



Navy and Marine Corps Medical News



A Public Affairs Publication of the Bureau of Medicine and Surgery

June 23, 2010

MEDNEWS Items of Interest:

- June is "Navy Medicine Supports Global Operations" Month
- Humanitarian assistance and disaster response missions are an integral part of today's security mission, putting Navy Medicine at the forefront of U.S. global operations.

- The National Intrepid Center of Excellence will hold its ribbon cutting Thurs, 24 June at the National Naval Medical Center, Bethesda, Md.

- USS Kirk (DE/FF 1087) Association will be holding its biennial reunion on 10 July at the Waterford at Springfield, located at 6715 Commerce St, Springfield, VA. The new documentary about this episode, "The Lucky Few," will be shown.

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Did You Know...

Pacific Partnership 2010 is the fifth in a series of annual U.S. Pacific Fleet humanitarian and civic assistance endeavors aimed at strengthening regional partnerships among U.S. government organizations, host nations, partner nations, and international humanitarian and relief organizations.

Navy Surgeon General Discusses Opportunities for Military Medical Partnerships with Vietnam

**By Cmdr. Cappy Surette,
Bureau of Medicine and Surgery
Public Affairs**

HANOI, Vietnam - The Navy and Marine Corps top medical officer discussed potential opportunities for enhanced bilateral military medical partnerships with officials of the government of Vietnam May 28 during his visit to the country as part of Pacific Partnership 2010.

Pacific Partnership is an annual U.S. Pacific Fleet-sponsored training and readiness mission that works by, with and through host and partner nations, non-governmental organizations and other U.S. government agencies to execute a variety of humanitarian and civic assistance activities throughout the

Pacific Fleet area of responsibility.

Navy Surgeon General Vice Adm. Adam M. Robinson Jr. met with Lt. Gen. Chu Tien Cuong, director of the Vietnam Military Medical Department and Nguyen Quoc Trieu, Vietnam's Minister of Health while visiting Hanoi. During his meetings with the high-ranking Vietnamese health officials, Robinson discussed the value of establishing global partnerships to meet common challenges.

"The United States and Vietnam continue to build an increasingly close relationship in bilateral and regional security issues and we look forward to looking for further opportunities to collaborate in the

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MEDICINE IS A UNIVERSAL LANGUAGE - HANOI, Vietnam - Navy Surgeon General Vice Adm. Adam M. Robinson, Jr. and Nguyen Quoc Trieu, Vietnam's Minister of Health listen to a U.S. Embassy translator during a meeting in Hanoi May 28, 2010. Robinson met with senior Vietnamese leadership to discuss potential opportunities for enhanced bilateral military medical partnerships during his visit to the country as part of Pacific Partnership 2010. (US Navy photo by Cmdr. Cappy Surette, Bureau of Medicine and Surgery Public Affairs)

Navy Medicine Supports Global Operations

In the most recent *Foreign Affairs*, Secretary of Defense Robert Gates authored a terrific piece entitled "Helping Others Defend Themselves: The Future of U.S. Security Assistance." In it he states that "the strategic reality demands that the U.S. government get better at what is called 'building partner capacity': helping other countries defend themselves or, if necessary, fight alongside U.S. forces by providing them with the equipment, training, or other forms of security assistance." While the article doesn't specifically mention our military's medical mission, I would submit to you that integral to kinetic forms of security assistance is the non-kinetic "soft power" of proactive humanitarian assistance and disaster response in support of global operations. Navy Medicine is a big part of this mission.

In just the past few years, Navy Medicine has not only responded to disasters around the world and at home, we've conducted proactive humanitarian missions in places as far reaching as Africa through *Africa Partnership Station* to the Pacific Rim through *Pacific Partnership* and South America through *Continuing Promise*. These missions contribute to building partner capacity because

they provide hope and stability, and in doing so, contribute to our partners' long-term security. To be clear, today's security mission must include humanitarian assistance and disaster response, which puts Navy Medicine at the forefront of global operations.

