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INTERVIEW WITH DAVID W. DROZD, CDR, MSC, USN, RET.
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I'm Colonel, Retired Richard Ginn, and I'm in San Diego, California, at the Naval Center for Combat and Operational Stress Control, which is collocated with the Navy Medical Center, San Diego. I'm with Mr. David Drozd, Commander, Medical Service Corps, U.S. Navy Retired, who's in a management position here at NCCOSC, and he'll be discussing his role. This interview is part of the oral history program of the Bureau of Medicine and Surgery in Washington, D.C. Today's date is the 3rd of March, 2011.

Q: Dave, thank you very much for participating in this today. A little bit about yourself, where you're from, your family?

A: Sure. Originally from San Antonio, Texas, I lived there for 19 years before I joined the Navy; two brothers, one sister. The majority of the family still lives back there. As far as education, I have my associate's degree from George Washington University for radiologic technology. I have my bachelor's from Southern Illinois University in healthcare administration, and I have my master's in healthcare administration from the U.S. Army-Baylor Program at Fort Sam Houston, Texas. I was very fortunate to be a Navy guy going to Fort Sam, so that was nice.

Q: ...to a different climate from here! I don't think they know what heat is here, do they?

A: No, not at all. So as far as my career, I was enlisted for ten years. I was a hospital corpsman and a basic and advanced X-ray technician; then got lucky, got my education, got my degrees, and got my commission in the Medical Service Corps. Do you need duty assignments?

Q: Yes, if you want to run through them.

A: My first duty station was at Subic Bay in the Republic of Philippines at the Naval Hospital there.

Q: What year was that?

A: That was in 1979 through 1981. From 1981 to 1983 I was at the Naval Air Station, Kingsville, Texas. In March of '83 I went to basic X-ray school, and that was about three months schooling. Then I went to the 3rd Marine Air Wing at El Toro, California, and I was there from June of '83 to about March of '84. After that I went to advanced X-ray school for a year. From May of 1985 until December of '88, I was

an X-ray technician at Long Beach Naval Hospital here in California.

Then I got commissioned. My first duty station as an officer was the Fleet Surgical Team out of San Diego, and that was from April of '89 until May of '91. That was a deployable unit, so we were all shipped, and then we were back in port for six months, then on another ship again for six months. So out of a two-year tour I had twelve months of sea time.

Q: A lot of time on the ship.

A: Yes. I came back here to San Diego here at the Naval Medical Center from May of '91 until October of '93. I was assigned as assistant department head for the manpower department. Then in October of '93 through May of '95, I was at the Naval Training Center here in San Diego as the Admin Officer. I was at the Baylor Program from June of '95 until about July of '96 and then a Baylor resident at the Naval Hospital at Camp Pendleton here in California from July of '96 until the following year. I've been very fortunate to be in California quite a bit. I stayed on at

Camp Pendleton, and I was the managed care department head from July of '97 until December of 1999. After that I went to the USS *Bonhomme Richard*. I was the ADMIN officer onboard there.

Q: ...for the medical complement, is that what they call that?

A: You have the ship's company onboard, and then you always get augmented when you go on deployment, from these other deployable teams.

Q: But you were the admin officer for medical?

A: ...for the ship's company onboard the ship. It was a medical assignment because you have the medical department onboard, but because you're going out with so many people you have to have the Marine side augment you with medical assets; you also have the Navy side augment you with assets, so you have other staff onboard. That was from January of 2000 until April of 2001. After that, I came back here to San Diego again to a joint duty assignment, to the Office of the Lead Agent, and actually I was here on this floor.

Q: That was part of the TMA (Tricare Management Agency)?

A: No, BUMED, for their regional offices.

Q: That's in 2001?

A: April of 2001 until May of 2003. Then I went onboard the *USNS Mercy* here in San Diego in 2003 as the Admin Officer/Assistant OIC (officer in charge) of the medical department; got to deploy for tsunami relief, so that was interesting. I went out with the ship's company, so I was always there onboard.

Q: That was 2003?

