

The Krissoff family at Lake Tahoe in the fall of 1985. Nate and Austin Krissoff would later serve as Marine officers while their father Bill joined the Navy's Medical Corps to help take care of Marines in Iraq and Afghanistan.



# The True Meaning of SEMPER FIDELIS

## A Surgeon's Journey to Heal Wounded Marines

By CDR Bill Krissoff

Our older son, Nate, was a gifted musician, scholar, and athlete, a natural leader with a keen wit and wry grin. Like many young men and women of his generation, Nate was forever changed by the terrorist attacks of Sept. 11, 2001. He set his course on serving his country and sought the challenge of the Marine Corps. During the summer of 2004, he reported to Officer Candidates School in Quantico, Va. My wife Christine and I attended his graduation ceremony in August and watched in amazement as our boy—now a man—marched his company around

the parade ground using a drill sergeant voice that we had never heard before. Nate's younger brother, Austin, was with us that day at Quantico. Clearly the experience rubbed off on him. He decided that he, too, wanted to become a Marine.

In September 2006, Nate emailed Christine, Austin and me as he departed Okinawa for Iraq. He wrote to us: "Almost five years to the day after September 11, 2001, I have a chance to put my money where my mouth is in terms of service. I'm constantly reminded of the famous quote by Tom Hank's character at the end of 'Saving Private Ryan'—'Earn this.' Earning it

required sacrifice, determination, and doing my job to the best of my ability. I chose this and I wouldn't have it any other way."

Later in the deployment, while Austin was at OCS, Nate wrote to him with a description of an attack that killed Sergeant Jonathon J. Simpson, a much-admired member of 3rd Reconnaissance Battalion. "Why do I tell you this? Because Sgt Simpson and many All-Americans like him are the ones you are entrusted to lead, protect, and stand in front of. Never forget that all the trials and training that you and the other candidates go through is not about you. America's sons and daughters will be

**I asked him who took care of his Marines? He told me that every Marine battalion deploys with a Navy physician, and I knew, in that moment, what I wanted to do—take care of Marines in Iraq and Afghanistan.**



entrusted to your care. You owe them competence, discipline, courage, and judgment. Post Sgt Simpson's memorial picture perhaps up on your squad by read-board, tell your fire team and squad and platoon all about him as a clear reminder of what this is all about. Keep it with you throughout the trials ahead. Because when you hear the final roll call, the lone bugle playing taps, and the bagpipes wailing—we better have everything short of the hand of God Himself to accomplish the mission and bring our Marines home. It is a sacrifice he and many like him have made fighting for each other. Earn it.”

In December 2006, Nate was killed by an improvised explosive device while in a humvee (HMMWV) on patrol near Fallujah, in Al Anbar Province, Iraq. At his memorial service in Iraq, Lieutenant Colonel Bill Seely, Nate's CO at 3rd Recon, spoke of Nate's "point of honor as his commitment to service. A man whose calling was 'Not Self, but others. Nathan brought to this battalion professionalism, teamwork, integrity and fidelity.'" Seely concluded, "Nathan, your love, your brotherhood, and your memory like the flash on the horizon at sunrise and sunset, will be endless; your silence will be deafening."

One week after his brother's death, Austin was commissioned a second lieutenant in a small ceremony in our living room in Reno, Nev. In early January 2007, Austin began The Basic School and Christine and I returned to our orthopedic practice in Truckee, Calif.

The following summer in 2007, LtCol Seely came to visit our family. As we hiked along Lake Tahoe's Emerald Bay, I asked him who took care of his Marines.



**Lt Nate Krissoff (above) on patrol in Al Anbar, Iraq, in 2006 and Lt Austin P. Krissoff (left) at TQ Air Base, Iraq, 2009.**

He told me that every Marine battalion deploys with a Navy physician, and I knew, in that moment, what I wanted to do—take care of Marines in Iraq and Afghanistan.

There was only one small problem. I was 60 years old.

I called Lieutenant Commander Ken Hopkins, the nearest Navy medical recruiter, who was in San Francisco. He

thanked me for my interest, but told me very politely that I would need an age waiver and he doubted I would be able to get one. A few weeks later, we had an unexpected opportunity to meet President George W. Bush, who was in Reno and wanted to meet privately with local families who had lost loved ones in Iraq and Afghanistan. Christine and I accepted the invitation and Austin flew in from Camp Pendleton to join us.