Not only are we a global force for good around the world, as the Chief of Naval Operations recently said, "We are a Total Force," not just an individual community. The 59,000 active duty and reservists, government civilians and non-medical contractors that make up the Navy Medicine community are vital to that Total Force in our support of global operations.

That support includes the work our Navy doctors, nurses, corpsmen, dentists, and mental health

"I believe that medicine is a common language that bridges barriers."

care providers are doing on the front lines in Iraq and Afghanistan. Our support to global operations includes the dozen Marine Corps' Shock Trauma Platoons that do immediate resuscitative surgery on the battlefield. Remember that Navy Medicine is also Marine Corps medicine and we will continue to support our Marines anytime, anywhere.

Our support to global operations can be seen by the USNS Mercy's recent deployment in support of *Pacific Partnership 2010*, now the fifth annual Pacific Fleet proactive humanitarian assistance mission to strengthen ongoing relationships with host and partner nations in Southeast Asia and Oceania. The Mercy is executing our Maritime Strategy by building the trust and cooperation we need to strengthen our regional alliances and empower our partners in the region. I met




Vice Adm. Adam M. Robinson, Jr., U.S. Navy Surgeon General, during a recent trip to Quy Nhon, Vietnam.

the crew in Vietnam recently and witnessed firsthand the medical, dental, and engineering outreach projects planned there. With each successful deployment, *Pacific Partnership* has proven to increase our interoperability with host and partner nations, non-governmental organizations and the interagency. Oftentimes, we learn just as much from them as they do from us.


I believe that medicine is a common language that bridges barriers. In this uncertain world, the United States and other nations continue to forge greater bonds of trust and cooperation with people and countries around the world to contribute to the common good.

Secretary Gates ends his recent article by stating that "helping other countries better provide for their own security will be a key and enduring test of U.S. global leadership and a critical part of protecting U.S. security." Make no mistake about it, Navy Medicine is passing this test with flying colors by helping to provide hope, stability, and security around the world.

Thank you for everything you do and thank you for your service. Each month reinforces my confidence in what we can accomplish. It is my honor and privilege to represent you as your Surgeon General.



**Navy and Marine Corps
Medical News**



Navy Bureau of Medicine and Surgery

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Corpsman Receives Purple Heart at Bethesda Naval Hospital

By Chris Walz, National Naval Medical Center Public Affairs

BETHESDA, Md. - Under Secretary of the Navy Robert Work presented Hospital Corpsman 1st Class Nile Seaborn the Purple Heart Tuesday at the National Naval Medical Center, honoring him for injuries he sustained in Afghanistan.

Seaborn, injured in April when a rocket-propelled grenade exploded, hitting the wall of the base chapel just as he walked by, sustained massive shrapnel injuries to his upper body, spine, hip, legs, and behind his heart.

Work said he believes the corpsman is alive today because of divine intervention.

"God said, 'You're not taking my chapel and you're not taking one of my children,'" Work said prior to pinning Seaborn with the George Washington-emblazoned medal. "Someone up above has a bigger plan for you."

His recovery, though, "is going quick," Seaborn said. "It's going faster than the [doctors] predicted. [But] I still have a lot of [physical therapy] to do."

Physical therapists are working to increase Seaborn's strength and range-of-motion, he said.

Being a corpsman and having a medical background is a blessing and a curse, he said. It helps to have that knowledge, but he has to remember that he's a little critical.

"I have to keep telling myself I'm a patient," he said.

BETHESDA, Md. - Under Secretary of the Navy Robert Work pins the Purple Heart on Hospital Corpsman 1st Class Nile Seaborn at the National Naval Medical Center June 1. Seaborn was injured at a forward Operating Base in Afghanistan in April when a rocket-propelled grenade hit the base's chapel just as Seaborn walked by. (U.S. Navy photo by Chris Walz/Released)



Seaborn is a Maryland native and he's thankful to be recovering at the National Naval Medical Center. More than 20 family members attended his Purple Heart award ceremony. He said it was the first time his family attended any of his award ceremonies – not out of indifference, but because of proximity.

"I love being at Bethesda because I'm receiving a lot of support and I appreciate that," he said. "My family is here [and] my wife's family is here — both families. All of the surgeries, injuries ... It was a perfect storm. Most people don't get [to have family so close]. I'm very lucky."

