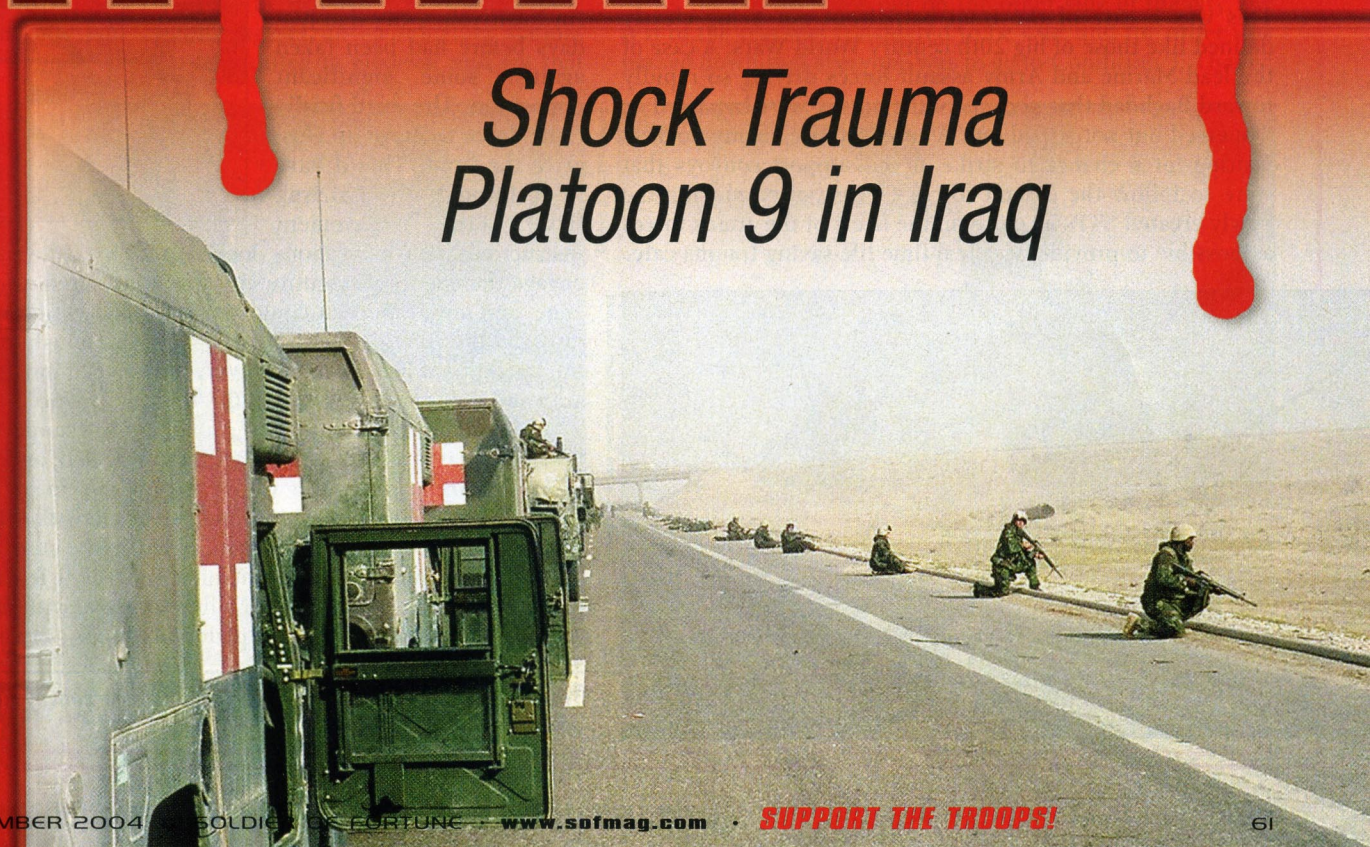


NAVY DOGS AT WAR

BY PAUL AVALLONE

PHOTOS COURTESY OF
LCDR JOHN LOVE, MD



*Shock Trauma
Platoon 9 in Iraq*



It was early stages of the Iraq war, March 2003, and Navy Lieutenant Commander (O-4) John Love MD was doing the opposite of what a doctor is supposed to do. He was attempting to kill people, to take lives, instead of treating them, saving lives. Near the front of a Marine supply convoy, his shock trauma platoon (STP-9) was in the kill zone of a firefight, and Doc Love was firing his only weapon, a Beretta M9, at the blurred, moving shapes of black-robed Fedayeen fighters in the buildings along both sides of the road.