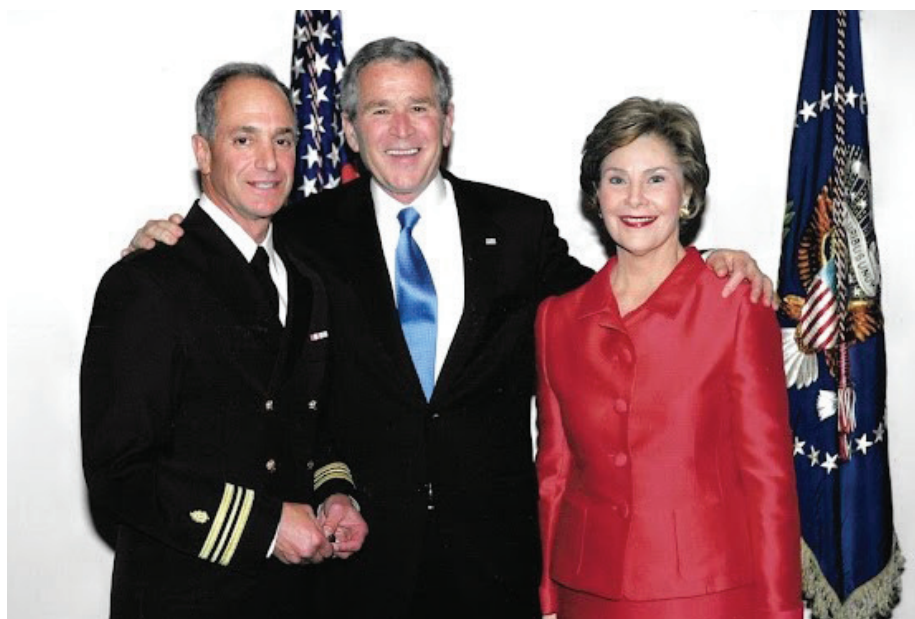
At the end of an emotional meeting, the President asked if there was anything he could do for any of us. I was last to speak. "Mr. President, I am an orthopedic surgeon and I want to join the Navy Medical Corps, but I was told I was too old. And no disrespect, Sir, but I am younger than you are." President Bush looked directly at Christine and asked, "What does Mama think about that idea?" Luckily, she supported my desire to serve. The President said, "No promises, but I'll see what I can do." Three days later, I got a call from LCDR Hopkins. "Well, Bill," he said chuckling. "Looks like you got your age waiver." On Nov. 19, 2007, I was



The President said, “No promises, but I’ll see what I can do.” Three days later, I got a call from LCDR Hopkins. “Well, Bill,” he said chuckling. “Looks like you got your age waiver.”



**Nate Krissoff with an elderly Iraqi man who was rescued from insurgents during 3rd Recon’s deployment in support to OIF in 2006.**



**CDR Krissoff with President George W. Bush and Mrs. Laura Bush at the State of the Union address in January 2008.**

commissioned a lieutenant commander in the Navy Reserves. We closed our orthopedic surgery practice and moved to San Diego to be near my new unit—4th Medical Battalion.

Despite my nearly 30 years of orthopedic experience, I needed training in military medicine, especially combat casualty care. I spent most of 2008 training and completed the Combat Casualty Care Course along with Advanced Trauma Life Support and the Navy Trauma Training Course. These courses were often taught by military surgeons just returning from deployment and eager to share “lessons learned.” To learn more about working with Marines, I also completed the Field Medical Training Officers’ Course and participated in a three-week deployment in support of Marines doing live fire training with the Moroccan military.

I volunteered to deploy to Iraq in early 2009 as an individual augmentee with 2nd Medical Battalion. After being mobilized, I was sent to Okinawa with a small surgical team to do our predeployment workup at Camp Schwab, where Nate had previously trained.