Work thanked Seaborn's family and mentioned how much their love and support will help his recovery.

Work also presented Seaborn's two children – Nile, 7, and Anaiya, 2 – with his official coin.

While awarding Seaborn, he was quick to recognize leadership

at the Navy's deckplate level.

He explained Seaborn converted from being a missile technician to a corpsman after speaking to a few independent corpsmen. Seaborn converted because he wanted to help his fellow service members. That selflessness and his willingness to risk life and limb for his country, Work said, is why Seaborn is a hero.

The timing of the award was not lost on Seaborn. He received his Purple Heart the day following Memorial Day, the day set aside to recognize the sacrifice service members have made in defense of the country.

"This Purple Heart recognizes that I shed blood for this country and I put my life on the line," he said. "For me to receive this for Memorial Day, recognizing past wars and the veterans, I appreciate it more and it makes it more special."

PARTNERSHIPS

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future in areas of public health research, medical education and other areas," said Robinson.

"Expanding our partnerships in these areas would be of great benefit to our nations and the entire Pacific area."

The United States and Vietnam continue to participate in high-level diplomatic exchanges, taking place both in Vietnam and in the United States -- the most recent of which was Prime Minister Nguyen Tan Dung's April visit to the United States to take part in President Obama's Nuclear Security Summit.

"These continued meetings and our growing military-to-military relationships will go a long way

to bolstering our already strong relationship with the people of Vietnam," said U.S. Ambassador Michael Michalak. "Our relationship continues to grow across the board, based on friendship, mutual respect, and cooperation on a wide range of issues and in the long-term interests of both countries."

Robinson's meetings with the leading health officials in Vietnam were productive and several potential areas of military medical collaboration were discussed.

"Medicine is a common language that bridges barriers," said Robinson. "In this uncertain world, the United States and other nations continue to forge greater bonds of trust and cooperation with people and countries around the world to contribute to the common good. We look forward to our further discussions with Vietnam on areas where our medical teams can work together."

Expeditionary Surgical Unit Supports African Lion in Morocco

By Maj. Paul Greenberg, Marine Forces Reserve

NEW ORLEANS, La. – U.S. Marine Corps and Navy reservists from 4th Medical Battalion deployed to Cap Draa training area in southwestern Morocco in late May to set up a Forward Resuscitative Surgical Suite (FRSS) trauma center as part of exercise African Lion 2010.

This new life-saving capability provides trauma and surgical care to Marines and Sailors in an expeditionary environment.

Lt. Cmdr. Hank Deters from the battalion's detachment in Pittsburgh, Pa., was the officer-in-charge of the FRSS team in Morocco.

"Level one care is corpsman care on the battlefield," explained Deters. "Level two trauma care is what we do, usually in two tents with a surgical bed, a refrigerator for the blood, a ventilator with an anesthesiologist, and other specialized equipment."

From the time they arrive at a forward operating base, a FRSS can typically set up their tents and equipment and be ready to receive patients within one hour, according to Deters.

"You just do what you have to in order to save the patient's life. During the Vietnam War and

Expeditionary Medicine in Morocco

CAP DRAA TRAINING AREA, Morocco – Cmdr. Thomas Hansen performs a lower abdominal ultrasound on a simulated casualty during a blunt trauma class June 2. Hansen is a U.S. Navy reservist with a detachment of Surgical Company A, 4th Marine Logistics Group in Chicago, Ill. The theater security cooperation exercise includes about 700 Marines and Sailors from Marine Forces Reserve units throughout the United States. (U.S. Navy photo by Lt. Cmdr. Jon Skelton/Released)



Desert Storm, up to 25 percent of our wounded were dying on the way to the hospital. This is saving that 25 percent," said Deters.

Cpl. Saundra Rosenbalm from Knoxville, Tenn., is an ambulance driver on the FRSS. She moves patients from the point of injury to the FRSS for treatment. After surgery, she takes the patient from the FRSS to the pick-up point.

