

BUMED Oral History Project
CAPT Zsolt T. Stockinger, MC, USN
Surgical Director, Intensive Care Unit, and Staff General and
Trauma Surgeon
Naval Medical Center Portsmouth, VA

Date and Location of Interview: 29 September 2010, Portsmouth, VA

Interviewer: COL Richard V.N. Ginn, USA, Ret.

SYNOPSIS

CAPT Stockinger was born and raised in Auckland, New Zealand, where his parents had immigrated when the Soviet Union invaded Hungary in 1956. His father, Suzilard Popyipid, passed away in 2009, and his mother, who divorced his father and changed her name back to her maiden name, Maria Stockinger, now lives in New Jersey. His brother, Victor, is an attorney in London. Stockinger graduated high school in New Zealand, and college at Columbia in New York after his family moved from New Zealand. His BS and MA degrees were in physiological psychology, a field he continued to study as a Ph.D. candidate. When his dissertation advisor left Columbia, which would require him to start over, he decided to go to medical school. He completed his graduate studies at Columbia with an M.Ph, and went to medical school at the University of Alabama, which with a scholarship and the lower tuition and living costs "was the cheapest medical school I could get into." He was married in 1982 while in graduate school, and he and his wife, Janna Lynn, originally from Euclid, OH, moved to Alabama.

CAPT Stockinger worked 40-80 hours per week throughout college. He continued to work during graduate and medical school, and while helping put his brother through law school in London, completed medical school debt free. He met Janna at Columbia where she was pursuing a Ph.D. in international relations, and they were both working in the rat lab. She has continued to hold various positions since they were married, and is currently studying moral theology at Christendom College in Alexandria, Virginia.

Following medical school, CAPT Stockinger began a general surgery residency in 1992 at Maricopa Medical Center in Phoenix, AZ, and at the same time joined the Navy Reserve. As to his reasons for joining the Navy: "I have no interest whatsoever in business. I have no interest whatsoever in money." He viewed either the Army or Navy as compatible with his interests, Janna preferred the Navy uniform, and then there was the Marines. "I love the Marine Corps. They're knuckleheads...and someone has to

look after them." He reported for active duty in 1998 following his residency, and later, from 2002-4, completed a Navy-sponsored fellowship in surgical critical care and trauma surgery at Charity Hospital and Tulane University in New Orleans. At the time of this interview he had recently been promoted to captain.

Stockinger's career is notable for his multiple deployments and missions, including East Timor, Laos, Iraq (two 6-month tours), Pakistan, Mexico, Mauritius, Afghanistan, and Haiti; interspersed with stateside clinical assignments, principally Portsmouth Naval Medical Center. His deployments in OEF and OIF have been with the Marines, and his service is characterized by extensive experience in field medical support.

His first deployment was in 2002 during a three-year tour with the Navy hospital in Okinawa when he was detailed to East Timor aboard the *Belleau Wood* in support of the 31st Marine Expeditionary Unit. He developed some definite opinions beginning then, and continuing during subsequent deployments for combat medical support or for humanitarian assistance or disaster relief. Some examples:

On U.S. medical deployments: After an earthquake in 2005, "The Pakistanis did 3,000 surgical cases in six days at one hospital, the Central Military Hospital in Rawalpindi. They were operating on the lawn outside. They were running out of anesthesia. They've got a 12-bed ICU with two ventilators. They did 3,000 cases in six days. I'm sorry, but that puts us to shame. It doesn't matter what we have done, that puts us to shame." "You know, we don't have an excuse to not be doing as well as we're doing. What would be our excuse for not having a 90-something-percent survival rate for casualties? We've got all the gear; we've got all the transportation; where's the excuse? We have to do this well; we can't not do this well. We can't justify not doing so well given the technology and the resources we have."

On planning for deployments: "It was very clear to me; for a lot of the planners their attitude is the product is the plan. But my perspective is the product is completing the mission. You can write whatever plan you want, but if the plan is unable to fulfill the mission, it's not a good plan and has to be changed."

On the three greatest advances in combat surgery: "My first one is the helicopter, which was first used by the British in MEDEVAC in Burma in 1944, so that's nothing new. My second greatest advance would be body armor because it's now turning devastating non-survivable torso injuries into devastating, but

survivable, extremity injuries; so body armor is my number two. And my number three would be blood banking, because now we can transfuse people and keep them alive." "If I must add a surgical procedure: making arterial repair."

