

UNITED STATES ARMY
CENTER OF MILITARY HISTORY

INTERVIEW OF

BG RAVINDRA F. SHAH
Joint Task Force 42, Surgeon General, New York

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CONDUCTED BY

MAJ PAUL LANDY

126TH Military History Detachment

AT

Park Avenue Armory

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TAPE TRANSCRIPTION

1 P R O C E E D I N G S

2 **MAJ LANDY:** MAJ Paul Landy, 126th Military History
3 Detachment, an oral history interview conducted on the
4 17th of October 2001 at the Park Avenue Armory in New
5 York City.

6 Sir, if you wouldn't mind, if you could state your
7 name for the record and please spell your last name?

8 **BG SHAH:** My name is BG Ravindra, R-a-v-i-n-d-r-a.
9 The last name is Shah, S-h-a-h.

10 **MAJ LANDY:** Sir, what is your current duty
11 position?

12 **BG SHAH:** Usefully in the New York National Guard.
13 I'm the surgeon general for the state of New York over
14 here in New York City with Task Force 42. I am the
15 Task Force surgeon.

16 **MAJ LANDY:** Is this what you do for a full-time
17 job?

18 **BG SHAH:** No, sir. This is my -- I am a
19 guardsman. I work on the weekend and whenever they
20 need me.

21 **MAJ LANDY:** So what is your full-time profession

1 then, sir?

2 **BG SHAH:** I'm a urologist by trade, urologist
3 taking care of the general urinary system. I have a
4 private practice in the city of Oswego, New York. And
5 I'm also assistant professor of urology at State
6 University of New York, Syracuse, New York.

7 **MAJ LANDY:** Your function here as the Joint Task
8 Force surgeon, what are some of the things that you've
9 noted are issues and concerns that you have as the
10 surgeon?

11 **BG SHAH:** Well, number one, as the Task Force
12 surgeon my job is to provide adequate, proper and up-
13 to-the-(inaudible) on most latest treatment to the
14 National Guard personnel of the Admin Navy Coast Guard
15 and whoever is working for this organization in New
16 York City. What is the question again?

17 **MAJ LANDY:** What are some of your concerns or what
18 type of issues are coming up in relations to soldier
19 health?

20 **BG SHAH:** In the soldiers -- there are issues
21 which come around in the soldier health at the present

1 time are not any major problems. Most of them are
2 respiratory infections, trauma or injuries particularly
3 to the feet, some dental problems and some exacerbation
4 of the pre-existing conditions.

5 **MAJ LANDY:** What type of medical support is
6 available here at the Joint Task Force?

7 **BG SHAH:** We have excellent medical support
8 available. After I came over here and I took the
9 medical establishment under my control, I established a
10 clinic at Governor's Island at Battery Park, at Camp
11 Smith and at dispensary at Park Avenue.

12 What we do is that we provide more than first-aid
13 station. I have trained physician, physicians
14 assistant, nurse practice nurse and medics who are
15 trained to take care of the patients not only in the
16 civilian time but also during the war time.

17 They provide initial care. They provide the care
18 by prescribing antibiotics -- by diagnosing,
19 prescribing antibiotics or any of the medications
20 needed. If there is any minor injury or suture on
21 wounds, they will do that.

1 They will also take care of any small fractures or
2 something which can be done in the office -- in the
3 dispensary. If anything more than is necessary to take
4 the patients to Veterans Administrative Hospital in
5 lower Manhattan. Take care of the patient over there
6 and all of us.

7 **MAJ LANDY:** Roughly how many medical personnel do
8 you have supporting this operation?

9 **BG SHAH:** Totally we have -- the one mostly I've
10 forgot to mention is that we also provide critical
11 incident stress management for the soldiers. The
12 acronym for that one is CISM, C, like Charlie; I, like
13 India; S, like Sierra; M, like Mike. And total member
14 of personnel who are working for us right now are
15 approximately 45. Twenty-two of them work for the CISM
16 team, 23 work for the medical team.

17 **MAJ LANDY:** You mentioned the CISM team. What is
18 that?