But Rosenbalm is more than just a driver. During surgery, she and the FRSS team's other Marines stand guard over the operating

tents, providing security and ensuring that no one brings weapons into the operating tents.

"We keep everyone else out so the docs can do their jobs," Rosenbalm said.

Petty Officer 2nd Class Kenneth Justice is team leader for the first medical team on the FRSS. His team receives patients in the "pre-op" tent and prepares them for surgery.

"We also see patients when they

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Pacific Partnership 2010

SIHANOUKVILLE, Cambodia - Hospital Corpsman 3rd Class Dana Doody loads a suture for surgeons during a surgery aboard the Military Sealift Command hospital ship USNS Mercy (T-AH 19), June 20. Mercy is in Cambodia supporting Pacific Partnership 2010, the fifth in a series of annual U.S. Pacific Fleet humanitarian and civic assistance endeavors to strengthen regional partnerships. (U.S. Navy photo by Mass Communication Specialist 2nd Class Eddie Harrison/Released)



Navy Officer is Presented with Presidential Medal in Djibouti

By Darnell Gardner, US Naval Medical Research Unit No.3

DJIBOUTI CITY, Djibouti – During a ceremony at the Djiboutian Ministry of Health last month, Capt. Ken Earhart, Commanding Officer of U.S. Naval Medical Research Unit No. 3 (NAMRU-3) was presented the "Medaille de Chevalier dans l'Ordre National du 27 Juin."

Capt. Earhart was presented the decoration by the acting Head of State, Prime Minister Dileita Mohamed Dileita for his support of the Djiboutian Ministry of Health.

While under Earhart's leadership, NAMRU-3 partnered with the Djiboutian Ministry of Health to conceptualize and train staff for its first ever National Institute of Public Health to carry out the diagnosis of potential epidemics and the follow-up of pathogenic agent resistance.

"In the name of the Djiboutian government, we would like to express our sincere thanks for NAMRU-3's contributions. It provided outstanding support during a potential outbreak of avian influenza in April 2006, and cholera in January 2007. NAMRU-3 joined with our National Institute of Public Health to support public health capacity and provide much needed training to our laboratory technicians," stated Prime Minister Dileita.

Also present in the contingent of U.S. and Djiboutian officials were the Minister of Health, His Excellency Abdallah Abdillahi Miguil, U.S. Ambassador James Swan, CJTF HOA Commander Rear Adm. Brian Losey, Camp Lemonnier Commanding Officer Captain Darius Banaji and the USAID/Djibouti



DJIBOUTI CITY, Djibouti - Prime Minister Dileita Mohamed Dileita pins the "Medaille d'Chevalier dans l'Ordre National du 27 Juin" on Capt. Ken Earhart as Rear Adm. Brian Losey and U.S. Ambassador to Djibouti James Swan looks on, May 26. (U.S. Navy photo by Capt. Ken Earhart, US Naval Medical Research Unit No.3/ Released)

representative Ms. Stephanie Funk.

The presidential medal, which in English is "the National Order of June 27" was established in commemoration of the Republic of Djibouti's national day of independence in 1977. The medal recognizes the role Captain Earhart and the staff of NAMRU-3 have played in strengthening the public health infrastructure in Djibouti which is a part of the greater partnership between the US and Djibouti.

Surgeon General of Navy Visits Medical Personnel in Japan

By Lance Cpl. Heather N. Choate,
Marine Corps Bases Japan

CAMP LESTER, OKINAWA, Japan
The 36th Surgeon General of the Navy, Vice Adm. Adam M. Robinson, Medical Corps, United States Navy, 41st Chief of Bureau of Medicine and Surgery, and Force Master Chief Laura A. Martinez visited medical personnel at the Camp Lester chapel, May 25.

The two came to Okinawa to give junior and senior medical personnel the opportunity to ask questions and voice concerns they have within the medical field.

"The primary mission of Navy Medicine is to make sure we can provide care to the war fighters," said Robinson. "We need to be with

the Marine Corps. Navy Medicine doesn't need to be anywhere else during missions, for anyone else."

Medical personnel from all the military camps on island came to the presentation.

