

Health Insights Today

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From Military Medic to Chiropractic Student Interview with Valerie Tolen

Interviewed by Daniel Redwood, DC

Valerie Tolen chose Cleveland Chiropractic College – Kansas City as the next step in her health care career, a journey that has already taken her around the world as an Independent Duty Medical Technician (IDMT) serving United States servicemen and women in distant outposts.

In this *Health Insights Today* interview, Ms. Tolen demonstrates a no-nonsense, good natured approach to issues of life and health. The lessons she learned from her service in military medicine form the basis of her service-oriented worldview, which manifests as a deep desire to work in underserved rural areas and to build a holistic primary care chiropractic practice in which prevention plays a central role.

Tell us about your work as a military medic.

I had a good time because I was able to use what I had learned in a practical and very valuable setting. That went from small things to the actual ‘I just saved a life’ kinds of things. I was fortunate have a couple of those. And best of all, my first question wasn’t, “What insurance do you have?”

How old were you when you enlisted?

I was 17. I had just graduated from high school and money had gotten tight. Pell grants for college were becoming less accessible. My boyfriend and several other people from my town were enlisting. And I thought, hey, that sounds like more fun than the regular route. It was a little bit of the rebellion in me. Or if not rebellion, at least independence.

Those can be good qualities to have. What happened after you decided to enlist?

I joined the Air Force. Because of my scores on Armed Services Vocational Aptitude Battery Test, I was allowed to choose my career field. I chose a medical career.

What did that training involve?

First, a six-week introduction to the Air Force. After that basic training, I went to specialty school at Sheppard Air Force Base in Texas. I started out as a medical aide, which in the civilian world would be similar to a nurse’s aide.

So you begin at the beginning and go deeper from there.

In eight weeks, they turn you out of school and then you go to your first assignment, where you get on-the-job training.

What was your first assignment?

The OB [obstetrics] ward. I was stationed in California. I loved it! I had all the children I wanted and none of them were mine. I was in labor and delivery, went over to the clinic for a short time, back to OB, and then down to the emergency room. The whole time, as you make rank, you’re also advancing your training level. You do that through

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both on-the-job training and correspondence courses. You have to test for your skill level, and that is factored in when you test for promotion. My career field had a specialty field, the Independent Duty Medical Technician (IDMT).

What does that involve?

They send you out to the middle of nowhere and you do everything. To a great extent, you are the doctor, the dentist, the veterinarian, the pharmacist, the environmental health inspector and more. This is at remote sites where you either have too few people or they're so mobile that they don't want to send your higher ranking, higher skilled people.

This sounds almost like an old-time wilderness doctor.

Yes.

Where were you sent and what kinds of things did you wind up doing?

You could be sent out with small mobile groups, like attached to a fighter squadron, clearing ranges with the bomb squadron or working with the intelligence corps. These would be more mobile units with very limited resources, taking basically whatever you could carry. Or you might go to a remote site. Sometimes you would be sent to smaller bases, where there are a limited number of people. At these places there may be more than one IDMT. The Navy has the same thing, which they call the Independent Duty Corpsman, on submarines and smaller ships in carrier groups.

On a permanently stationed site, like the one in Singapore, we only had a hundred or so active duty people (although there were also 400 dependents there). You set up a clinic, you run the clinic, you see people by appointments and you see emergencies. The first thing they teach you in independent duty school is that it's okay to say, "I don't know," and then to find out. You refer people out to whatever services are available when you can't take care of it yourself.

In Singapore, they have an excellent medical care system so I could refer emergencies out, like cases that would require major surgeries. But for the basic minor surgeries, like removing warts or sewing people up, I had extensive training. In the military, if you come into an emergency room, the regular hospital ER, you're more likely to be sewn by a technician than by a doctor.

What are some of the more satisfying cases that you remember in your work as an IDMT?

Much of my time was spent in routine care, but there were those occasional cases that had a significant impact on me. Once, I did an EKG [electrocardiogram] on a seemingly healthy guy who needed medical clearance before starting an exercise program. So I ran a standard EKG and I realized right away that something was just not right. So I called my preceptor.

This is a medical physician?

Yes. I was in Singapore and he was in Japan. After that consultation, I sent the patient to a cardiologist in Singapore, who called me to say that he had done an x-ray and the patient had a retrocardiac mass. Once we knew that, my position on this case shifted from being the medical person to being the medical administrative person, because we [the Air Force] were now acting as his insurance company, as he was sent to the doctors he needed to see. We needed to decide whether to treat him in Singapore or to send him elsewhere.

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So you were responsible for finding the most effective and cost-effective means of treating him.