We flew to Iraq in a noisy, hot C-130 with mesh row seats in full combat gear including helmet, flak vests with Kevlar plates, and weapons in early 2009. When we landed in Taqaddum (TQ) Air Base in Al Anbar Province, I thought we had landed on the moon—there was no ambient light for security reasons, no greenery, no trees, no plants—just sand and concrete. The housing units and chow hall were surrounded by 20-foot high concrete “blast walls” and the “cans”; 6x12 thin metal portable housing units, consisted of bunk beds, a jury-rigged desk

and set of drawers and the necessary AC. Communal bathrooms and showers were a short hike away.

The TQ surgical facility was impressive with a large trauma bay (ER) and two large operating rooms (OR) with a three-bed recovery room and small inpatient unit. This was a hardened, fixed facility that had been constructed a few years earlier. The OR even included a C-arm image intensifier to aid in fracture reduction and fixation. We had basic laboratory, blood bank, and X-ray support as well.

Things were pretty quiet in Anbar during 2009 and we saw few combat-related injuries. We did routine orthopedic care for our Marines who had sustained injuries during training on base or at the gym. In addition, we taught orthopedics to the battalion surgeons and medical officers and established a corpsmen orthopedic care course.

Austin was also deployed at that time and was stationed at Al Asad Air Base.

After seven months in Iraq, I redeployed to serve on the orthopedic staff at Naval Hospital Camp Pendleton. Just as I was getting oriented, I received a call from the orthopedic specialty leader, Captain Dan Unger, who called me and asked if I was available to deploy to Afghanistan. With Christine’s continuing support, I joined “Bravo” Surgery Co, 1st Medical Battalion and flew to Afghanistan in February 2010 and landed at Bastion Air Base, next to Camp Leatherneck, the Marine headquarters in Helmand province where Brigadier General Larry Nicholson, Commanding General of Marine Expeditionary Brigade-Afghanistan was lo-



**Dr. Krissoff at work in the surgical facility in Delaram, Helmand Province, Afghanistan, in 2010. Krissoff's expertise in orthopedic surgery was especially valuable with patients wounded by IED blasts.**



cated. When Colonel Bill Seely heard that I was deploying to Afghanistan, he told me to introduce myself to BGen Nicholson, who had been Nate's regimental CO in 2006. BGen Nicholson had sent us a long, heartfelt handwritten condolence note at the time of Nate's death in combat.

Four years later, he sat down with me at Camp Leatherneck; we talked for an hour about Nate and his deployment and then BGen Nicholson briefed me on Marine

strategy and tactics battling the Taliban in Helmand province.

I was initially assigned to Camp Bastion, a British surgical facility co-located with Camp Leatherneck. Navy staff worked side-by-side with British military medical personnel to care for U.S. and British soldiers and Marines, Afghan Army and Police, as well as Afghan civilians. Bastion was the busiest surgical facility in Afghanistan.

My first patient was an Afghan soldier with traumatic triple amputation from an IED blast—both legs amputated above the knees and partial amputation of one arm. Severely injured patients were treated by teams of surgeons—often two per extremity and at least two anesthesiologists to deal with airway and fluid resuscitation. Our goal was orthopedic damage control surgery—control life-threatening hemorrhage, remove foreign debris and devitalized tissue, ensure temporary blood supply to devascularized limbs with plastic shunts, release tight muscle compartments (fasciotomies), quickly stabilize any fractures or dislocations (usually with external fixators), and get the patient out of the OR quickly to continue resuscitation in the ICU.

U.S. troops were usually routed through Bagram, the Level III Air Force hospital near Kabul for further debridement and evaluation of wounds, before being flown to the Level IV facility at Landstuhl, Germany. Often the wounded soldiers and Marines would arrive at Walter Reed



**Dr. Krissoff with a local Afghan man who was treated for a snakebite at the Level II surgical facility in Helmand Province, Afghanistan, 2010.**





**An Afghan patient with a blast injury is stabilized in the trauma bay at the surgical facility, Helmand Province, Afghanistan, 2010.**



**The surgical facility at Al Taqqadum Air Base, Iraq in 2009.**



**Dr. Krissoff completes an amputation as the result of a blast injury in the Delaram II Level II surgical facility, Helmand Province, Afghanistan, 2010.**

Medical Center or Bethesda Naval Hospital within a matter of a few days. Severe burn patients would be flown directly from Afghanistan to Brooke Army Hospital in San Antonio, Texas.