"When the Surgeon General and myself are in the Pacific we like to stop and say thank you to our senior enlisted leaders for the great job they are doing, in addition to the sailors. These sailors are taking care of the war fighters and of the family members," said Martinez. "I love coming out and talking with the troops."

For many of the medical personnel that attended the presentation, it was the first time for them to meet the surgeon general and force

master chief. Some felt it was a great opportunity.

"It gives us the sense that they aren't just barking orders down the chain of command," said Petty Officer 1st Class Alois Kaltenbach, radiology, U.S. Naval Hospital Okinawa. "They actually care about what we think and feel. I really think it's awesome they came to Okinawa."

"Navy Medicine will be wherever Marines go. If they are there, we will be there," said Robinson.

The stop on Okinawa was a part of this year's Pacific tour for the surgeon general and force master chief. From here they continued on to Vietnam and then to Yokosuka.

Got News? If you'd like to submit an article or have an idea for one, contact MEDNEWS at 202-762-3160, fax 202-762-1705 or Valerie.Kremer@med.navy.mil.

Navy Medicine Celebrates Hospital Corps 112th Birthday

By Valerie A. Kremer, Bureau of Medicine and Surgery Public Affairs

WASHINGTON –In honor of the 112th birthday of the U.S. Hospital Corps June 17, the Navy Bureau of Medicine and Surgery (BUMED) commemorated the event with a traditional cake cutting ceremony and a performance by the Navy Silent Drill Team held onboard the BUMED campus.

Corpsman and command staff gathered together to honor the over 28,000 active duty and reserve men and women of the Navy Hospital Corps for their 112 years of service providing lifesaving care to Sailors and Marines around the world.

"It is with great pride that I wish the outstanding men and women of the Hospital Corps a very Happy 112th Birthday," Navy Force Master Chief Laura Martinez wrote in a birthday message to Hospital Corpsman. "The compassionate care provided to our wounded, ill, and injured Sailors and Marines, dependents, and to those that have worn the cloth, our veterans is nothing short of spectacular and continues to uphold Navy Medicine's commitment to providing world class care to all our beneficiaries," said Martinez.

The ceremony featured speeches by BUMED leadership about the support they continue to receive by the outstanding Corpsmen of the Navy. Additionally Navy Corpsmen spoke about their personal experiences of being part of the Corps.

"The Hospital Corps are the bedrock of Navy Medicine," said BUMED Chief of Staff, Capt. Michael McCarten. "Wherever I was, in Kandahar or here at home, I always had a corpsman by my side. Happy birthday Shipmates!"

The Hospital Corps is the most decorated branch of the United States Navy and has fought on the front lines of every battle in United States history. On June 17, 1898, President William McKinley, established the Hospital Corps as a recognized member of the Navy Medical Department.

As part of the ceremony, the Hospital Corpsmen reaffirmed the oath they took upon completion of Hospital Corpsman "A" School to serve their fellow service members faithfully.

The celebration also featured a traditional cake cutting. Performed by the youngest and oldest corpsmen



WASHINGTON - In honor of the 112th birthday of the U.S. Hospital Corps June 17, Navy Bureau of Medicine and Surgery commemorated the event with a cake cutting ceremony and a performance by the Navy Silent Drill Team. (Navy photo by Valerie A. Kremer, Bureau of Medicine and Surgery Public Affairs/Released)

at the celebration, Master Chief Keith Boyce and Hospital Corpsman First Class Lillian Alexander cut this year's cake.

During the celebration, Hospital Corpsman Second Class Ruben Palacios was frocked to the next paygrade by McCarten.

"Even before the official inception of Hospital Corps on June 17, 1898, Corpsmen have gallantly answered the call to battle," wrote Navy Surgeon General Vice Adm. Adam Robinson, Jr. in a message to all Naval Medical personnel worldwide. "From the Revolutionary War to the current overseas contingency operations, Corpsmen have served with valor as they tend to the sick and injured on the High Seas and other worlds battlefields. As Sailors and Marines deploy in harms way, they take solace in knowing that 'Doc' is beside them, and when the word is passed 'Corpsman Up!', they know that they're in the best of hands."