19 **BG SHAH:** CISM team is a -- whenever a soldier is
20 exposed to environment which will cause the stress, the
21 stress of seeing fighting, the stress of seeing the

1 blood, stress of seeing the dead bodies, seeing the
2 stress of seeing parts of the bodies, stress of working
3 12 hours a day. These are the stress factors.

4 Our CISM team goes and approaches the soldiers.
5 And if they can be of any use in relieving that stress
6 and guide them how to relieve the stress. And mostly
7 they provide on the field kind of a conversation which
8 most of the time relieves the stress of the soldiers.

9 And after they have left this area, or what they
10 call it, this tour of duty, they go back to their units
11 and they give them debriefing about how to relieve the
12 stress at home.

13 **MAJ LANDY:** Soldiers are constantly being rotated
14 in and out of this theater of operation. From a
15 medical perspective what's being done to in-process
16 them? And then on the other end, when they go home
17 what's being done on the medical side of the house when
18 they out-process?

19 **BG SHAH:** When they come over here we try to give
20 them the stress management in-briefing. We also try to
21 give them influence of action. We also make them aware

1 of the medical facilities available to them. Also we
2 tell them that they are going to work in a stressful
3 environment with heavy military gear. So they will be
4 losing a large amount of water to their system,
5 dehydrated.

6 So we give them a lesson about wellness which
7 includes hydration, taking proper care of diet, taking
8 proper care of their feet so that they don't get the
9 athletic feet or other infections like that. Also to
10 get proper rest and to control their stress. These are
11 the in-briefing what we give to them.

12 **MAJ LANDY:** Okay.

13 **BG SHAH:** When they go out we again ask them if
14 they have anything about medical concerns that they
15 would like us to know, which we can follow up on.

16 **MAJ LANDY:** I know you spent some time out talking
17 to soldiers. You've been down to Ground Zero and seen
18 the force in action. As the surgeon from a force
19 protection perspective what are some of your issues
20 and/or concerns?

21 **BG SHAH:** I have been to Ground Zero several

1 times. And the first reaction I had was that we must
2 protect our soldiers from the long-term effect of the
3 inhalation of the smoke and the polluted environment
4 which we have at Ground Zero.

5 I took a personal interest in that and went to
6 Ground Zero and observed the situation. Ninety-nine
7 percent of the soldiers were not using personal
8 protective equipment. They were issues personal
9 protective equipment, however many of them had left it
10 at place of residence or many of them had them hanging
11 on their waist.

12 And practically I could count on my fingers maybe
13 one or two soldiers who were using that protective
14 equipment. The next day I came and presented my views
15 at the commanders conference in the evening and made a
16 forceful representation that all the soldiers who are
17 working on the Ground Zero must use the personal
18 protective equipment.

19 Again I went there and that is not being followed.

20 And I'm really sad that somewhere in the system this
21 is balked at and is not being followed.

1 **MAJ LANDY:** Do you think as a physician that
2 there's some chance of long-term effect on these
3 soldiers, something that may come up many years from
4 now?

5 **BG SHAH:** It is my feeling that the dust
6 particles, the incineration of plastics, incineration
7 of rubber, incineration of the gas -- what is the name
8 of it, freon gas they use for air conditioning,
9 incineration of metals and all this is definitely
10 causing a vapor which we are inhaling.

11 And I would not be surprised that some diseases,
12 some respiratory diseases, will come along in the long
13 term.

14 **MAJ LANDY:** Is your operation here providing any
15 sort of, I know you mentioned some initial inoculation
16 coming in, any other type of, you know, shots or
17 anything like that to support the soldiers while
18 they're here?

19 **BG SHAH:** We are giving the influenza vaccine to
20 the soldiers. It is available to the soldiers.

21 **MAJ LANDY:** Mm-hmm.

1 **BG SHAH:** However, the Army has a regulation that
2 it is not mandatory. Also, at the present time because
3 of the short supply of the flu vaccine it has been
4 recommended that only -- the healthy personnel should
5 not take the vaccine.

6 As such, also many soldiers don't like to take the
7 influenza vaccine. And they are pretending that they
8 are healthy so they do not want to take the flu
9 vaccine.

