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Item of Interest:

Be Ready! September is National Preparedness Month. Throughout September there will be activities across the country to promote emergency preparedness. Over 1,800 organizations – national, regional, and local public and private organizations – are supporting emergency preparedness efforts and encouraging all Americans to take action. You can join the effort by following four steps:

- Get a Kit,
- Make a Plan,
- Be informed,
- Get Involved.

Are you prepared? During September, focus on being ready – at home, at work, and in your community – and prepare for a natural disaster or other emergency. For more information on National Preparedness Month, visit www.cdc.gov/Features/BeReady.

Joint Force Bio-Med Techs Repair Equipment

By Mass Communication Specialist David G. Crawford, Continuing Promise Public Affairs

SANTA MARTA, Colombia - A team of Navy and Air Force bio-medical equipment repair technicians, currently embarked aboard USS Kearsarge (LHD 3), visited Candelaria Medical Clinic here Sept. 3 during the humanitarian/civic assistance (HCA) mission Continuing Promise (CP) 2008.

Their job is to repair, test, and train personnel on medical equipment.

A majority of the medical equipment in the Colombian hospitals and clinics is donated. Some of the

equipment is nonfunctioning and others do not have the manuals.

"We can fix medical equipment so the doctors can better diagnose and better treat the patients," said Hospital Corpsman 1st Class John Renner.

Bio-med technician, Staff Sgt. Doug Cox noted that many of the small medical clinics in Colombia do not have the staff to repair or the money to buy new equipment. Over the last few days here, the team will try to repair and assist staff personnel as much as they can before leaving Colombia.

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INDIAN OCEAN - Lt. Tamara Kindelan, center, Hospital Corpsman 2nd Class Carly Hardin and Hospital Corpsman 2nd Class Brandon Atencio work to repair a bilateral hernia on a patient aboard the Nimitz-class aircraft carrier USS Abraham Lincoln (CVN 72) Sept. 3. *U.S. Navy photo by Mass Communication Specialist 3rd Class Quinn Liford*

Navy Surgeon Transforms Lives Through Pacific Partnership

By Mass Communication Specialist 3rd Class (SW) Derek R. Sanchez, Pacific Partnership 2008 Public Affairs

USNS MERCY, At Sea - During the last leg of Pacific Partnership 2008, which ended Sept. 1, a U.S. Navy plastic surgeon treated patients, following in the footsteps of Operation Smile (OpSmile).

Cmdr. Trent Douglas, M.D., from Fredericksburg, Va., is the only U.S. Navy plastic surgeon aboard USNS Mercy (T-AH 19) during Pacific Partnership 2008. Douglas performed life-changing operations for patients during Mercy's visit to the Federated States of Micronesia.

Douglas, who usually specializes in skin-grafting and severe burn reconstruction, took on the new mission for OpSmile surgeons, who had served on four earlier missions. OpSmile is a non-governmental or-

ganization dedicated to the repair and reconstruction of children's cleft lips and palates.

"We've been working with OpSmile in previous mission sites," said Douglas. "It's not so much a matter of taking over as it is a continuation of the work that needs to be done. We both have the common mission of providing safe and compassionate care to the medically underserved areas of the world."

Douglas alone replaced the Operation Smile staff of five surgeons and, with the aid of the Mercy crew, performed cleft palate reconstruction on four patients in Micronesia. He also operated on six patients in Papua New Guinea and 12 patients in Timor-Leste after OpSmile departed. But when he worked alongside the non-governmental organization, their cohesiveness created a bigger impact.

"The population is well-served

by ... [the] expertise of my services and that of the NGOs," said Douglas. "This mission makes them the ideal NGO partner, and together we make the Mercy an enabling platform to execute the Pacific Partnership mission safely and with consistency."

Pacific Partnership 2008 aims to create peace and stability with host nations and build upon relationships and friendships established in past missions. The PP08 mission offers a variety of services that range from engineering projects to medical and veterinary care.

"Whether being a surgeon for Pacific Partnership 2008 or in the States, cleft palate reconstruction remains one of the most rewarding surgeries that plastic surgeons perform worldwide," added Douglas. "I am just very happy to provide high quality service."

Bremerton Family Medicine Residents Support PP-2008

By Douglas H. Stutz, Naval Hospital Bremerton Public Affairs

USNS MERCY, At Sea - Lt. Sarah Pope, along with Lt. Kelly Koren of Naval Hospital Bremerton's (NHB) Puget Sound Family Medicine Residency program, are taking their training where it has never gone before.

Such as the far side of the Pacific.

They are going to such lengths to ensure that as Residents they live up to the NHB standard of being operational ready to provide care anywhere in the world.

The two are forward deployed in support of Pacific Partnership 2008 on USNS Mercy (T-AH 19) and just participated in humanitarian and civic assistance missions on Papua New Guinea (PNG) with the Federated States of Micronesia next on their itinerary, the final stop in support of Pacific Partnership 2008. Pacific Partnership 2008 brings together host and partner nation civilian and medical personnel and construction teams. The four-month humanitarian and civic deployment aims to strengthen relations in Southeast Asia and Oceania. When the possibility of joining the mission cropped up, both immediately applied and joined the Mercy mission before PNG.