On combat medicine now and in the Korean War: "If Hawkeye Pierce walks into my tent in Afghanistan, he'll feel right at home. It's the same equipment, same crappy lighting, same amount of dirt. The anesthesia machine's a little better. The inhalational agents are a little bit better; the anesthesia is safer than it used to be. We've got ventilators now. But the surgical part of it itself is still meatball."

On reality and the need for triage criteria in disaster relief: "There's 300,000 injured people in Haiti and I've got 600 beds" "We had no triage criteria whatsoever; they didn't exist...we generated a list of triage criteria that was consensus driven, and that's what we used. We kicked it up our chain of command and said, 'We're going to proceed until apprehended.' "

On training military surgeons: I had a wonderful time at Charity [in new Orleans]. It was, "Welcome to Charity Hospital-the latest in 70s technology," which for a military surgeon was great. Just like the County Hospital in Phoenix you're working on a shoestring budget; you don't always have all the fancy gadgets that you want, or you have three patients who need the gadgets but you've only got one gadget. It teaches you to ration healthcare; it teaches you to work in an environment that doesn't have anything, and in my opinion that's the kind of training that military surgeons need.

On mayhem: "My residency had been at the County Hospital in Phoenix, which is a zoo with the kind of patients that you'd expect at a county hospital...It's kind of a barely controlled mayhem...Charity was like coming home -- barely controlled mayhem."

On serving with the Marines: "I want to go with the Marines. If you want to shoot at me, drop mortars on my head, whatever, I'm willing to put up with that so I can go with the Marines and be a busy trauma surgeon and support the Marine Corps."

On making the most of it: "If you're on a deployment, you may as well make the most of it, because you're not getting home any earlier and you may as well have some fun -- wander around and see what few sights there are, go talk to other people, make some friends, just go hang out. Find something to occupy your

time besides incessantly trying to find an email someplace so you can email your family and friends and tell them how much life sucks, do something about it. So I found things to do."

On his deployment to East Timor: "The medical planner for the admiral calls me one afternoon, this guy by the name of J.R., and he goes, 'Hey, do you have a sea bag packed?' My response, being the smart ass that I am, is, 'Doesn't every sailor have a sea bag packed?' Of course, I've never been on a Navy ship and I've never deployed anyplace, and I've been in the military about eight minutes, but the smart ass that I am said, 'Don't we all?' And he said, "Great, bring it with you to White Beach, the pier, at 4:00 tomorrow morning.' "

KEY WORDS

9/11 response - USNS *Comfort*

Afghanistan

Al Taqaddam (TQ)

USS *Belleau Wood*, LHA-3: amphibious assault ship, deployed to East Timor peacekeeping mission in 1999; decommissioned 25 October 2005; sunk as a target 13 July 2006.

Big Three: Navy medical centers in Bethesda, San Diego, and Portsmouth

Buckets: Air Force Expeditionary Force (AEF) policy divides the active Air Force into twelve "buckets"; at any one time two buckets are eligible to deploy or are deployed for 120 days, and upon return home are not eligible for deployment for 16 months. The system essentially collapsed during OIF/OEF.

Camp Bastion: the main British base in Afghanistan; northwest of Lashkar Gah, the capital of Helmand Province.

Camp Dwyer: USMC base located in the Helmand River Valley in the Garmsir District, Afghanistan.

Compeggie, LCDR (later CDR) Mike, M.D., MC, USN; anesthesiologist

Castellaw, BG John G. (later LTG), USMC; commander of support forces, Operation Stabilize

Christendom College, Front Royal, Virginia; its Notre Dame Graduate School is located in Alexandria, VA

CILHI: Central Identification Laboratory, Hawaii

Cowen, CAPT Michael L., MC, USN (later VADM and Navy Surgeon General)

Continuing Promise (CP09, etc.): an annual humanitarian civil assistance operation supported by U.S. and international military medical personnel.

DIVO: Division Officer, generally officers in grade of ensign to lieutenant (01-03).

JFCOM: Joint Forces Command, Norfolk, Virginia (Sec Def announced closure in 2011).

DIMO: Defense Institute for Medical Operations, US Air Force School of Aerospace Medicine (USAFSAM), Brooks AF Base, Texas.

DMRTI: Defense Medical Readiness Training Institute, Fort Sam Houston, TX

DIVO: Division Officer. Division is an organizational element aboard a vessel; departments contain a number of divisions.