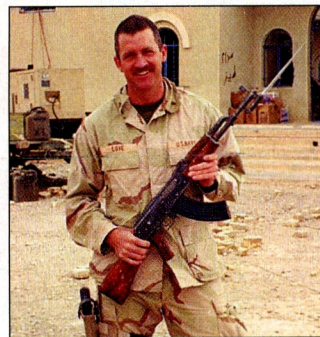
That Love's STP-9 was caught in an ambush is a case of the fog of war, not mistakes: Accidents are failures in command. This was a case of the Iraqi battlefield not being clearly defined like those of big 20th century World Wars; A case of the lead Marine and Army assault forces driving so rapidly toward Baghdad that pockets of the enemy were bypassed or dispersed but not wiped out. A case of those enemy pockets waiting for a chance to strike at the support convoys that were to follow the assault forces. A case of employing the newly created STPs as close on the heels of the attack forces as possible to provide near real-time life-saving trauma care.

STP-9 and members of its replacement STP as well as Black Hawk medevac crew. The STPs worked closely with the Black Hawk crews to medevac patients from their field hospital tents to the surgical companies in the rear. LCDR John Love is above the flag at the corner where the blue meets the stripes. LT Deb Ruyle is the blonde female left of him. (below) Lieutenant Commander John Love, MD, displays a captured AK during operations on the Iran border.

That's where Love and STP-9 was then—attached to a 150-plus vehicle logistics convoy held up just south of An Nasiriyah, a city that just days before had been taken against some significant opposition. The word finally came down to move up closer to the front. They'd have to go through An Nasiriyah first. Final movement instructions: Have weapons locked and loaded, ready to engage the enemy. The entire city was considered a free-fire zone, and any Iraqi seen could be shot, no questions asked. Lastly, if the convoy were to be hit, a small ambush or large, the operational plan called for everyone to keep moving, not stop and fight, and simply race through the contact.

A LAV platoon had joined the convoy for fire support. Four LAVs per platoon. The vehicles are eight-wheeled, and, of the seven Marines of the crew, one mans the fixed 25mm machinegun, one on the M240G and two guard with M16s the flanks and rear from the twin shoot holes on the stern roof.

Doc Love and the 20-odd members of STP-9 felt a little more comfortable about to enter a free-fire zone with the LAV platoon along. A shock trauma platoon is small — two emer-



The Marine LAVs that were the security for the convoy that was ambushed in Ash Shatra.

gency medicine doctors, one physician's assistant, one ER nurse, and a handful of corpsmen and Marine Corps drivers.

It hadn't been STP-9's first time riding into hostile territory. The first night of the war STP-9 went in with the 7th Marine Division, crossing the line of departure as a part of what Doc Love called "a five-thousand vehicle convoy." STP-9's nurse, Lieutenant Debbie Ruyle RN, remembered that night as, "Pitch black. We had no lights on, no running lights—you couldn't see right in front of you. Less than half the vehicles had 'nods' [NVGs—night vision devices], so you didn't know if you were following the right vehicle." She admitted, "I was scared. I was thinking, 'What do we do if we get lost?'"

We Have Met The Enemy... And He Is Us

STP-9's ambulances quickly became stacked with severely injured. Not from actual combat, ironically; rather from motor vehicle accidents. Adding to the fact that it was difficult or impossible to see and stay in order, everyone had been up for more than two days—pre-invasion tasks and nervous energy—and drivers were falling asleep behind the wheel and driving off the roads or just running into other vehicles.

To get helicopter medevacs for their full load of patients, STP-9 raced to the head of the convoy, seeking out what had been briefed would be a fuel point, where helos could land—its grid coordinates programmed into their GPSs. There was nothing except empty desert at the supposed location, so, thinking their coordinates might be off kilter, STP-9 continued. One kilometer. Two. Then five. Still nothing. Totally alone and obviously too far ahead of the convoy, they figured they were at risk of being mistaken as the enemy and becoming the victims of friendly fire, in particular, from coalition aircraft, so they turned around and headed back. Sure enough, back at the spot where the fuel point was supposed to be—the original grid coordinates—that's exactly what was being set up—a refueling station. STP-9 slung up their radios, called in medevac and got that



LT Deb Ruyle, RN, and HMC "Chief" Beckley treat an Iraqi male who had been shot in the leg. The man had walked into a police station and murdered several officers with an AK-47. A quick reaction force responded, tracked him down and he was shot in the leg, then brought to STP-9 for treatment.

night's casualties out.

