Battlefields: From Baghdad to Beaumont

"Pickled quail eggs? Did I hear that right?"

"Oh, yeah! She gathers the eggs herself and pickles 'em and brings 'em when she comes for an appointment. My patients bring me stuff all the time."

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"The people of the United States and our friends and allies will not live at the mercy of an outlaw regime that threatens the peace with weapons of mass murder. We will meet that threat now, with our Army, Air Force, Navy, Coast Guard and Marines, so that we do not have to meet it later with armies of fire fighters and police and doctors on the streets of our cities."

As then President George W. Bush addressed the American people, the bombing of Baghdad had begun. The day was Wednesday, March 19, 2003, and Captain Alan Leifeste would soon be on his way, right into the heart of the battlefield.

Two days earlier, on March 17, Bush had demanded Saddam Hussein and his sons Uday and Qusay surrender and leave Iraq within 48 hours. They failed to comply, and on March 19, a U.S.-led coalition began bombing Baghdad. On the morning of March 20 the first confirmed skirmish between American and Iraqi forces occurred. By that evening, at least seven raids on Baghdad were confirmed. Operation Iraqi Freedom had begun.

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Even today, nine years later, it is easy to imagine Leifeste in this desert war zone, at times carrying an Army-issue M16 assault rifle or a Beretta M9 pistol as a sidearm. A former football player and wrestler, he is tall, nearly six-and-half feet, and broad-shouldered. His dark silver hair is still kept short on the sides, but not so close as to be considered "gray wall" as the soldiers would call it. Most days he rarely sits. His stance usually falls to parade rest, another holdover from his nine years of duty in the Army.

But instead of the standard tan, camouflage combat uniform of most soldiers, CPT

Leifeste would most often be dressed in scrubs. M16 or Beretta notwithstanding, he was a commissioned officer in the Army Medical Corps, a doctor trained to heal, and as it turns out, the first doctor of coalition forces in Baghdad after America declared war on Saddam Hussein in 2003.

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Leifeste's path to medicine is anything but typical. In the late 1980s, he blew out his knee playing football in high school but was able to play his senior year after surgery. After that experience, he toyed with the idea of becoming an orthopedic surgeon…or a chef or a game warden. A wrestling scholarship took him from Austin, Texas to Texas A&M University in College Station where he studied zoology for nearly four years. On a spring break trip to Panama City Beach, Florida his junior year, he decided on a whim to take the Medical College Admission Test (MCAT).

"I was just sitting there having a beer at the beach, and I didn't want to get a job yet," he remembered. "So I thought I'd take the MCAT." Just like that.

Later that year, during Christmas break, he got a call from the department chair of zoology. In no uncertain terms he admonished Leifeste for not following the prescribed degree plan. The message was clear: shape up or ship out.

"So I switched majors to biomedical science," he chuckled. Three weeks later, in January 1995, a letter arrived. Leifeste had been accepted to the Texas A&M University (now Texas A&M Health Science Center) College of Medicine. If he wanted it, a space was his in the next class of physicians.

Before beginning medical school, he applied for and received one of about 300 scholarships awarded nationally each year by the U.S. Army's Health Professions Scholarship Program. The deal was clear: the Army would pay for medical school, and Leifeste would owe them four years of service. It was a choice he made easily.

“I took a military scholarship knowing that there could be a war,” he said, matter of fact. When it came time to choose a residency program fours year later in 1999, the choice wasn’t so clear.

“I liked everything I studied in medical school,” Leifeste said. “But I couldn’t decide between surgery and family medicine.” So he actually flipped a coin…and was on his way to a family medicine residency at Dwight D. Eisenhower Army Medical Center (EAMC) in Augusta, Georgia. As a family medicine resident he would see patients young and old with conditions at every stage from acute to chronic. Bellyaches, labor pains, diabetes complications, sprains, strains, broken bones, hypertensive arteries and angry gallbladders were all in a day’s work.

By September 11, 2001, in his third and final year of residency, Leifeste had distinguished himself at EAMC and was serving as chief resident of the family medicine program. As events unfolded in the days following, he knew he would be deployed. Where and when remained to be determined as Leifeste finished his residency in the spring of 2002 and then transferred to Carl R. Darnall Army Medical Center in Fort Hood, Texas, one of the largest military bases in the world.

Less than a year later he was boots on the ground in Baghdad.

“A year out of residency, and I saw [tuberculosis], diphtheria, and lots of trauma wounds,” he recalled. “You don’t see these things in the States. I handled more trauma cases in six months in Iraq than I did in all of my training.” There were six to eight gunshot wounds every day. Victims of car wrecks, improvised explosive devices (IEDs), and mortar attacks, soldiers, insurgents, civilians—Leifeste treated them all.

“We would go where the action was. We hadn’t even put the tailgate down, and trauma cases were coming in,” he said. “I’m just trying to patch ‘em up, you know? It was then that I appreciated my advanced training in life support.” The most seriously injured would be transported to Kuwait or a “Level 3” facility in the theater of combat in Iraq. The medical facility

there is a “Level 3” hospital, meaning that it handles the most critical casualties, almost exclusively trauma and much of it from IEDs. Other casualties would go to Landstuhl Regional Medical Center in Germany to recover. There was always work to be done.

During his six-month tour, Leifeste also served with a biological warfare decontainment team and as the physician in charge of caring for 90 high-profile prisoners of war. When asked to elaborate, he is purposely glib.

“You know. The deck of cards.”

On the “deck of cards” the faces of the most-wanted members of Saddam Hussein’s government were superimposed to help soldiers identify them on the battlefield. Many in Leifeste’s charge warranted their likeness on a card including the “five of hearts,” Huda Salih Mahdi Ammash, one of only two females in the deck.