A: Yes, until June of 2005. Then after that I got my first East Coast tour; they figured they'd make up for lost years and put me at the Pentagon. I was part of the Health Affairs [OASD-HA] staff.

Q: My Baylor residency was with Health Affairs, and they didn't do that again for ten years; I really closed it down!

A: I was there from July of 2005 until I retired in March of 2008.

Q: It's an education there isn't it?

A: It is.

Q: It's a different view.

A: Because I was always the one being deployed, and now I was the one making decisions about who was going to be deployed, so it was definitely different.

Q: How did you come to be here?

A: Well, like I said, we lived here. We had a house, and we located back here. Luckily a job opportunity came up. I still wanted to keep in touch with the military. I didn't want to retire, so I was lucky and got this job opportunity, and started working with them on the ground up as far as doing all the hires. Of course, Jesse [Jesse Patacsil, HM1, Ret.] and Captain Hammer [CAPT Paul S. Hammer, MC] worked on initially getting the spaces and

everything. Once I came onboard, I started hiring everybody, since I was the project manager.

Q: Did you start with this in 2008?

A: I started this in August of 2008 until the present.

Q: How do you think things are going?

A: I think it's going a lot better. Initially when you start, you're a new organization and you have to kind of market yourselves and tell people who you are and what you're doing, and then get over that skepticism; but now it seems like things are going a lot better. We had our first annual Combat and Operational Stress Conference in May of 2010. Now we're getting ready to have our second one next month in April of 2011.

Q: I was just talking to Allison [Allison Medina, CDR, Ret.], and she is starting to tighten up the excitement ratchet.

A: Oh yes.

Q: She says you figure maybe 1,300 people this year?

A: I'm hoping 1,500 to 2,000, so we'll see what happens.

Q: Maybe I can come back for that. That's exciting. So are you enjoying the job?

A: I'm enjoying the job. Initially when I was hired, I was in charge of 21 people; now we're up to 39, so I think we're doing a great job. But still, there's always opportunity to improve.

Q: How about the results of the Navy's efforts in the combat and operational stress business? What's your view of that? Where has it been? Where do you see it now? Where do you see it going? How do you measure its effectiveness?

A: I think initially you have a lot of different organizations doing different things. I think the first thing we still need to work on is instead of having all this fragmented resources, how do you consolidate them so everybody knows who has what and what's the best opportunities? Since it's a non-patient care area, the way we've been able to help is to develop trainer-to-trainer materials to get out to the

fleet, to help get it out to the different Services there at San Antonio (I think last year at Camp Bullis), and starting to get into those kind of areas. Some of the people that are at Newport, Rhode Island as part of the Senior Enlisted Academy, were there this week as part of the Executive Medical Department Enlisted Course [EMDEC] in Bethesda. So we're developing more educational material.

Q: Are you just sending material to those sites, or do people come with them?

A: Initially, it's trainer-to-trainer, so the staff goes out there.

Q: Somebody goes from here?

A: Somebody here from the Naval Center for Combat and Operational Stress Control goes out.

Q: Who normally does it?

A: Usually, either Rob Gerardi, Pat Nardulli, or Allison will go out and do some presentations.

Q: So they hit the road?

A: Yes. Of course, the big one was Captain Hammer before; now it would be Captain Johnston [CAPT Scott Johnston, MSC].

Q: They really stay on the road a lot?

A: Yes, they did. Captain Hammer used to travel a lot. Plus, he was working with returning weekend warriors, and there's a lot of development there.

Q: Where do you think it is today, and where do you think it's heading from this point?

A: With the wars in Iraq and Afghanistan, I think the trainer-to-trainer route is the best way to go. I think it's improved over the years, but there's still a lot more research, still a lot more technology that needs to develop to help these wounded warriors coming back.

Q: How about the resilience piece, that kind of training? From what you see here, can you get a feel for how well that's progressing?

A: Well, with some of the materials that we've been able to develop following the Marine Corps' different zones [of the Stress Continuum] -- the green, the yellow, the orange, and the red -- people being able to identify those different zones and say what zone you're in and what you can do as far as dealing with the situation, what you need to do to either address or get help, because you want to avoid the red if at all possible.