Days later, and now the STP vehicles—two ambulances, two humvees and two seven-ton trucks—were interspersed from vehicle #10 to #20 of the long convoy, heading now across the bridge and into Nasiriyah. Every third convoy vehicle or so had a radio and NVGs. If there were going to be action, this would be it. Fingers were on triggers, thumbs on selector switches. And nothing happened. Nothing. The city was dead, not an Iraqi in sight. Just Marines in fighting positions, it seemed, at every corner.

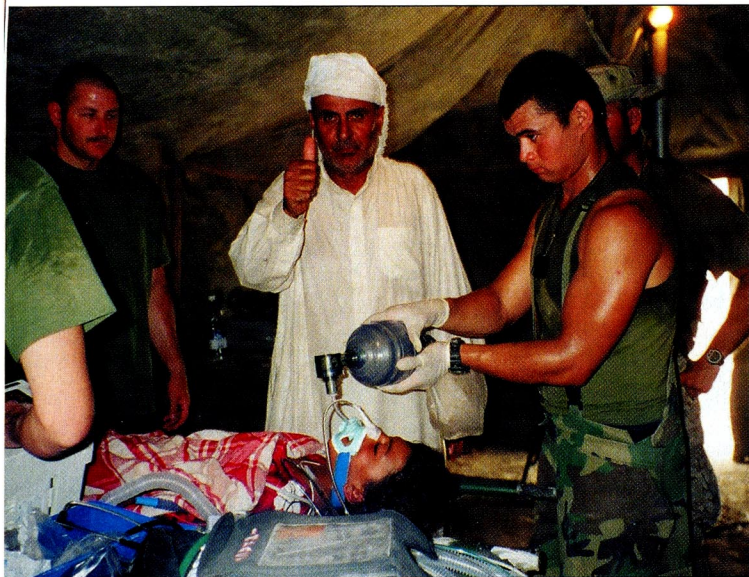
As the convoy came out on the other side of the city, the rest of the trip was considered to be safe, and the order was passed down that everyone was to go to Condition 3. That is,



Gunsite Training: Marine LTC Joe Knapp (L) and Navy Doc John Love (R) put two rounds quickly into targets from close range.



Gunsite Training: Moving from cover to cover, John Love gets down quickly to fire at targets.



An eleven-year-old girl struck in the head by an AK-47 gravity round had been taken to a local hospital that had no supplies or surgical capability. Transferred to STP-9, she was put on life support and then transported to a fleet hospital ship. Her appreciative father gives the thumbs-up.

weapons on safe, magazines in, but no rounds chambered.

Doc Love and the rest of STP-9 sighed with a sense of relief. With a wife waiting at home in San Diego with their three girls — 8, 7 and an infant of 8 months at the time — Love didn't want to think about not making it back home someday. It seemed an eternity ago he'd joined the Navy as an enlisted man, then he'd gone to college, then to medical school, earning a highly coveted spot at USUHS. That's, the Uniform Services University of the Health Sciences, in Bethesda, Maryland. It is the med school for all the armed services. And acceptance there is a fierce competition because, first, the medical education there is as good as or better than the best in the country and, second, it's free. Better than free, the students get paid for attending, as junior officers. A service obligation follows graduation and internship, but that's more than a fair price to pay for not being saddled with the debt of six-figure student loans.

LT Deb Ruyle, RN

NO one forced Deb Ruyle (pronounced "rule") to be a part of a shock trauma platoon and thus ride into combat. Just the opposite, the STPs are handpicked from physicians and nurses of the Navy medical battalions. Ruyle could just as soon have stayed in the relative safety of the battalion hospitals in the rear, but she had worked with Docs Love and Orosz before, during their emergency medical residencies, and she'd trained with them at Gunsite. "I'd go anywhere in combat with them," she said.

About SOF being interested in Ruyle and her STP, "It meant a great deal to many of us to have our story told the right way," she said. "Nobody thinks of medical as also being military. But we are right there with the Marines."

At 33, Ruyle is still single, and perhaps too busy right now to settle down with a husband. She was promoted to lieutenant commander (04) in August and is getting set to start a master's program in emergency medicine nursing.

Sorry guys, SOF is not at liberty to give away her current duty location. — P.A.



Doc Love chose the field of emergency medicine, which in the case of combat just about ensures that a Navy emergency physician will be on a ship (at sea), at a surgical company (far to the rear of combat), with a Forward Resuscitative Surgical Hospital (mobile units, 44-member teams established between the front and the surgical companies), or as one of the two physicians on an STP (near the front).