Ammash was a scientist who held a leadership position in Hussein’s Baath Party. U.S. officials allege that she helped rebuild Iraq’s biological weapons program after the Gulf War in the mid-1990s. Ammash surrendered to coalition forces on May 9, 2003.

“I talked to her, you know,” Leifeste said. “I asked her why she did it, and she said, ‘I’m a biochemist! I barely knew what I was doing trying to make anthrax, but to question what you’re told is certain death. If Saddam ordered you to do something, you did it, or else it meant your family, or you, would be killed.’”

As for other memorable moments during his tour of duty, Leifeste recounted the time he and a team found $646 million in a house, undoubtedly an enemy stronghold. And what could top that?

“Well, I met Kid Rock, too,” he laughed.

When his tour ended, Leifeste came back to Fort Hood, continued to teach the family medicine residents, and was then promoted to assistant residency director. Two years later, he and Uncle Sam parted ways amicably.

“It was 2005, my time was up, and I wanted to get out,” he said. In terms of military medicine, he had done all there was to do. “The best thing—the hardest thing—I ever did was join the military,” he said. “It put me leadership positions. I mean, I was a residency director in my early thirties! And it got me to really focus on medicine…I grew up a lot in the military.”

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These days, Leifeste focuses on caring for patients at Southeast Texas Medical Associates (SETMA) in Beaumont, Texas and giving back to the College of Medicine. In 2012, Leifeste, and his wife Amanda, joined the Texas A&M HSC College of Medicine Rapport Society. The Rapport Society is an exclusive organization of alumni and friends dedicated to advancing the stature and reputation of the College of Medicine. Members serve as advisors and ambassadors for the College of Medicine. He and Amanda, the Southeast Texas Medical Association Foundation and the Rapport Society created the Leifeste/SETMA/Rapport Society Endowed Scholarship to attract and retain outstanding medical students.

As a partner at SETMA, Leifeste fights different battles from day to day. The “battles” here have names like “diabetes” and “hypertension,” and they have been waged for years.

At SETMA, an enterprising group of doctors serve the community as an accredited Tier 3 medical home with services from family medicine to physical therapy. Unlike a traditional doctor’s office, a medical home is a healthcare organization involved in all aspects of a patient’s care, including treatment and an additional aspect called “care coordination.” Care coordination, usually handled by specifically designated personnel, includes appointment management, follow-up, and overall guidance of patients *through* their care. At SETMA three full-time care coordinators arrange rides for patients without reliable transportation (sometimes even getting them gas cards for their cars), stack appointments with specialists on the same day so a patient doesn’t have to make multiple trips, and ultimately make sure the patients understand their prescribed care.

“As a medical home we are involved in every step of treatment, which is essentially what ‘family medicine’ is,” said Leifeste. “It’s not a destination. It’s a philosophy.”

Currently, less than one percent of practices nationwide are medical homes, and Leifeste acknowledges that he and his colleagues are “creating the ways to do it.” Such a philosophy, even one in progress, must be working because in 2011, SETMA logged more than 80,000 patient visits. Of those 80,000, Leifeste sees about 25 patients a day plus about 7 to 8 patients in the hospital, and he knows most of them by their first names, including a sweet, elderly woman who brings him homemade pickled quail eggs when she comes for an appointment.

At the heart of SETMA’s organization is a seven-million-dollar computer system for electronic health record management. More than just a repository for a patient’s medical records, the system is accessible by the SETMA doctors, the local hospital and nursing homes so that every caregiver can access the most current health information. Not only does this put every caregiver on the same page, it drastically reduces the likelihood of adverse events like medication errors or readmission to the hospital.

Perhaps even more profound is the way in which Leifeste and the other doctors use the system internally. Each month it generates metrics on their patients—everything from the number of diabetic patients with elevated blood glucose to blood pressure readings to body mass indices. The doctors review these metrics with each other and are able to see, with quantifiable data, whose patients are doing better.

“It works like this,” Leifeste explained. “We analyze everything in our practice. If my colleague has a diabetic patient with good blood glucose levels, and those levels have been holding steady for a couple of months, he’s doing something right, and I can see that…I can *learn* from that. How many physicians really get to see how they are doing like that?” These monthly “metrics” meetings are about more than quality assurance then. They are about a cooperative (and, admittedly, slightly competitive) way to be a better doctor. In a profession

historically noted for its individualistic bravado, such a concept is nothing short of revolutionary.

It's taken them years to get the system to its current state, and they constantly perfect it. However, Leifeste is quick to note that they don't use all this technology as a crutch for patient care.

"It's very easy to get lost in technology," he said. "But even today with all these tools, we must train doctors to *listen* to the patient. Technology is important to learn, but don't hide behind it. Medicine is still about the doctor-patient relationship, and the most important weapon is a doctor's ability to take good medical history. The computer is just the stethoscope of the 21st century. You must talk with and touch the patient."

He goes on to posit that the health information exchange will be the next evolution in medicine. When examining the economics of medicine, healthcare organizations will have to ask themselves, "Can we manage the transfer of information from a hospital to the doctor's office to the nursing home and beyond?" To do so, is currently very expensive, but Leifeste thinks the industry will find ways to reduce cost. Those who do so will be successful and will ultimately take better care of patients.

When this happens, Leifeste will be ready. He's been training for a long time. From Baghdad to Beaumont, the battlefield may look different, but Leifeste continues to fight the good fight. He has met one enemy in the desert; he meets other enemies every day in an east Texas clinic, always some combination of doctor and soldier.

"Every day, I must continue to improve," he said. "I can't let up, and I've got to keep working."