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come out of surgery and prep them for medevac," said Justice. "We 'package' the patients by securing all medical devices such as (intravenous) bags and oxygen tanks. We wrap them like a tamale in a flight blanket and get them ready to put on the helicopter or tactical ambulance."

The FRSS had the chance to perform an actual surgery on a Marine who had an abscess on his sacrum at the remote training area June 4. After several days of recovery, the reservist returned to full duty and was able to continue training with his unit.

The Marines and Sailors of the FRSS team returned to the States in mid-June, when African Lion concluded.

Some FRSS members will be back for African Lion 2011, or

will participate in different theater security cooperation exercises in Africa, Asia or South America instead.

Others will mobilize and deploy to Afghanistan or Djibouti in support of Operation Enduring Freedom.

Regardless of where the troops go, they will bring a unique life-saving capability to the Armed Forces of the United States and their allies in expeditionary environments throughout the world.

Navy Medicine and Johns Hopkins Celebrate Social Work

By Philip Ballard, Bureau of Medicine and Surgery

BALTIMORE, Md -- The Johns Hopkins Hospital hosted a joint reception with U.S. Navy social workers earlier this month to commemorate a new partnership to train the next generation of Navy social workers who will work with military servicemen, women, and their families.

Social work is an integral part of medicine. Johns Hopkins was one of the first hospitals in the nation to recognize the clinical contributions of social workers and to establish a department of social work as an integral part of the practice of medicine. What began in 1898 as an innovative approach to training medical students – sending them into the community to understand how environmental living conditions affected their patients' health – evolved into the Johns Hopkins social work program, formally established in 1907. It soon became a model for hospitals throughout the United States.

Although beginning with just a handful of practitioners, the current workforce at Johns Hopkins has more than 100 social workers who see thousands of patients a year, and the services they provide have become increasingly specialized. Today, there are five divisions of social work at the hospital to include AIDS, Pediatrics/OB-GYN, Medicine/Surgery, Oncology, and Psychiatry.

Combining these talented people with the U.S. Navy has proven to be a perfect match. In April 2009, Johns Hopkins Hospital was invited to become a part of the Navy Health Services Collegiate Program. By September 2009, the hospital had its first Fellow on campus. Today, the hospital hosts seven Fellows who are assigned to four departments of social work.

Dr. Edward Miller, Dean and CEO of Johns Hopkins Medicine, opened the reception by reminding his civilian and military colleagues present of the institution's commitment to supporting the U.S. military.

"We are honored to be a partner to our U.S. Navy,"



BALTIMORE, Md. - Navy social workers collaborated with Johns Hopkins to commemorate a new partnership, to train the next generation of Navy social workers, June 6. (Navy photo by Philip Ballard, Bureau of Medicine and Surgery/Released.)

said Miller. "There is no greater honor than to help those who serve our country and to teach one another. It is that student that will go on to do great works, to touch countless lives and to heal countless hearts."

Once a civilian community within the Navy, the Navy Social Worker community is now accepting uniformed social workers to be better positioned to support the needs of Navy and Marine Corps families.

"We need to continue to grow our mental health professionals to support our service members," said Capt. Michele Weinstein, the Assistant Chief of Staff at the Bureau of Medicine and Surgery and deputy director Medical Service Corps. "We want to see this program grow and we expect great things from our Fellows here at Hopkins," said Weinstein.

Navy Corpsmen Gives Afghan National Army Lifesaving Skills

From Bureau of Medicine and Surgery Public Affairs

Hospital Corpsman First Class Tyron Hodges learned firsthand how plans can change quickly after he discovered that he had a new job waiting for him upon his arrival in Afghanistan as an Independent Duty Corpsman. He was originally slated to operate with Alpha Surgical Company, 1st Medical Battalion assigned to the Forward Resuscitative Surgical Suite (FRSS), but ended up becoming a trainer for the Afghan National Army (ANA).

"I had assumed my duties were going to consist of enlisted leadership, supply management and limited patient care," said Hodges.