The other emergency physician on STP-9 was Commander Lou Orosz MD. He and Love had been emergency medicine residents at the Naval Medical Center San Diego, then they practiced together at the Naval Hospital Camp Pendleton just prior to Iraq. In the convoy through An Nasiriyah, both were in the STP's ambulances—Doc Orosz in convoy vehicle #10, Doc Love in #20. The RN, Debbie Ruyle, was riding shotgun in one of the highback humvees between them. Through the city now and apparently in safe territory, everyone was a little more relaxed—in Condition 3, remember—moving the 20 kilometers north to the town of Ash Shatra. Just before reaching Ash Shatra, the LAV platoon took the lead to enter the town.

And then, The Ambush

About 30 vehicles into the city, and the convoy got hit. RPGs and AKs firing from the buildings that were set back on both sides of the road. Interviewed a year afterward, Doc Orosz remembered seeing the black puffs of smoke of overhead explosions and thinking they reminded him of anti-aircraft fire from scenes from black-and-white war movies of his childhood. He saw the black forms of the enemy fighters in the windows of the buildings and even the flash of an RPG firing. The LAVs were now returning fire, and Orosz did what isn't normal for medical doctors to do, in war or peace—he raised his M16 and fired at the dark figures in the buildings.

Behind, in his ambulance Doc Love was doing the same, but with his 9mm pistol. STP-9's physician's assistant, Lieutenant Tom Dernbach, was firing the M240G machine gun from the turret of the seven-ton truck ahead, and Love watched as an Iraqi was cut in half as a result of the Dernbach's accuracy. Dernbach had been a Senior Chief Corpsman with Marine line units prior to being commissioned as a Lieutenant, and had had extensive field experience in both the Gulf War in 1991 and Somalia. Medically the PA for STP-9, for all the convoy movements he was the M240G gunner.

Docs Love and Orosz, as well as Deb Ruyle, had attended (with a number of other doctors and nurses who would eventually make up the STPs) a specially-designed Tactical Medicine course at Gunsite Shooting Academy prior to deploying, and Love credits the training with saving their lives. "It wasn't just the tactical skills we learned, but maybe even more important, the confidence we got in the weapons and in reacting to fire. We were more psychologically ready to shoot back when the firing started, instead of looking around, in shock, wondering, 'Are we being fired at? Should we be firing back?'"

Deb Ruyle admits to being one of those who reacted slowly to this first firefight. She had been at the Marine forward hospital at Camp Rhino in Afghanistan during the combat stage of that war, but Rhino was secure and she saw no combat there. She had attended the Gunsite training, which she called "the best military training I'd ever had." She had never fired an M16 prior to Gunsite, and for every convoy from the beginning in Iraq she'd traded her pistol for one. Even still, in spite of her familiarity with the rifle, with the real RPGs and rounds coming in now at the start of the firefight, unsure and scared, she curled up in the passenger seat of her humvee to be as small as she could be, even telling the corpsman driver that she didn't think she could shoot. He was driving, he couldn't shoot, and he urged her to lay down suppressive fire, and after another moment of hesitation, she brought up her weapon and blasted away at the muzzle flashes she could see coming from the buildings on her side. For one whose profession is to heal not to hurt, she would recall a year later that as she was shooting she was grateful that she couldn't see distinct human forms in the shadows where she was shooting. And shoot she did. Before the day was done, she would not be able to recall how many magazines of 5.56 she went through.

Hot Steel And Ironies

The fog of battle makes for ironies. For one, when the ambush began, the lead elements of the convoy stopped to engage, rather than, as was previously planned, to rush through. They would start again, go ahead, and stop. Doc Love remembers the LAV platoon commander and the convoy commander arguing over the radio whether to continue forward or turn back, which was the LAV platoon commander's desire, so as not to bring the entire convoy into the firefight. Add to that, the radio net was filled with troop chatter from the middle and rear elements of the convoy who, so far back, were not even aware that the forward elements were in combat. "Someone was stomping on our traffic," Love explained, "asking, 'Hey, has anyone got MREs? I'm low on MREs.' And someone else asking if the truck with the MREs had changed its flat tire." Others broke into the radio net to relay—usually in excited, pitched voices—that their vehicles were taking fire.

The fog of battle irony Number Two: Doc Orosz's M16 jammed three times. He needed to oil it to get it to fire, and he had kept it oil-free before because, with the chronic sand of the desert, oil and sand made the weapon unusable. And of course, graphite lubricant wasn't available for a "non-combat" medical unit, the STP.

