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# In a Civilian Hospital, Military Medicine Is Kept Alive

Army doctors and medics practice skills and relay combat lessons to trauma units

By Ben Kesling [Follow](#) | Photographs by Hannah Yoon for The Wall Street Journal

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CAMDEN, N.J.—Army Spc. Hannah Broman cut into the patient’s chest and put her finger in to feel his ribs and lung to check the pathway for a chest tube needed in hospital surgeries like this—or after a soldier is shot in combat.

Dr. Chris Derivaux, a thoracic surgeon at Cooper University Hospital and an Army reservist, watched closely to make sure Spc. Broman made the incision properly for a procedure she might someday have to do on a battlefield.

Spc. Broman, a licensed practical nurse assigned to Fort Belvoir in Virginia, was one of a handful of young soldiers on a two-week rotation recently at Cooper University Hospital in Camden, where she is spending the bulk of her time in the trauma center learning how to treat the worst injuries the hospital sees as well as assisting in surgeries. She is one of many troops across the country working at civilian hospitals in a partnership between the Defense Department and nonmilitary healthcare centers to make sure combat medics know their craft.

“This is invaluable training and experience that they can’t get anywhere else,” Dr. Derivaux said.



Cooper University Hospital is one of eight civilian hospitals that help Army doctors, nurses and medics keep up with medical skills needed in combat settings.

Even though U.S. troops face combat across the world in small conflicts, the volume is nowhere near what was seen in Iraq and Afghanistan. During those two decades of war, everyone from high-level military doctors and nurses to front-line medics with about four months of medical training were getting intense field experience, treating patients wounded in combat. In peacetime, uniformed personnel have to go into the civilian world to make sure the medical lessons of war aren't lost. In turn, they can teach civilian doctors lessons learned in combat.

“Trauma centers come out of the concept of a surgical hospital that’s 24-7,” said Dr. John Chovanes, the chief military surgeon in Cooper’s trauma department and an Army Reserve colonel. “That concept comes out of Vietnam and Korea.”

Updates to civilian procedures also have been informed by what doctors and medics learn in war, where new techniques are tested in combat. Since Vietnam, civilians have adopted widespread use of tourniquets, compression bandages, wound care and transfusion procedures.

“These two systems are intimately related,” said Dr. Chovanes.



Dr. John Chovanes, chief military surgeon in Cooper's trauma department, works to prepare medics to do everything they can for their patients.



Spc. Hannah Broman, center, in the hospital's trauma center recently, learned about treating major injuries and assisted in surgeries.

The military operates hospitals on its bases, but few are set up for extensive trauma treatment, as most of those cases are flown or driven to civilian hospitals. The pre-eminent trauma center in the U.S. Army system, Brooke Army Medical Center in San Antonio, can't accommodate all the troops who need to learn trauma care, said Maj. Hillary Battles, an Army nurse and officer in charge of coordinating the Army's exchange program.

"To spread out some of that learning, we've looked to our civilian partners," she said. High-traffic civilian trauma centers are the closest thing to combat medical operations.

In 2016, the National Academy of Sciences released a report warning about losing hard-earned combat lessons, which prompted federal legislation. Congress first approved embedding military medical personnel in civilian hospitals in 2017. The Army has programs

for military doctors and nurses to work full-time at civilian trauma centers for three-year stints, and another focused on two-week rotations for nurses and medics. The Army pays travel expenses and the Department of Health and Human Services provided \$80,000 grants to the participating hospitals last year, according to Maj. Battles.

Cooper is among eight hospitals that partner with the Army, many of them with veterans on the hospital staff who championed the program and make sure the military personnel are incorporated fully.



Sgt. Robert Baker Jr., left, and Spc. Hannah Broman, right, help treat a patient at Cooper University Hospital.

Dr. Chovanes, a trauma surgeon with multiple deployments, worked as an EMT and registered nurse before becoming a physician. In 2001 he joined the Army Reserve and has since served six tours. His hands are steady when performing a procedure but otherwise in constant motion as they gesture and slice through the air to teach a new technique.

Sgt. Robert Baker Jr., an Army combat medic stationed at Fort Campbell in Kentucky, was at the very start of his two-week rotation when Dr. Chovanes quizzed him during the trauma team's morning meeting, asking him how he would treat the patient there in the hospital, but also how he would treat the same case on the battlefield. Minutes later, he sent Sgt. Baker to help stitch a patient's tracheostomy in place under the supervision of a resident.

"Everything I'm learning here, it's knowledge that I wouldn't have been able to gain at my unit," Sgt. Baker said.

Dr. Chovanes said he pushes the medics because he can't abide the thought that he didn't prepare people to do all they can for a patient, especially when that patient doesn't make it.



“When you hand that flag across the grave, and look that person, that widow or widower, in the eye and say, ‘We did everything we could,’ that’s a powerful thing,” Dr. Chovanes said.



Lt. Col. Kyle Stevens, second from right, helps supervise Staff Sgt. Shannon Martin as a patient is prepared for surgery.



Sgt. Robert Baker Jr. and Spc. Hannah Broman help transfer a patient to a medical flight on the hospital's helipad.

Dr. Kirby Gross is an active-duty Army colonel and trauma surgeon with 10 deployments who has been assigned to Cooper as part of the three-year program. He walks the halls of the hospital in an olive-drab scrub hat and a nametag that shows he is a soldier. He is there both to shepherd young soldiers learning the ropes and to pass on his knowledge of combat medicine to young doctors who don't intend to join the military.

On a recent day, he joined a team that was making rounds in the trauma intensive-care unit. One patient was a police officer who had been shot in the leg. Such wounds could become severely infected from the dirt and debris from a combat zone, Dr. Gross explained, and a specialized test had been developed to check for infection. Such infections could happen

in similar conditions in the civilian world, and that test on the police officer showed he had avoided infection.

That afternoon, a call went over the hospital's loudspeakers that a pediatric trauma case was en route. A boy had gone over the handlebars of his bike and opened a gash in his groin. As the team jumped into action, Spc. Broman and Sgt. Baker were there, keeping the boy calm.



Active-duty soldiers, part of a program helping Army doctors hang on to hard-earned lessons of combat medicine, walk through Cooper's trauma center.

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