Q: I talked to Commander Helen Holley yesterday about putting psychologists aboard aircraft carriers, for example. It seems like the Navy's been moving fairly quickly in the last number of years, certainly the last ten years, in trying to prevent mental health problems in the fleet and in the Marines, and that seems to be moving along pretty well. Do you see what the strengths are in what they're doing these days and what the weaknesses are?

A: Having not served on an aircraft carrier, I'm not sure, but like you said, it's a good idea to have them out there. The

other area that they're also good is on the humanitarian missions with the hospital ships; they have psychiatrists onboard there to help the casualties, of course, but to also help the staff because then you're going around doing these different missions and you can only dedicate so much resources to them. So you get a lot of compassion fatigue with the staff. Plus, they're working a lot of hours. We're there for only a couple of days, and depending on what you're doing, you could be seeing thousands of people each day, so that's a good area. It's not combat, per se, but it's operational stress.

Q: Do you get a sense that the Navy leadership and the Marine Corps leadership have opened up to those ideas?

A: Oh, most definitely. Before, sometimes, it seemed those positions, if the ship deployed, were vacant; that seemed to be okay. Now, that's one of the main things they check for -- the technicians and psychological health support when you go on any kind of deployments.

Q: You were on the 2005 tsunami relief mission of the *Mercy*?

A: Correct.

Q: How was that experience?

A: For me, I like those kinds of challenges. First of all, we were in port over the Christmas and New Year's holiday, and were actually going to go to the shipyards the next month when all of a sudden we get this call about this disaster - - "You guys are going to be deploying." So first, you have to recall everyone back from leave. Then you have to get the ship ready and do some different things before you leave port, plus getting all the supplies onboard, because we weren't scheduled to deploy, and then all of a sudden it's, "Bring all this stuff on board."

The interesting thing with that is we got the NGOs involved, and so we actually had, I think, upwards of 100 NGOs involved with that.

Q: Who was the Army general there?

A: It was an Army two-star [MG, Ret., Hal Timboe] and Bester [BG, Ret., William T. Bester], with Project Hope. [LTG,

USA, Ret., James B. Peake, former Army Surgeon General, was the COO, Project Hope]

Q: BG Bester is a retired Nurse Corps officer.

A: Yes. They were part of the Project Hope team; they were the ones bringing all these people onboard. So that is the model -- they get civilians who come in and help with these missions, and hopefully that will reduce the number of active duty who have to deploy. Plus, a lot of the people that are going out there are either former or retired military, so it works out pretty good.

Q: What were the biggest challenges in that for you?

A: The biggest challenge is sometimes orientating some of the civilians who have never been on a ship, or even in the military. I'll never forget; we pulled in to Singapore and the majority of the NGOs either departed or embarked on the ship there. We got their luggage off the pier there, had it hoisted up onto the flight deck, but they were looking for valet service; they literally expected us to pick up their luggage. And then getting them oriented, "Okay, here's where you're going to be sleeping. It's not a private room

like you thought you might have." And the chain of command issues that you had to get people used to, because they didn't understand, "Hey, I can't go in here during general quarters. I can't do different things like that." So, orientating them to the shipboard life, but once they were in there doing patient care, it was just like working at a civilian hospital.

Q: How long did it take you all to get there?

A: It took about three and a half weeks when we went to Banda Aceh, where we anchored. We relieved the *Carl Vinson*, the aircraft carrier.

Q: And how long did you all stay there?

A: We were there, probably, for a month or so, then we left for other sites. Then all of a sudden they had another earthquake and we had to come back. So from the time the ship left the pier to the time the ship came back, it was probably about six months.

Q: What kinds of patients did you get?

A: Initially, ones that had suffered some injuries from the tsunami, but then mostly it was just humanitarian efforts. You had a lot of cleft palates. They needed dental procedures, things along those lines.

Q: In other words, there really wasn't any trauma.