10 My contention is that the sleeping quarters in
11 Park Avenue Armory and other places are basically to
12 the level of unhygienic level. Too many people are
13 sleeping in small, closed quarters. And respiratory
14 infections can very easily be transmitted in such
15 circumstances.

16 We have done as medical personnel as much as
17 possible to make the vaccine available to the soldiers.

18 It is up to the commanding officers to see that their
19 personnel get it.

20 One more thing I want to bring up that we have --
21 also as a Task Force surgeon I have taken in the city

1 in giving education to everyone regarding the anthrax
2 infection.

3 I presented a slide show at the commanders'
4 conference and gave education to all the squadron
5 commanders what anthrax is. Just not to make them
6 doctors out of it but to give them a general knowledge
7 of what anthrax disease is, what are its symptoms, what
8 signs does it look for and what they can do to prevent
9 the disease.

10 **MAJ LANDY:** Have there been any reported cases of
11 anthrax among the Task Force?

12 **BG SHAH:** No, no reported cases of anthrax amongst
13 the Task Force --

14 **MAJ LANDY:** Okay.

15 **BG SHAH:** -- members.

16 **MAJ LANDY:** What about you talked about
17 inoculation for influenza for the flu. What about
18 hepatitis B, is that a concern?

19 **BG SHAH:** Hepatitis B is always a concern. You
20 know, when you are going to eat mostly outside in
21 restaurants. However, we have New York City health

1 officers who are looking after the quality of the
2 restaurants. And the food being sold over here is also
3 very hygienic.

4 So it is no more exposure than a civilian would
5 get. So I'm not concerned about that. The conditions
6 are excellent.

7 **MAJ LANDY:** Is there anything that I missed that
8 you feel is of importance that you'd like to cover down
9 on?

10 **BG SHAH:** Taking care of the soldiers is not a
11 short-term issue. If we want our forces to be strong,
12 then we should project the health need for 10, 15, 20
13 years down the road.

14 My contention is that we are investing large
15 amounts of money in our soldiers. We've trained them
16 and we expect some return of our investment. I do not
17 know exactly because in the Army as far as I know that
18 in the Air Force it takes about \$2.5 million to train
19 one pilot and give him guide. I consider that one to
20 be my investment.

21 If I had a \$2.5 million worth of equipment, I

1 would lubricate and keep it shiny every single day.
2 The same way I look at the pilot as my equipment. I'm
3 not trying to be ridiculous but just from the business
4 viewpoint.

5 I would like to see that that pilot is taking good
6 care of his health, that he's being taught how to look
7 after his health and how he maintains his health. I
8 take you an interview of the wives or the spouses and
9 train them what to feed their pilots and how to take
10 care of them, the spouses.

11 The same way in the Army we -- I do not have the
12 figures, but I'm sure that it takes time to train an
13 ambulance driver or a machine gun user or a person who
14 is using an HMMWV or a tank. These are all valuable
15 assets and we should spent more money and time to
16 educate them and keep them healthy.

17 As you know from the history in every single war
18 we have lost more assets of our personnel by the
19 disease, head injuries more than enemy gun -- what do
20 you call it, gunfire or enemy fire power. So we must
21 stress this to our leaders that the health of our

1 soldiers is very important.

2 Also the next month is the morale (inaudible)
3 soldiers is very important. On my rounds the biggest
4 complaint was that they had not been paid for the one
5 month over here. As a general I have a cushion of
6 money.

7 As a colonel we have as officers -- many of the
8 officers have a cushion of some money. But the
9 soldiers do not have at the lower rank any extra money
10 in their pocket. They have to support their wives,
11 their wives and families. And if we don't keep up to
12 date with the payment, they have a real problem.

13 Also, when the checks were issues they got one
14 check for \$1,200 or \$1,500 at the time and they had a
15 hard time to cash it when they went to bank because
16 nobody did not have their account. And it is very
17 important that we keep the morales of our soldiers very
18 high.

19 **MAJ LANDY:** Excellent. Well sir, thank you very
20 much for your time. Very good.

21 **BG SHAH:** Thank you.