After five weeks at Camp Bastion, I rejoined my surgical company to set up a Level II ER/ surgical facility in Forward Operating Base Delaram II in remote western Helmand Province. Plans were being drawn up for scaling up this base as the center of combat operations for the region and we were to provide medical/ surgical support.

Within a few days we were up and running in three Alaskan tents with wooden floors. The first tent held our trauma bay or ER. The second was designated as our operating room and the third encompassed lab and a portable X-ray unit. We slept in tents just across from our ER/OR adjacent to the helicopter pad and were readily available for emergencies—night and day.

As the only functioning surgical facility in the region, we saw all manner of injuries from car wrecks to snakebites to kids with forearm fractures to severe combat injuries. We would see anyone who showed up at the main gate of the base. We took care of a pair of Afghans who claimed they had their legs blown off while riding a tractor going to their fields but their injuries were most likely from an ill-fated attempt to plant an IED which detonated prematurely.

In early July 2010, I was reassigned to Camp Bastion where we were inundated with blast injuries from IEDs. The signature injury to our Marine patients was the high (above the knee) double amputation which occurred during dismounted combat operations. Often this was combined with injuries to at least one arm as well. The chest and abdomen were less frequently injured because of body armor.

Innovations in combat casualty care were saving lives on the battlefield. Universal adoption of the CAT tourniquet helped prevent death from blood loss. All soldiers, Sailors and Marines carried at least one tourniquet and were trained in the application. In the case of traumatic amputation, often two tourniquets would be used on the injured extremity. Corpsmen and Army medics were given extensive training on improving airway management which could include oral airways, specialized supraglottic tubes such as the Combi-tube and the King airway, endotracheal intubation, or when all else failed, emergency surgical cricothyroidotomy (creating a surgical hole in the windpipe or trachea). Navy corpsmen were also instructed on needle decompression of the chest to treat tension pneumo-





**But as soon as he awoke from anesthesia, he insisted that he go back to his unit in Marjah. Initially I said, “No, you’re out of here.” He replied, “No way.” I finally relented and closed his wounds.**

**Krissoff, right, and BGen William Seeley, Nate’s battalion commander in 3rd Recon Bn, at Mount Soledad in San Diego, Calif., at a Memorial Day ceremony honoring Krissoff’s oldest son, 1stLt Nathan Krissoff, who was killed in action while serving in 3rd Recon Bn in 2006. BGen Seeley and LtGen Larry Nicholson both spoke at the ceremony.**

thorax (collapsed lung leading to shift and increasing pressure on the remaining lung).

Rapid evacuation, usually by helicopter to a surgical facility, was standard procedure in Iraq and Afghanistan. Secretary of Defense Robert Gates mandated that all seriously injured soldiers, Sailors, and Marines be transported to surgical care within the “Golden Hour” to give them the best chance of survival. The Army “dustoff” medics and the Air Force paramedics performed heroic work on the battlefield, often under fire, to evacuate and stabilize injured servicemen. In Afghanistan, the British evacuation help even included a critical care physician onboard, essentially bringing the ER to the battlefield.

Military ER physicians and surgeons changed the standard of care for fluid replacement in combat trauma. Blood loss from traumatic battle injuries was now treated with blood products instead of sterile saline solution. Fresh whole blood transfusion was the preferred product. In some remote bases, a “walking blood bank” of volunteer base Marines and soldiers provided lifesaving transfusions.

Our orthopedic team at Bastion consisted of two British orthopedists, another Navy orthopedist, an Army

orthopedic PA and myself. We were lucky to have also have a talented British plastic surgeon, Wing Commander Wian Van Niekirk, who was a microvascular expert as well as burn specialist. He would prove invaluable in the care of upper extremity injuries, particularly when we needed urgent major blood vessel repair or reconstruction.

The introduction of MRAP (mine-resistant-ambush-protected) vehicles in the place of the vulnerable humvees saved countless lives. The heavy protective V-hulls of the MRAPs proved their design when hit by IEDs and the force of the blast was directed away from the vehicle. The

greatest vulnerability of the “up-armored” humvee was from bombs planted in the roadway since the floor of the vehicle was not armored.