A significant mission for the U.S. forces in Afghanistan is to enable the Afghans to provide their own security by bolstering their national Army and police forces inside the country, ensuring the Afghans have their own means of providing security to their own civilians. The U.S. military is working to provide training to their Afghan counter-

parts through the use of Embedded Training Teams (ETTs) and Partner Training Teams (PTTs). Hodges's team consisted of sixteen individuals that included both.

His team was partnered with the Afghan National Army 215th Combat Service Support Kandak to train them to support combat re-supply missions to Afghan National Army (ANA) posts throughout the Helmand Province. Kandak is the Afghan name for Battalion and Coy is the Afghan name for Company. A Kandak has 270 soldiers and a Coy has 37 soldiers.

The training team was led by a Marine Corps captain and comprised of Marines, Sailors, and soldiers. Hodges was the Medical Company Senior Mentor and had both a Navy Hospital Corpsman and Army Medic working with him.

"The focus for the Kandak was placed on buddy aid and tourniquet use," said Hodges. "The corpsmen and

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medic trained the ANA Medical Coy in modified Tactical Combat Casualty Care (TCCC) and Combat Lifesavers (CLS) courses," said Hodges.

Training began at Camp Pol-e-Charki located outside of Camp Blackhorse in Kabul, and continued at Camp Shorabak located in Helmand Province. While they did not live in the same dwellings as the ANA students, Hodges and his team maintained close relationships with them often sharing meals and trading personal items.

"Most of the ANA students were at the level of a new recruit and training plans were designed with that fact in mind," said Hodges. "Training plans were previously designed by contractors based on U.S. Army Doctrine. The first two weeks were spent teaching accountability to the non-commissioned officers," he added.

The U.S. training teams faced many hurdles to overcome with training Afghan students including a significant amount of illiterate students. According to the United States Agency for International Development (USAID), Afghanistan has a population of approximately 22.5 million people and one of the highest illiteracy rates in the world. More than 11 million Afghans over the age of 15 cannot read or write. In rural areas, where three-fourths of all Afghans live, 90 percent of the women and more than 60 percent of the men are illiterate.

"The designed plans relied heavily on classroom work and PowerPoint presentations," said Hodges. "ANA officers and NCOs are able to read and write in their language but most of the soldiers were illiterate. To overcome the challenge, classes were modified to demonstration level and hands-on format performed outside with the equipment," he said.

Hodges said that communication was a large problem in other ways.



KABUL, Afghanistan - Hospital Corpsman First Class Tyrone Hodges (back row second in from left) and the training team consisting of Sailors, Marines, and soldiers paired with the Afghan National Army 215th Combat Service Support Kandak to train them to support combat resupply missions to ANA posts throughout Helmand Province. (Courtesy photo/Released).

"Afghan interpreters were available but they were not trained in medical terminology," said Hodges. Cultural difference was another hurdle. The Afghan approach to many issues is "*Insha' Allah*," which can be interpreted as "If Allah wills" or "If God wills". Hodges explained that over time, the cultural differences became less of a factor as the U.S. and Afghans became to know each other better.

"Tourniquet training was one of the most important classes, given the Taliban tactics and injury patterns from Improvised Explosive Devices (IEDs)," said Hodges. Due to the small size of the ETT, the U.S. military medical team was called upon to provide instruction in other classes as well.

"We taught courses in convoy logistics patrol, weapons safety, and weapons handling," said Hodges. "Other training focused on basic leadership skills and the supply system," he said.

Hodges developed some keen friendships with some of his ANA students that he will miss after he returns to the U.S.

"One soldier in particular stands out as he was very young and quiet," said Hodges. "He faced a lot of difficulty with the other Soldiers because of his age, but as training progressed he became more vocal and respected."

Hodges believes he has helped make an impact on the country during his deployment. "I'm now leaving Afghanistan having completed a totally different mission that will have a long lasting effect on both the United States and Afghanistan," he said. "It's given me memories that will last a lifetime. Our team helped contribute to something larger than medical care at one clinic or on one base. "Our direct involvement in training impacts the future of the country. I'll know I made a difference when I'm back home with my family watching television and see the ANA performing their mission without U.S. assistance."