Irony Number Three: The enemy's fire—RPG, AK and crew-served—was almost hilariously inaccurate. And many of the RPG rounds were duds. Love still visualizes the two RPG rounds that flew right over the hood of his vehicle and the one that hit the vehicle just ahead of him that was, "Thank God, a dud."



Group photo of some of the personnel who deployed from Naval Hospital Camp Pendleton, where all (except LT Thom Dernbach, kneeling, far right) worked in the Emergency Department. A physician's assistant, Dernbach worked in the Orthopedic Department at NHCP and was STP-9's expert M240G-gunner on convoys. Standing, LCDR John Love MD, is in the middle, flanked by LT Deb Ruyle RN, and CDR Lou Orosz MD. Next to Orosz is LCDR Mike Nace, an emergency medicine specialist nurse. Kneeling at left is HM3 Nick Ramos, presently back in Iraq assigned to a Marine combat engineer team, co-located for a while with John Love, who proudly reports that Ramos "was knocked to the ground twice by an IED, recovered and provided care to the wounded. On other engagements he held a critical bridge despite several hours of heavy mortar fire and treated several injured. Also repelled a small arms ambush on another occasion with his 9mm."

Number Four: In the fits and starts advancing through the ambush, through the radio debates of whether or not to turn back, the LAV platoon came upon an open spot and turned around to go right back through the ambush again, retreating. The good part, when Doc Love and his STP crews saw the LAVs coming at them, though surprised to the point of mouths-agape disbelief, they turned and followed, and this time there was no hesitating in the kill-zone, as all the vehicles raced through it and out the other side.

Once out of the town again, the convoy headed back down toward An Nasiriyah, where the entire convoy regrouped just north of that city. The convoy commander called in more fire support—another LAV platoon and two Cobra attack helicopters. The Cobras went ahead to destroy the ambush positions and returned to refuel and report only partial success: the Enemy was pretty well dug in and an ambush was assured. As the convoy approached Ash Shatra a second time, now with double LAV security ahead and twin Cobras above, time had been lost, with dusk going fast and night coming on.

Repeat, Until The Iraqis Get It Right

It was one thing riding into Ash Shatra the first time, when no one expected trouble. There is a measure of bravery in how one reacts to a life-and-death threat that comes by surprise; Perhaps a better measure is how one reacts when knowing you're riding into that threat. As was STP-9 now, near the front of the convoy. No one was at Condition 3 this time around, that's for sure. Rounds were chambered, fingers ready on triggers.

The nighttime firefight STP-9 now hit might simply be best described by Love's, Orosz's and Ruyle's impressions.

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With all the tracer fire coming from the buildings on both sides of the road, Orosz thought it looked like the Fourth of July. Watching the volume of fire coming at the vehicles ahead, Love thought his STP companions must surely all be dead. Ruyle was less scared than amazed, watching the tracers cross the road from both sides, thinking, "How are we going to get through *that*?" She'd filled magazines before and knew that tracers were one in every three or five bullets. With the high angle of the tracer fire, she thought that the guys in the turrets were going to get wiped out.

Orosz watched as an RPG round came straight at him then bounced harmlessly off the hood of his vehicle, within touching distance. With the Cobras firing into the buildings while hovering right over the STP vehicles, Love had a torrent of 20mm shells rain down on his roof. Orosz went temporarily deaf from the explosion of a Cobra's rocket into one of the buildings. Love credits the Cobras with breaking the back of the enemy. That, and that the convoy pushed through this time without hesitation.

Well north of the town the convoy stopped to regroup. The tally: a half-dozen vehicles destroyed, a few Marines wounded, one KIA. STP-9 was wholly intact. And for Docs Love and Orosz and RN Ruyle, it wouldn't be the first and last firefight. In the coming weeks, their shock trauma platoon would engage in six more.

A former SF NCO who first wrote for SOF about his experiences in Afghanistan, Paul Avallone is a frequent contributor. ✕

Epilogue

A year later, by March 2004, Lieutenant Commander John Love was back in Iraq. He wrote us: "We are operating in the Sunni Triangle. Initially we were south of Baghdad. Mortar and rocket attacks were a common occurrence. The area was full of IEDs. I moved three weeks ago. The convoy in front of us was hit hard. We passed seven burning fuel tanker trucks. That night we were ambushed with small arms fire while moving north. I had an M16 and we suppressed the fire and pushed through. I have seen a lot of trauma at the current location. Several mass casualty situations. I notice a difference in the enemy's willingness to fight. The ambushes are coordinated and they are willing to stay and fight." — P.A.



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