Drawovers: Portable anesthesia system in which an inhalation anesthesia is vaporized by the patient's breathing.

East Timor: *Operation Stabilise* peacekeeping mission, September-November 1999.

EMEDS: Expeditionary Medical System (Air Force)
EMF: Expeditionary Medical Facility (Navy)
Etienne, LCDR Mill, M.D., MC, USN; neurologist.
FAP: Financial Assistance Program: DOD program of residency training financial assistance for members of the Individual Ready Reserve.
Fleet Marine Force Qualified Officer
Fleet Marine Force Enlisted Warfare Specialist
FSG: Fleet Support Group
FRSS: Forward Resuscitative Surgical System
FST: Fleet Surgical Team
GAT: Guidance, Apportionment and Targeting
Gunston Hall, LSD-44, amphibious dock landing ship
Gupta, Sanjay, M.D; neurosurgeon, Chief Medical Correspondent, CNN
HA/DR: Humanitarian Assistance/Disaster Relief
Haiti
Hesco: temporary or semi-permanent barriers against blast or small arms fire named for the British manufacturer
Highfill, RADM Harry M., USN
IDC: Independent Duty Corpsman (Navy)
IDMT: Independent Duty Medical Technician (Air Force)
ILII-26 Soviet Ilyushin light bomber
Ilizarov: bone-lengthening procedure
Iraq
Joint Task Force-Bravo, Honduras, JTF-B
JTF CapMed: Joint Task Force Capital Region, Medical; Washington, DC
JTF-FA: Joint Task Force Full Accounting
Katrina hurricane 29 August 2005; USNS *Comfort*
KBR: Houston based firm, largest contractor for the United States Army
LCAC: Landing Craft Air Cushion
LCU: Landing Craft Utility
M9: 9mm Berreta semi-automatic pistol
M240B: 7.62mm machine gun, B model is designed for infantry use.
McGuire, LCDR Jeffrey D., M.D., MC, USN; anesthesiologist
McSwain, Dr. Norman, CAPT, MC, USNR, Ret.; Director Trauma, Charity Hospital, New Orleans and professor of Surgery, Tulane Medical School
MARPAT: Marine Pattern - digital camouflage pattern used by the Marine Corps
MARSOC: Marine Special Operations Command
MEDCAP: Medical Civil Action Program
Mauritius
Medicins Sans Frontieres (Doctors Without Frontiers)
Moral theology

Nerve gas: use by Iraq against the Turds
NGO: Non-Governmental Organization
OEF: Operation Enduring Freedom (Afghanistan)
OIF: Operation Iraqi Freedom
OPSEC: operational security
Partners in Health
Pakistan earthquake, 8 October 2005
PHTS: Pre-Hospital Trauma Support,
ProPac: Commercial supplier of disaster preparedness supplies
and equipment.
Rappold, CAPT Joseph F., M.D., MC, USN; pediatric critical care
surgery
ROS: Reduced Operating Status
ROWPU: Reverse Osmosis Water Purification
STP: Shock Trauma Platoon
Sharpe, CAPT Richard P., MC, USN; trauma surgeon
SOUTHCOM: Southern Command
TAD: Temporary Additional Duty
Taqaddum (TQ), Iraq
Todd, CDR William. M.D., MC, USN, pediatric orthopedic surgeon
on the *Comfort*
USNS *Comfort*: hospital ship based in Baltimore, Maryland
Wissler, BG John E. (later LTG), USMC; CG, 2d Force Service
Support Group (Forward)
WDMET: Wound Data Munitions Effectiveness Team, DOD report on
effectiveness of munitions on casualties in the Vietnam
War.
WRAMC incident, 2007
X-Fix: orthopedic external unilateral fixation device
manufactured by Vilex, Inc.

EXPRESSIONS:

- "I'm in the military to support the war fighter. I'm not in the military to be a guy who wears a uniform, but wants to act like a civilian doctor. I'm here to support the war fighter. If we're going to war that's where I should be."
- "Everything the Army touches has to turn green."
- "We're going to proceed until apprehended."
- "I love the Marine Corps. They're knuckleheads sometimes, but someone has to look after them."
- "Deal with it or seek counseling." (Marine expression)
- "As one of my Marine friends once put it, you can't sprinkle powdered sugar on a turd and call it a doughnut, because it ain't going to happen."

