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23 April 2004

To Whom It May Concern:

Re: John Kerry's Military Medical File

My name is Gerald J. Doyle and I am a physician licensed to practice in the Commonwealth of Massachusetts. I have served as the Senator's medical physician since 1986. I am on the staff at Massachusetts General Hospital where I have practiced medicine since 1973 after completing my medical training in internal medicine and cardiology. On March 29, 2004, I released a general letter regarding the Senator's health during the last 18 years that I have served as his internist. John Kerry has enjoyed excellent overall health though out his life. I have reviewed his military medical record, I am providing a summary of all medical activity during the time he was in the Navy.

18 February 1966. Mr. Kerry underwent a complete physical examination at the US Navy recruiting station in New York City and was found to be healthy and fit for duty. The routine studies of serology, x-ray, and a urinalysis were negative.

28 September 1966. Mr. Kerry was diagnosed with right upper lobe pneumonia and was treated at the US naval station, Newport, Rhode Island and was referred for admission to the USNH, Newport, Rhode Island. A chest x-ray was done that confirmed his pneumonia. He was successfully treated with tetracycline antibiotics and was discharged to full duty 14 October 1966.

In January 1967, Mr. Kerry developed the chest skin rash that was diagnosed and treated with topical steroids with complete resolution. In addition, his medical record confirmed the fact that he was treated for the left lower lobe pneumococcal pneumonia in April 1967, confirmed by x-ray and culture and associated with a low grade fever. He was hospitalized at San Diego Naval Hospital, experienced an uncomplicated recovery and was discharged fit for duty following treatment. He underwent a routine physical examination at the Naval amphibious base at Coronado California, 28 August 1968 and was found physically qualified and fit for duty. His routine studies included a normal chest x-ray, urinalysis, a non-reactive VDRL, a normal EKG and a normal dental examination.

"3 December 1968, U.S. Naval Support Facility Cam Rahn Bay RVN FPO. Shrapnel in left arm above elbow. Shrapnel removed and appl bacitracin dressing. Ret To Duty." Mr. Kerry sustained a shrapnel injury in his left arm above his elbow. He was treated at the Cam Ranh Bay US naval support facility where the shrapnel was removed and the wound was treated with a topical Bacitracin antibiotic dressing. He was returned to duty following his treatment.

20 February 1969, "Wounded by piece of B-40 shrapnel today while on operation, in portion of left thigh." Mr. Kerry sustained an injury when he was wounded by a piece of B-40 shrapnel while on operation. He was noted to have a wound of entry on the back of his left thigh and the wound was debrided and treated with the application of a topical dressing. An x-ray confirmed the shrapnel location but a decision was made to leave the shrapnel in place, as successful removal would have necessitated an extensive wider exposure and block excision of the wound. The course of conservative treatment was successful and a wound infection did not develop. The wound was ultimately closed with sutures following debridement of necrotic tissue.

13 March 1969, 1900 hours, United States Coast Guard Cutter Spencer. "John Kerry, LTJG, USNR: In firefight approx 3 hours ago, pt was a) thrown against bulkhead sustaining injury (contusion) to R forearm. b) sustained small piece of shrapnel in L upper buttock." Mr. Kerry was treated for injuries sustained when he was thrown against a bulkhead resulting in a contusion to his right forearm, as well as a shrapnel injury in his left upper buttock. His exam at that time revealed localized bruising of his right medial forearm and of his buttock from the shrapnel with some localized bruising. An x-ray of his forearm did not reveal evidence of fracture. He was treated with a tetanus shot, topical dressing and an ace bandage and advised to apply warm soaks to his right forearm.

During his service in the military, he experienced an episode of an upper respiratory infection and bronchitis, as well as a minor non-specific urinary tract infection and both responded to tetracycline successfully. John Kerry was also treated for the flu on 13 April 67 and made a complete recovery. His medical record shows relatively few entries requiring treatment during his service in the military other than for his combat injuries, and pneumonia.

On 11 December 1969, John Kerry was examined and found physically qualified for release from active duty and able to perform all the duties of his rank at sea and/or on foreign service. As part of his complete exam, a chest x-ray was done that was normal and routine blood tests including a VDRL test for serology was negative. Mr. Kerry was released from active duty on 2 January 1970 and his military medical health record was closed at that time.

The review of Senator John Kerry's medical record confirms his overall excellent health during his time in the military service. His generally robust health has continued during the last 18 years to the present time.

Sincerely,

SIGNED

Gerald J. Doyle, M.D.