I never met a Marine who complained about his injury. A strapping young Marine sergeant was injured in the Battle of Marjah and sustained a high-velocity gunshot wound to his upper right arm with a devastating, fist-sized exit wound. He was quick to tell me that even with this injury, he had returned fire to the enemy. We took him directly to surgery to clean his wounds. He had lost part of his triceps muscle and would require specialized wound care back in the States. After surgery, I prepared to make the arrangements to transfer him back to Bethesda Naval Hospital. But as soon as he awoke from anesthesia, he insisted that he go back to his unit in Marjah.

Initially I said, “No, you’re out of here.” He replied, “No way.” I finally relented and closed his wounds at Camp Bastion a few days later. When I last saw him to remove his sutures, his wounds were healing nicely and was on his way back to his unit. I later heard that he was wounded again—this time with a gunshot wound to his hip. He was treated at another surgical facility and again made it back to his unit. All he wanted to do was get back in the fight.

One Navy corpsman was brought in



**CDR Bill Krissoff, USN, and his younger son, Lt Austin Krissoff, USMC.**



**The Krissoff boys, Austin and Nate, were both on the U.S. Junior National Whitewater Team in their youth.**

with grave injuries: the loss of both legs above the knee, loss of one arm at the elbow, and partial loss of his other hand. When we rushed him to the OR, we were shocked to find a large gun barrel and webbing around one of his amputation stumps. Despite his catastrophic injuries, he had directed his Marines to make an improvised tourniquet out of a web belt and the barrel of a 240 Golf machine gun. A standard tourniquet would not have worked on an amputation so high on his right thigh. No doubt he saved his own life with his quick thinking.

On our busiest day at Bastion, we admitted 32 trauma patients and took 24 of those patients to surgery. They were unfortunate victims of a Taliban bomb in the busy market of the nearby town of Garesh. It was heart-wrenching to see traumatic limb amputations on young, innocent children. Every surgeon, nurse, surgical tech, and corpsman at Bastion pitched in until the last patient was cared for that evening.

I left Camp Bastion in August and my deployment in Afghanistan, especially at Bastion, was the most rewarding of my entire orthopedic career. The work was intense and exhausting, yet gratifying caring for injured soldiers, Sailors and Marines, Coalition troops, Afghan soldiers, policemen and civilians. This was truly a team effort: from the Army helo medics and Air Force PJs, to the ER docs, nurses, and corpsmen, to the OR techs,



**Bill, Christine and Austin Krissoff (left). As a military spouse and Gold Star mother, Christine held down the homefront during multiple deployments by her husband and two sons.**

**Deployment is harder on the family back in the States than the servicemember who is deployed. ... I will be forever grateful for her willingness to support my quest to serve in the Navy Medical Corps.**



nurses, surgeons and anesthesiologists to the ICU nurses and docs and finally to the Air Force critical care flight teams. An injured Marine who came to our facility with a heartbeat had a 98 percent chance of leaving alive.

Deployment is harder on the family back in the States than the servicemember who is deployed. Christine was a whirlwind when both Austin and I were deployed to Iraq in 2009. She moved us from Reno to Southern California and prepared our new home that had been unoccupied for 18 months. I will be forever grateful for her willingness to support my quest to serve in the Navy Medical Corps and deploy to Iraq and Afghanistan.

In June of 2010, Austin transferred to Washington, D.C. to an Army billet and graduate school and by November, I checked back into the Naval Hospital Camp Pendleton. Although I had been changed by my tour in Afghanistan, it was business as usual at the Navy hospital—plenty of Marines with knee, shoulder, and ankle injuries, disability forms to deal with, and administrative paperwork. The Marines were terrific patients—highly motivated, positive, uncomplaining and stoic—but were often too aggressive with their post-op rehabilitation. I settled back into the routine of office hours, surgery and emergency call and some semblance of normal life.

I felt very lucky to be selected for O-5 and hoped to have my promotion in Washington, D.C., so that Austin and his fellow Marines as well as Nate's friends could attend. Austin suggested I contact Major General Larry Nicholson and see if he would be willing to officiate. When I contacted him by email, he responded immediately that he would be honored to officiate and suggested the ceremony be held at the Pentagon. It was a special day with a Pentagon tour, lunch in the General Officers' Mess, and then an emotional ceremony in Secretary Gates's conference room hosted by MajGen Nicholson. Christine and Austin pinned on my commander's silver oak leaves on my summer whites.