Portsmouth Medical Center Staff Receive Humanitarian Award

By Deborah Kallgren, Naval Medical Center Portsmouth

NAVAL MEDICAL CENTER PORTSMOUTH, Va. -- One hundred twelve service members at Naval Medical Center Portsmouth received the Humanitarian Service Medal June 10 for deploying in support of Operation United Response Haiti following the massive earthquake that hit the island nation in January.

The medal was awarded to those who deployed within 41 nautical miles of Haiti. Many of the medical center's recipients were doctors, nurses, corpsmen and others who provided care and support to injured Haitians on board hospital ship USNS Comfort (T-AH 20). NMCP Commander Rear Adm. Alton L. Stocks also received the medal; he served as Joint Task Force Haiti surgeon before becoming commander of the medical center in May.

Navy Environmental Health Officer Reflects on Haiti Mission

By Lt. Holly Lee, Bureau of Medicine and Surgery, Public Affairs

Lt. John Antoine, no stranger to deployments to include Iraq, Kuwait, a USNS Mercy humanitarian mission to South East Asia, and pre-deployment site surveys, recently returned from his fourth deployment. He is an environmental health officer assigned to Navy Environmental and Preventive Medicine Unit Five (NEPMU5) in San Diego, Calif. and deployed to Haiti in response to the 7.0 magnitude earthquake that rocked the island on January 12, 2010.

A native of Haiti and fluent in French and Haitian- Creole, Antoine was the perfect fit for the mission. Disheartened that his place of birth was in such chaotic disarray, he couldn't help but feel helpless as he stood watching the news. Still in his dwell time from CENTCOM, Antoine felt compelled to take action and he did not have the luxury of time for a slow start. He quickly informed his chain of command of his desire to volunteer and without hesitation they gave him their full support; understanding how important this mission was for him.

Antoine and his team knew they had to hit the ground running, so immediately upon arrival, the team set out to complete 21 base camp assessments. Throughout their visits they encountered countless vector and pest control issues, malaria identification, air and soil contaminations, in addition to serious water and sanitation issues.

As the days passed, the situation on the ground became truly upsetting for Antoine and embarrassing given that he could vividly remember how the island looked as a child. He was saddened by the level of poverty, destruction,

SAN DIEGO - Lt. John Antoine, an environmental health officer assigned to Navy Environmental and Preventive Medicine Unit Five (NEPMU5), deployed to Haiti in support of humanitarian disaster relief efforts from the 7.0 magnitude earthquake that struck the area Jan 12. Antoine is a native of Haiti and fluent in Creole, a perfect fit for the mission. (Courtesy photo/ Released)



and death. Days into his mission, he was devastated to learn that both of his grandmothers were amongst the over 200,000 that were lost to this unforgiving force of nature.

"Unfortunately, many of us get so wrapped up in our daily life that

"I knew that I had to take action so I volunteered knowing that this could be a long deployment. I was determined to head down to Haiti and to help in any way, shape or form."

- Lt. John Antoine on his recent mission to Haiti

we don't set aside time to do things like visiting family and friends that we have not seen for a few years" Antoine shared, as he thought back to the last time he had seen his grandmothers. He wishes that his visit to Haiti could have been

under different circumstances; but he is thankful, despite his personal loss, for the opportunity to finally return to his birth place after a twenty-three year absence.

As Antoine reflects on the moments of heartache and sadness watching the events unfolding on TV he said, "I knew that I had to take action so I volunteered knowing that this could be a long deployment. I was determined to head down to Haiti and to help in any way, shape or form."

When asked about his team he stated "Our team performed superbly during this operation. The team from NEPMU2 was extremely professional and made the transition and deployment a wonderful professional experience. Personally the deployment would have been a lot harder if I did not have a great cast of professionals," said Antoine.

Overall, Antoine says that he is glad he went and saw firsthand what his native homeland was enduring. He was moved by the courage and enduring hearts of his fellow Haitians. He stated that "Going to Haiti made me realize that we live in the greatest country in the world."

Would you like to share your deployment story with MEDNEWS?

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