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**Items of Interest:**

**Tricare Information Now Housed Under One Internet Roof.** Tricare beneficiaries will get a pleasant surprise the next time they visit Tricare Online. The Web site has a new name, a new look and a new home. It's now part of **Tricare.mil**, the official Web site for all Tricare information. The web sit has five main content areas:

- My Health (Tricare Online) -- personal health information and online appointment scheduling for Tricare Prime enrollees;
- My Benefit -- Tricare benefit information;
- MHS Staff -- resources for Military Health System staff members;
- Tricare Providers -- information for Tricare network providers; and
- Pressroom -- the latest news about Tricare and the military health system.

In the next phase of Web site improvements, beneficiaries will be able to enter their profile and receive benefit information tailored to them. Tricare expects this feature to be available in winter of 2007.

# Navy and Marine Corps Medical News

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## Medical Exercise Helps CNE-C6F Strengthen Ties With Ghana

**By Mass Communication Specialist 1<sup>st</sup> Class (SW) Eric Brown, Commander, U.S. Naval Forces Europe – Commander, Sixth Fleet**

**NAPLES, Italy** – The medical training exercise MEDFLAG 06, designed to exercise the host nations' disaster response programs and plans, concluded its Commander, U.S. Naval Forces Europe – Commander, Sixth Fleet (CNE-C6F) portion in Ghana in early October.

This Joint Chiefs of Staff-directed exercise greatly enhanced CNE-C6F's Theater Security Cooperation (TSC) initiatives in the West Africa Gulf of Guinea region that included other MEDFLAG 06 participant nations Benin, Nigeria and Senegal.

"Our Health Service Support (HSS) staff has been working with

the government of Ghana to help them enhance their navy's and armed forces' medical capabilities to improve their ability to manage their coastal security," said CNE-C6F Force Surgeon Capt. Alton Stocks. "This ties in with the commander's strategic priority of strengthening our emerging partnerships with West African countries,"

In Ghana, MEDFLAG 06 had two phases, in September and October, said CNE-C6F HSS participant Lt. Cmdr. Paul Pruden, with the activities in the final month targeted toward TSC.

"Our focus is maritime safety and security, and that requires host nation personnel being able to respond to incidents on their vessels

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**PACIFIC OCEAN** - Hospital Corpsman 2nd Class Noel Toledo from San Diego applies wax to a mold of a mouth in the dental office aboard USS Ronald Reagan (CVN 76) Oct. 24. *U.S. Navy photo by Mass Communication Specialist Seaman Benjamin Brossard*

## Surgical Company Saves Lives at Al Asad

By Cpl. James B. Hoke, 3rd Marine Aircraft Wing

**AL ASAD, Iraq** - For the Sailors and Marines with Charlie Surgical Company at Al Asad, Iraq, their main concern and focus of their job is to provide the best medical care to the men and women who have met with ill fortune on the battlefield.

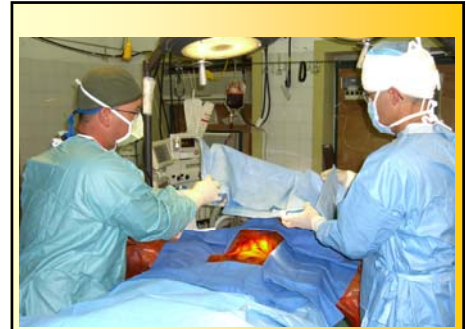
"Our main mission here at Al Asad Surgical is to provide level-two care for all patients who are brought to us," said Cmdr. Richard P. Sharpe, Chief of Professional Services officer-in-charge, Charlie Surgical Company, Combat Logistics Regiment 15, 1st Marine Logistics Group (Forward). "Level-two care involves any seriously injured or ill patient and their surgical management, stabilization and medical evacuation."