When offered a chance to deploy to Guantanamo Bay, Cuba in the fall of 2011, I jumped at the opportunity. My main tasking was to be available 24/7 for orthopedic emergencies. I ran weekly orthopedic clinics at the hospital with my ortho tech, scheduled elective surgeries, and saw detainee patients on Fridays at the Detainee Camp. They were polite, respectful, and spoke surprisingly good English. Not at all what I expected. Mostly I ended up treating overuse injuries from their soccer games.

Before I deployed to Iraq in 2009, a



**MajGen Nicholson, right, promoted Krissoff to the grade of commander in a ceremony in the Secretary of Defense's office at the Pentagon in 2010.**



**Krissoff and Capt Shin, right, during Krissoff's visit to 3rd Recon Bn, Camp Schwab, Okinawa in November 2017. Capt Shin was the battalion's intelligence officer, the same section Nate Krissoff had served in more than 10 years earlier.**



**My presentation at that Marine Corps Birthday Ball was an electric experience for me. I felt an extraordinary connection to the hundreds of MCI-Pacific Marines and their families that night.**

Reno journalist asked me if I was going there to get closure around Nate's death and if I was planning to visit the location near Fallujah where his attack took place?" My answer at that time was that I was not seeking "closure" but rather Austin and I were deploying to Iraq to finish Nate's unfinished work. In 2016 as I prepared to honor Nate at a Memorial Day ceremony at Mount Soledad in San Diego, the journalist called me and asked if I had gotten closure in Iraq. This time I was ready with my answer. I told him

that the term "closure" is a meaningless term to anyone who has ever lost a son or daughter. Your family is never the same. Your loss is endless.

Mount Soledad National Veterans Memorial chose to honor 1stLt Nathan Krissoff on Memorial Day, 2016. MajGen Larry Nicholson readily agreed to be the keynote speaker and had the rapt attention of all those in attendance that gloomy day when he recounted Nate's service and sacrifice, Austin's Marine career, my surgical work in Iraq and Afghanistan, but most importantly, Christine's steadfast patriotic support of her sons and husband. Nate's former battalion commander, Colonel Seely, was also with us that day. He spoke of Nate's invaluable work on deployment as the only Counterintelligence/Human Intelligence (CI/HUMIN) specialist in the battalion in Anbar and he spoke of how beloved Nate was by his fellow Recon Marines.

Since completing my tour at Naval Hospital Camp Pendleton, I have had many occasions to share our family story. In 2017, LtGen Nicholson, then CG, III MEF, invited me to Okinawa for the Marine Corps Birthday celebration. I talked of "Lessons Learned" on combat casualty care in Iraq and Afghanistan with the docs and surgeons from both 3rd Medical

Battalion and the Okinawa Naval Hospital. At the MCI-Pacific Marine Ball, I spoke of Nate's service and sacrifice and related stories of injured Marines and Sailors I cared for in Afghanistan. My presentation at that Marine Corps Birthday Ball was an electric experience for me. I felt an extraordinary connection to the hundreds of MCI-Pacific Marines and their families that night.

My final morning on Okinawa I traveled once more to Camp Schwab to visit 3rd Recon Bn's new headquarters. The intel shop had Nate's picture from deployment in Iraq posted prominently on their wall. I shared Nate's story with the battalion's attentive young Recon Marines. Then to my surprise, I received a handmade Recon Paddle dedicated in honor of 1stLt Nathan Krissoff, USMC with the inscription: "EARN THIS!" Austin, Christine, and I will forever be part of the 3rd Recon family.

I joined the Navy to heal Marines. It was an honor and a privilege. In the process, I was able to learn a little about the fraternity my sons had joined. I learned there are no truer words than the Marine motto—Semper Fidelis—Always Faithful.

*Editor's note: All photos courtesy of CDR Bill Krissoff. 🇺🇸*



**Dr. Krissoff was presented with a Recon paddle by the Marines of 3rd Recon during his visit to the unit on Camp Schwab, Okinawa, Japan in 2017.**