinational medical unit at Kandahar Air Field and then on to Landstuhl Regional Medical Center in Germany for neurological help. "It was case by case consideration, but that's an example of doing all we can."

"It was a hard deployment but our entire base embraced what we did at the hospital. Everyone got involved, from helping with a blood transfusion to bearing a litter. There was a definite 'what can we do to help?' feeling at the FOB. From the gate to operating table to recovery, a local was never alone. The morale of our forces always got a boost from helping a local who received medical care. It gave us all an improved

outlook," Brown said.

The deployment also had traumatic moments. Special Warfare Operator 1st Class Kevin Ebbert, a hospital corpsman with 18-Delta combat medical training, was killed in action on November 24, 2012 while supporting stability operations in Uruzgan Province.

I was able to work with a great team. We made due with the resources we had. There was no 'Gucci medicine' practiced here. We were all a little proud to do a lot without all the extras that are normal at our military treatment facilities. We got used to that. I wish people knew more on what we did," stated Brown.

Brown's efforts did get noticed internally with the Army Bronze Star. Her advice for those following?

"Practice medicine with the total altruistic reason that got you into the field in the first place. You get what you get and you provide what you can, even

if it's just a band-aid or pair of crutches with a smile," shared Brown.

Note: Role 2 is a Battalion Aid Station providing emergency surgical care, stabilizing hemodynamic status in order to send the patient to the Role 3. It is also where the wounded are linked up with a nurse and physician in the chain of evacuation. A Role 1 refers to emergency medical care in the field, historically handled by independent duty corpsmen. The Role 3 multinational medical unit at Kandahar Air Field has the highest level of care available in theater, with additional capabilities such as specialist diagnostic resources, specialist surgical and medical capabilities, and preventive medicine. Landstuhl Regional Medical Center, Germany, is the largest American hospital outside the United States and an example of a Role 4 facility. Role 5 sites are stateside rehabilitation facilities.+