"About two or three times per week, we will have numerous very

sick or injured patients arrive at once," Sharpe continued. "Since it occurs so frequently, it's actually a routine for us now, but it still presents a situation that is very hectic. It necessitates that everyone not only remains organized, but stays focused and does their job, as well."

"It's always, in those instances, a team effort that makes it a success," added Sharpe, who is also a graduate of the Uniformed Services University of the Health Sciences, School of Medicine in Bethesda, Md. "There can never be just one nurse, one corpsman or one physician doing their job. It has to be the entire team doing their job right the first time in order to save someone's life."

Although the entire hospital is pushed into overdrive when just one patient arrives at its backdoor, there are the extreme occasions where the men and women working



**AL ASAD, Iraq** - Cmdr. Richard P. Sharpe (right) and Lt. Cmdr. Janos Taller drape a patient, whose stomach is covered in iodine, in a sterilized cloth at Al Asad, Iraq, Sept. 16. U.S. Marine Corps file photo

behind the curtains are held in the rush of adrenaline for hours on end.

"We had 24 patients show up in one hour in early October," said Lt. Cmdr. Gerard J. Woelkers, execu-

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## Vaccine Trials For "Boot Camp Crud" May Help 20 Percent of Recruits

By Larry Coffey, Navy Medicine Support Command Public Affairs

**GREAT LAKES, Ill.** - Phases two and three of Food and Drug Administration (FDA) approved trials of a drug developed to stop the traditional "boot camp crud" began last October, and could eventually reduce illness in as many as one-fifth of Sailors entering the Navy.

The adenoviral illness is caused by viral pathogens, or germs, that can make Sailors sick, said Cmdr. Kevin Russell, a medical epidemiologist from the Naval Health Research Center in San Diego and the Navy's lead physician overseeing the Navy's portion of the Army-led joint Army-Navy trials.

To ensure safety and effectiveness, several "trials," must be conducted before the vaccine is licensed by the FDA. Phase one saw 58 volunteer Army medics as subjects and was completed in 2004. Russell said phases two and three should be complete in late 2007.

"Careful FDA-licensing trials take many years," Russell explained. "The adenovirus vaccine trials are on an accelerated schedule. Use of vaccines in all recruits may begin in 2009."

Russell said an estimated 10-20 percent of all recruits lose some time from training due to adenoviral illness, clearly impacting recruit training success and readiness.

"Two types of the pathogens, serotype-4 and serotype-7, have a long, long history of making military recruits sick with fever, sore throat, cough, and sometimes upset stomachs and other symptoms," Russell said. "Recruits with adenoviral illness usually feel sick for three to 10 days, and this can impact their training."

Though very rare, complications from the illness such as severe pneumonia have resulted in death.

The goal of the trials is to replace oral vaccines that were given to U.S. military recruits from 1971

to early 1999. Naval Health Research Center (NHRC) surveillance of the illness from 1996-2001 determined that the adenovirus illness was still a problem and thus a vaccine was still needed.

Russell's Navy adenovirus vaccine trial staff is two active-duty physicians, 11 full-time contractors and 110 part-time contractors. His team is working closely with the U.S. Army Medical Research and Materiel Command in Fort Detrick, Md., and researchers from the Walter Reed Army Institute of Research. The Army trials are being conducted at the Army Basic Combat Training Center in Fort Jackson, S.C.

The NHRC has a long history of successful research on respiratory infections, especially adenoviral infections, and NHRC houses the Navy Respiratory Disease Laboratory, Russell said, making it the ideal partner with the Army research team.

## Importance of Life Saving Course Stressed in Djibouti

By Chief Mass Communication Specialist (DV) Robert Palomares, Combined Joint Task Force, Horn of Africa Public Affairs

**CAMP LEMONIER, Djibouti** - Service members and Department of Defense civilians working at Camp Lemonier went through the Combat Lifesaver Course (CLC), offered by the camp's Expeditionary Medical Facility, Oct. 23-27.

