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MEDICAL TEAM FROM V CORPS TASK FORCE BRINGS FREE CARE TO KARBALA

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KARBALA, Iraq – V Corps medical Soldiers and medical professionals from the Thailand Task Force recently brought medical treatment to Iraqi citizens and more than 100 Iraqi Police Service officers and Iraqi Civil Defense Corps soldiers here during a joint Medical Civil Action Program.



STAFF SGT TONY SAILER

Dr. (Capt.) Jim Hardigan, battalion surgeon for Task Force 1-37 Armor of V Corps' 1st Armored Division sticks out his tongue showing a young Iraqi boy what to do during a recent joint Medical Civil Action Program medical check-up in Karbala, Iraq.

"A MEDCAP is typically run under the banner of a humanitarian mission, and the primary goal is to offer free health care to the local nationals," said Dr. (Capt.) Jim Hardigan, the battalion surgeon for Task Force 1-37 Armor of the corps' 1st Armored Division. "Usually it is in an effort to augment the local health care system, simply because the local health care system does not have the personnel, equipment or supplies to provide certain care."

The MEDCAP started off slowly, with only a handful of patients showing up, but steadily grew once the leaders got the word out, Hardigan said.

"We had a few local sheiks show up and get treated," he said. "After they were through, I think they went back to their communities and said, 'These guys are doing O.K. Go there (and) take your kids.' So I think that is what increased our numbers."

Medical teams made up of Task Force 1-37 Soldiers were prepared to deal with a wide variety of health concerns during the MEDCAP.

"Most of the conditions we have seen are typical sick call stuff," Hardigan said. "Some had respiratory complaints like coughs and colds. We have seen a lot of (gastrointestinal) complaints -- stomach pains, nausea, vomiting, diarrhea. We have also seen a lot of skin complaints, like basic rashes."

But Hardigan said there are limits to the care the MEDCAP teams can provide.

"Scattered in there, however, we have had some more serious problems; things we simply cannot address. For example, we had a patient show up with a CAT scan revealing what appeared to be a cystic mass on his right kidney. There is not much we can truly do," Hardigan said.

"From my experience," Hardigan added, "that situation has been pretty typical ... Local Iraqi doctors will take a look at (a patient), many times will do lab work, X-rays, CAT scans -- whatever they need -- make a diagnosis, and then say, 'OK, you will need this treatment, and it will cost this much.' That is usually where things will stop."

“(Patients’) primary complaint was (that doctors) simply did not have enough vaccinations or medications to follow through with the treatment. They would write out (a prescription) on a piece of paper and give it to the patient, but then they were on their own.”

The MEDCAP team had their own challenges gathering supplies. The Thai team brought pediatric medicine, but supplies were limited.

“As a field aid station, we are not supplied to do MEDCAPs,” Hardigan said. “But we were able to scrape together enough supplies and were helped by the Thais. Our own supply sergeant also worked hard to get us extra supplies.”

Hardigan admitted despite the challenges the mission was successful.

“For the vast majority of patients we saw we were able to help,” Hardigan said. “I love treating Soldiers, but it was kind of nice to go out and start helping a different segment of the population.”