Yes. I had to consider the emergent circumstance, the cost-effectiveness, what was available for transportation, and a variety of logistic information. The man's mass turned out to be nothing more than a fatty tumor—no cancer, just basically a big ball of fat behind the heart that had pushed the heart off its axis. We had to decide whether to have the surgery done in Singapore or to ship him elsewhere, such as back to his home base in Texas. Because of Singapore's excellent medical care, and the fact that his family would be there to support him through his recovery after the surgery, we decided to keep him in Singapore. In different circumstances, I would have needed to arrange to send him thousands of miles away.

How about one more interesting case?

During a field exercise, one of the arriving squadrons included an individual with infectious viral gastroenteritis. I anticipated that many more people could be exposed while they were working in the small crowded basement rooms. I made sure that we would provide each work area with fluids and gave instructions for everyone to take a break every hour. That kept the personnel hydrated and healthy. Headquarters Pacific Air Force later recognized me for preventing an outbreak.

How were you first introduced to chiropractic?

In high school. I had friends who were chiropractors, people I met and remain friends with. I also knew a young ballerina being seen by a chiropractor and a podiatrist. This is when I learned that there were different kinds of doctors in health, besides MDs. I also discovered that many young athletes were being treated by chiropractors instead of medical physicians.

Later, I was teaching in Missouri, and I would give guest lectures in the Drugs and Behaviors classes. I primarily taught about over-the-counter medications, but I would also do a special lecture in that course about the basics of the health professions. As part of that, I defined for the students the difference between an allopath, an osteopath, a naturopath and a chiropractor. I described the differences as well as the similarities. I explained that these are all doctors, and that all types of doctors are experts in their particular fields.

My own philosophy says that all of these professions should be included and all of them are important health care resources. In the military, for the most part I only had MDs to deal with, along with some osteopaths, PAs [physician's assistants] and nurse practitioners.

Can you recall situations while you were a military medic, when it would have been helpful to have a chiropractor available?

Yes, absolutely. There are times when adjustment and manipulation are key. First, they're quicker. Much of the time, you can see instant results with them. In practical terms, this means I can get someone mobile so we can get out of the line of fire and then fix them someplace safer. Additionally, the trauma of being stuffed in a cockpit or a tank can be quickly countered by some simple manipulations.

Second, what you have available [as a military medic in the field] is often nothing more than yourself. Both of those professions, chiropractic and osteopathy, utilize touch. Having worked in OB for so many years, I've seen over and over the difference that touching can make for a patient. Just simply laying your hands on them. I've seen this in the

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emergency room, in OB, and also in my work with domestic violence and sexual assault people, where you have to be *very* careful how you touch. There can be a great difference between just being next to them, and putting your hand out toward them. There can be a huge change in them, just because you touched them at the same time you were talking with them. I carry my hands with me. They are one of my most important tools. That and listening.

Coming closer to the present, you've recently begun chiropractic school. What would you say your goals are at this point?

I want to go out and help people, including people who do not live that close to health care services or who lack the financial resources to get simple basic health care. In some cases, my role might be pointing them in the right direction. I would rather that people come to see me when they have a cold, just starting out, rather than wait until it's pneumonia and they have to go to the emergency room.

I don't care if they pay me in peaches when the crop comes in. I want to see them *before* something becomes a big problem. I would really like to see everybody in a preventive care, wellness setting. America as a whole has no concept of preventive medicine. We really need one and need to find ways to deliver it. It's about diet, exercise, weight loss. It needs to be individualized, and it takes participation from the individual and their doctors. I want to be part of that. I want to be an example of those attitudes that I have most admired when receiving care.

So you envision a practice in which you would combine your specific chiropractic training with what sounds like a primary care practice, with particular focus on wellness, prevention and serving people in need.

One of my former teachers said, "The more people you have to refer to, and the more patients you actually send to other places, the bigger and happier your practice will be." Because you're willing to be what insurance companies call a "gateway" doctor. I want to be someone you come to, where you can pour out honestly what's going on, so I know how and where to direct you. I am convinced that health professionals don't have to be an expert in everything, but you do need to know what's available around you. You need to build rapport with your patients, and help them in the ways they most need, either yourself or by referring to others. I would prefer to be in a rural area where my patients may not be only humans. I love animals.

Is there anything else you want to share with our readers?

I want to share my favorite quote. I've used this time and again and it's one of my mantras. "I am a product of my past, not a prisoner if it." I've dealt with so many people in post-traumatic situations, as well as people who have not been born into privilege, that this has great meaning for me. You have to start from where you are to get to where you're going, and you don't have to allow what you are to prevent you from becoming something else. The other thing I want to emphasize is how important it is, when you talk to people as a health care provider, to take great care with what you say, the words you choose. Those few seconds, when they're vulnerable and open, can be very important in that person's life, whether you realize it or not.

Daniel Redwood, DC, the interviewer, is Editor-in-Chief of *Health Insights Today*.