"We hope you never have to use any of the things we will be teaching you," said Lt. Luke McGuffey, Navy Nurse Corps, course lead facilitator. "But if you find yourself in a place and time where these skills are needed, you'll be very popular."

The course is designed to provide immediate emergency first aid and lifesaving techniques, such as rescue breathing, evaluation of a casualty, heat and cold weather injuries, broken limb splints and burn treatment. In addition, students of the CLC are taught how to correctly extract a casualty from a danger zone of a battlefield, identify and treat tension pneumothorax, a

condition in which the chest becomes filled with fluid or air, and various techniques to stop hemorrhaging, as well as performing a nine-line medical evacuation.

"Our job is to teach individuals to save lives," McGuffey said. "With Operation Enduring Freedom and Operation Iraqi Freedom, we've learned that if we can stop the bleeding with a tourniquet, it gives the doctors more of a chance to save limbs and lives once the casualties get to them. We were finding out that individuals were dying in transit to the doctors from loss of blood."

"The staff that facilitated Camp Lemonier's Combat Lifesaving Course was great," said Chief Cryptological Technician Administrative Jodi Hanlon, a course student. "A group of true professionals. They were able to give Sailors, Soldiers, Airmen and Marines invaluable training, which will be crucial in helping save our comrades-in-arms' lives while on the battlefield."

Most of the preventable deaths on the battlefield are the result of

bleeding from wounds to arms and legs.

"Anything that we can do to help prevent those deaths is well worth our time and effort," she said. "I really have a new appreciation for those medics on the battlefield and those personnel in the medical profession."

"The combat life saver is the primary link in the military chain of survival between basic first aid and the platoon medic, who is a fully qualified medical professional," said Lt. Stephen Guidry, Navy Nurse Corps.

"Every minute counts, and if these guys can recognize and stabilize wounds quickly, the chance the casualty will live is very high," she said.

McGuffey added while the students are taught a number of lifesaving techniques, instructors heavily emphasize management of severe bleeding and the ability to treat casualties quickly and efficiently.

## Med Ex continued...

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if they are out at sea," Pruden explained. "If we can prepare them with technical advice and help them decide what equipment they need, and how to prepare their personnel - both their medical experts and regular crewmembers - that will help them sustain themselves at sea."

Pruden was in Ghana for two days in June, and again from Sept. 30 - Oct. 5, when he was on hand to observe shipboard medical familiarization procedures on board USS Elrod (FFG 55).

During this medical training aboard the frigate while docked at Tema Naval Base, an Afloat Training Group Mobile Training Team (ATG MTT) worked with 28 Ghanaian military auxiliary nurses.

"I felt very good about the visit," Pruden recalled. "The students were very receptive, very eager to learn, and they jumped right in and participated in drills orchestrated by the ATG MTT."

"Additionally, the ATG MTT personnel assessed from their interaction with and observation of the Ghanaian Armed Forces personnel that the topics were quite appropriate to their level of competency."

Also during this six-day visit, Pruden had the opportunity to visit medical facilities in Tema and the nation's

capital Accra, where he was able to learn firsthand about Ghana's state of medical readiness.

"They take health care very seriously, especially in the military," he noted. "The 37th Military Hospital in Accra is a national triage facility and is becoming the premier facility in Ghana treating both military and civilians. The facility also serves as a teaching hospital for interns, residents, nurses and orderlies (auxiliary nurses). Their preventive medicine program is very well developed and, in fact, is run by their senior Navy physician. However, Ghanaian Armed Forces medical leaders have identified operational navy medicine as an area they desire CNE-C6F cooperation to improve."

Stocks and Pruden agreed that the ease in working with the Ghanaians - due to the lack of a language barrier, as well as the country's relatively advanced technology - make the lessons learned from MEDFLAG 06 there into an ideal template for sharing knowledge with other nations.

"Our intent is to use this as a model to help other countries build their armed forces medical communities throughout the rest of Africa," Stocks elaborated.