A: Not really because by the time we got there it was already three or four weeks after the tsunami, so there wasn't too much for us to do. I think that's why they kept the hospital ship around because people were more receptive to going to a hospital ship instead of the grey hull ships, and that's why you see them going out all the time now.

Q: What do you see as your greatest challenge now in this job?

A: The greatest challenge right now is if we're going to expand out to the East Coast, and if we're going to have similar programs on the East Coast, how are we going to set up the hiring over there and how do we share resources? How do we share the same databases with each other as far as connectivity?

Q: Yes, that's interesting, because the Navy is split between the coasts this center couldn't actually cover all bases. You really would need another center due to travel and distance.

A: Yes, due to the travel and the number of personnel that you need to really do the job.

Q: Where would they put that? Bethesda?

A: I think it would probably be at Portsmouth or Camp Lejeune -- along those areas.

Q: Any memorable instances in your Navy career, or in this more recent experience?

A: I think going to the Pentagon and working there, because it's a whole new life over there. You walk in and you see all the flag officers, but then after awhile you realize just because the people are in suits, maybe they are flag or general officer equivalent. And you learn there's a lot of three or four star equivalents up there.

It was especially interesting going there after 9/11, working everyday and then going down to see the site where the airplane had hit. It was years afterwards, and just going down there to see and kind of thinking about it; that was unbelievable.

The other thing, too, is my oldest son. As an officer, I was able to enlist him into the Service. So we had our own little private ceremony there, and that was nice having my son in the Navy while I was still on active duty.

Q: What's his name?

A: His name is Roderick Joseph Drozd, and he was an Information Systems Technician.

Q: In the Navy?

A: Yes.

Q: Is he still in?

A: No, he got out after four years, because they only put him on the ships and he was tired of going to sea.

Q: What's he doing now?

A: He had gone to a couple of schools, and he's actually finishing up school this semester. I think he's going to be a pharmacy technician.

Q: Is he going to work in the civilian world? He's not staying in the Reserves?

A: No, he's not staying in the Reserves. Unfortunately, he kind of messed up a little bit, got a couple of tattoos, The Navy got strict about tattoos, and so they want to give them a waiver.

Q: Has that rule changed yet?

A: Well, I don't know if it's changed, but you see some people get those tattoos, because they're already on active duty.

Q: You're seeing a lot more of that, it's unbelievable.

A: Yes.

Q: The Army has dropped the bar. I think the only thing they don't let you do is tattoo your face. If you were king for the day, what would you change about the combat operational stress business, or the Navy, for that matter?

A: I think the one big thing right now is they're talking about a unified medical command, where you put all the Services because you're pretty much in the same jobs. There's only so many people who are going to do logistics, so many people to do that. So as far as consolidation of resources, the unified medical command, I think, would make a big difference. That way you could standardize the training, you could standardize a lot of different things to make sure the same message is being sent out and there isn't a big variance.

Q: Were there discussions on that topic when you were in the Baylor Course?

A: Actually, when I was at the Pentagon, the four-star equivalent that was in charge then was working on that. There's a lot of cost savings potential for that, plus how

many years have we been talking about all of us being purple? I mean, that's been at least over 25 years for me, and maybe longer. They always talk about being purple, but it never happens.

Q: The four-star equivalent who you said was working on that, was that at Health Affairs?

A: That was our Assistant Secretary of Defense for Health Affairs, Dr. Winkerwerder [William Winkerwerder, Jr., M.D., ASD-HA 2001-2007]

Q: Well that seems to be a hot topic, plus the JTF CAPMED (Joint Task Force, National Capital Region Medical), which of course is not funded by DOD. We'll see what happens there.

A: We'll see what happens there.

Q: And we can sure see what's going on at Bethesda. That's a big transition.

A: Oh yes, with that joint Army and Navy hospital; that's going to be really interesting.

Q: And there's a dilly of a new Army hospital being built at Fort Belvoir, a big, beautiful thing.

A: That's where we used to get seen, so that was good.

Q: Any questions you think we ought to talk about?

A: No, thanks again, Colonel, for having me here today, and I wish you luck with this project you're working on.

END OF INTERVIEW