"The thinking is that if we can be successful in Ghana, because the process is easier up-front, then we will have a much better developed program to offer other countries as we engage with them," Pruden added.

## 3rd Medical Battalion Prepares for Front Line Readiness

By Lance Cpl. Bryan A. Peterson,  
Marine Corps Base Camp Butler

**CENTRAL TRAINING AREA, OKINAWA, Japan** - Nearly 200 Marines and sailors with 3rd Medical Battalion (Bn), 3rd Marine Logistics Group, conducted a mass-casualty exercise Oct. 25 in the Central Training Area as part of Exercise Autumn Endeavor 2006.

"The main purpose of the exercise is to get the surgical companies and their equipment out in the field," said Cmdr. Marty McCue, the commanding officer of 3rd Medical Bn.

"We need to make sure the battalion is capable of properly setting up expedient medical facilities in a timely manner to test their abilities in order to support a real-world mission."

Nearly 15 Navy doctors and nurses from U.S. Naval hospitals here and in the U.S. joined in the training.

"Through the Health Service Augmentation Program, Navy doctors and nurses deployed to Okinawa so they could get experience, and in some cases, more experience using medical tools in the field," said Lt. Ryan Meskimen, the battalion operations officer.

Cmdr. Joe Taddeo, a general surgeon for U.S. Naval Hospital Yo-

kosuka, who also deployed to Pakistan last year, said the field training is helpful when preparing for deployments. "Especially critical is the time immediately following an injury," he said.

"This is what we call the golden hour," Taddeo said. "This is where we make sure the casualties are breathing and not bleeding. When casualties come in, it's a matter of life or death. That's why we need to be near the Marines in any situation."

The battalion relied on its Headquarters and Service Company Marines to supply tools and manpower the Sailors need to conduct the exercise, Meskimen said.

"Without the Marines, none of this would have happened," he said "They provide us with personnel to help set up the facilities, generators and communication assets. Without them, we couldn't go to the fight."

The Marines began the exercise conducting military operations in urbanized terrain in Combat Town. When they sustained simulated casualties, Marines were medically evacuated to waiting hospital corpsmen who began life-saving steps.

Casualties arrived with mock wounds simulated with moulage - a type of crude makeup designed to enhance the realism of the training. After the wounded were checked in

and initially treated, they were sent to either the Forward Resuscitative Surgery System (FRSS) tent or the Shock Trauma Platoon's tent.

"Basically, a FRSS is a surgical room where casualties are brought if they are in immediate danger of losing their life," Meskimen explained. "The STP is where casualties with flesh wounds are sent so they can heal before being sent back out to fight or to the rear to heal longer. Both are mobile and designed to go where the fight is."

If injuries are serious enough, casualties are transported to the Surgical Company in the Combat Service Support Area for more in-depth care, he added. Depending on the outcome, the injured will stay there or be sent to a fleet hospital.

Twelve Japan Ground Self Defense Force soldiers also attended the training as observers. They came to the training as part of the Japan Observer Exchange Program.

"We need to study what could happen in war," said 1st Lt. Makiko Takahashi, a medical planner with Ambulance Platoon, JGSDF. "We need to know how to rescue patients from the front lines. The training was well organized and I learned a lot."

## Surgical Company continued...

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tive officer, Charlie Surgical Company. "We were able to take care of them, but not only that, we were also able to effectively utilize more than 160 military professionals, 80 of which belonged to this company and 80 who came from all around Al Asad."

"The folks here are as good as I've seen," Woelkers added. "I've been in Navy medicine for 23 years and am really proud to be leading these troops here. I've never seen it better. This group not only works well together, but they play well together, too. They put personal agendas aside and save lives."

As a team, the Sailors and Marines of Charlie Surgical Company are considered one of the best, according to

Hospital Corpsman 2nd Class Chris D. Henderson, with Shock Trauma Platoon, Charlie Surgical Company.

"We are the best at what we do. Everyone came from different places and different units, and we all gelled together," said Henderson. "I think it's the people that make this hospital run as well as it does."

For some, the fact that they are in Iraq using the profession they've trained for, while saving lives, is an honor.

"It's a privilege to be here and to be able to see the good things we do," said Lt. Aleca M Gende, enroute care nurse, Charlie Surgical Company. "It's a privilege to work with Iraqi civilians that maybe would not have gotten the quality of care had we not been here."

**Got News? If you'd like to submit an article or have an idea for one, contact MEDNEWS at 202-762-3221, fax 202-762-1705 or [camahoney@us.med.navy.mil](mailto:camahoney@us.med.navy.mil).**



**WHIDBEY ISLAND, Wa.** - Aviation Boatswain's Mate Fuels 2nd Class Joshua Karr receives a Influenza Virus Vaccine Live, Intranasal Flu Mist from Hospital Corpsman Nicole McQueen, Oct. 30. McQueen from Naval Hospital Oak Harbor visited each command aboard Naval Air Station Whidbey Island, to administer the Flu vaccine. *U. S. Navy photo by Mass Communication Specialist 1st Class Bruce McVicar*

## OIF Sailors Donate 'Gift of Life' to Kuwait Blood Bank

By Mass Communication Specialist  
1st Class Russell C. Tafuri, Medical  
Task Force, Kuwait Public Affairs

### CAMP ARIFJAN, Kuwait -

Staff members from Expeditionary Medical Facility, Kuwait (EMF-K) visited the U.S. Embassy in Kuwait to participate in a blood drive Oct. 29.

Coordinated by the joint effort of Gail Sims, medical attaché for the U.S. embassy in Kuwait, and Lt. Cmdr. Johnathan Ware, EMF-K director of Laboratory, Radiology and Pharmacy, the embassy's health unit staff and members of the Kuwait Blood Bank played host to a total of 105 military service members, including 40 EMF-K staff members, as well as U.S. Army and Air Force members from Camp Arifjan. Their efforts resulted in 105

units of much needed blood donated to the Kuwait Blood Bank (KBB).

According to Sims, extending the invitation to the military stemmed from a desire to provide a way of saying thank you to the Kuwait Blood Bank for its support of the needs of injured U.S. military service members who have needed blood from the KBB in the past.

"The most wonderful way to thank the KBB is to have a blood drive to benefit the organization," said Sims. "I am amazed at the military service members and their willingness to donate. It's wonderful."

Ware echoed Sims' comments on the cooperation between the Kuwait Blood Bank and U.S. Military Hospital, Kuwait.

"The KBB has offered to support our mission both at the U.S. Military Hospital-Kuwait and out in town. When a military member is sent out in town for care, they are treated as a Kuwait patient. The only blood supplier allowed in this country is KBB. As for EMF-K blood unit needs, KBB offers to supply us with blood in the event of a mass casualty or if we are in dire need," stated Ware.

Having the American service members take part in the blood

drive also serves to increase the supply of blood with Rh-negative factor in the KBB, which is of short supply among blood types in the Middle East.

"Kuwaitis as a people don't have a high concentration of Rh-negative factor blood, but Americans, due to the diversity of our nation, do have plenty of the rare Rh-negative factor blood, so the Kuwait Blood Bank likes to get Americans' blood. This is important when any American expatriates or service members in the area need this type blood, the KBB will have it," said Sims.

As for the success of the blood drive, the numbers seem to say it all.

"When Naval Medical Center Portsmouth or Naval Medical Center San Diego has a blood drive, they normally receive 30-40 units in a four-hour period. In the same amount of time at the embassy blood drive, 105 units were collected. I'd call that a terrific success," stated Ware.

According to Ware, rounding up volunteers from the EMF-K staff was a simple task.

"The military members are dedicated to helping those in need and what better way to show that, than to give the gift of life, to those who need it most," said Ware.



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