"Rear Adm. Christine S. Hunter, Commander, Navy Medicine West, Naval Medical Center San Diego, stated that she'd like to offer residents an opportunity to do an elective rotation in humanitarian medicine on board Mercy," said Cmdr David Congdon, Medical Corps, USN, and Program Director of NHB's Puget Sound Family

Medicine Residency program.

"When the email request went out for all interested, I responded," said Pope, a native of northern Calif. "I was lucky to be one of two from Puget Sound Family Medicine Residency Program and one of several residents from different training programs to participate."

"The idea of getting to practice humanitarian medicine in another country has absolutely appealed to me for quite some time," explained Pope, a second year resident in Family Medicine at NHB. "It's one of the many reasons why I became a doctor—to help others who don't have the ability to help themselves either because of poverty, illness or lack of medical infrastructure. It's also the reason why I chose Family Medicine as a career path. I could help the greatest number and range of patients, from newborns to octogenarians. It has suited me well, thus far."

As the crew of the Mercy found out during their mission, access to health care and medical services can be a perennial challenge on the Pacific Rim. The island nation of Papua New Guinea presented such a scenario. PNG is a mountainous, densely forested country, very near the equator, with an interior that has just recently been explored. But when word got out that the Mercy was due, many in need of available medical care found a way to get to the ship or around Port Moresby, the capital, to visit one of the Medical Civic Action Programs (MEDCAPs). It was there that Pope found plenty of work for her medical skill.

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City Council Takes Action, Completes Tri-Cities Medical Engagement

By Lance Cpl. Scott Schmidt, Regimental Combat Team 1

JIKO, Iraq — Local city council leaders successfully planned and executed a combined medical engagement at the Jiko Medical Clinic to provide medical care to the people of Jiko, Mukalan and Sattack Aug. 30.

Almost 400 Iraqi citizens received care from Capt. Kadhim Ali Kadhim, the battalion surgeon with 2nd Battalion, 2nd Brigade, 1st Iraq Army Division, and doctors and corpsmen with Mobile Assault Company, Task Force 1st Battalion, 2nd Marine Regiment, Regimental Combat Team 1, and an Iraqi Women's Engagement Team from Marine Wing Support Squadron 374.

Iraqi women were searched by female Marines, and seen by female corpsman and doctors in order to respect the cultural integrity of the community.

City council members were pleased with the event's success. "This has been the largest Iraqi-lead event in the area," said Mohammed Hussein, Jiko's medical nurse and member of the Tri-Cities City Council.

Hussein added that it is important that the community sees the city council is able to provide its people with the essential services they need.

"Providing treatment for the

people is important, but the real critical patients are the children," explained Kadhim. "If we find health problems in the children we can treat it early so eventually the problem does not keep reoccurring."

Medical personnel treated Iraqis for a wide variety of ailments ranging from minor sinus irritation to severe skin rashes.

Kadhim added that with the sustainability of medical and humanitarian care Iraq can now provide, communities will soon see an increase in health and availability of families able to obtain essential medical services.

Local Iraqi Police and soldiers handed out food and water to citizens and brought joy to the children with toys and school supplies.

The region's current success is a direct result of the hard work and sacrifices made by the Tri-Cities City Council, said Lance Cpl. Alexander Kurtz, a 20-year-old scout with Mobile Assault Company.

While Marines were there providing over-watch, "The Iraqi Army and Police were out in force doing most of the work," he explained.

From the vehicle checkpoint to the clinic, Iraqi soldiers and policemen manned observation and security posts, denying possible insurgents the ability to exploit any gap in security they provided for the



JIKO, Iraq — Navy Lt. Mickey Deel, the medical officer with Task Force 1st Battalion, 2nd Marine Regiment, Regimental Combat Team 1, listens to an Iraq boy's lungs during a combined medical engagement (CME) Aug. 30. U.S. Marine Corps photo by Lance Cpl. Scott Schmidt

large event. Iraqis also organized an efficient procedure for filtering patients in and out of the medical clinic.

The CME provided a solid foundation for future Iraqi engagements with or without Marine support. "Marines have gotten us to this point," Hussein stated. "Now, we are capable of dealing with issues in the area and the citizens know they can rely on us."

Unsurprised that no hostile acts were attempted by insurgents, Hussein said this proves there has been a significant improvement in the Tri-Cities region. He attributed this success to the hard work by the Iraqi Army and Police with the support of U.S. Marines.

Bio-med continued...

(Continued from page 1)

"A lot of the equipment is in really bad condition," said Renner as he worked on a blood pressure cuff. "Most of the equipment can be repaired with simple things such as light bulbs, and new power cable. But these clinics and hospitals just don't have the means to be able to do these simple things."

Both Cox and Renner feel that the CP mission is doing great things for the people of Colombia and the other countries that will be visited on the CP 2008 mission.

"We can provide a service that no one else can and it has longer lasting impact, helping doctors to take care of their patients," said Renner. "It feels good to help people. I get to do what I was trained to do and people truly appreciate what we are doing."

CP 2008 personnel will work closely with the Colombian government and organizations during the next two weeks providing medical and engineering services in the Santa Marta and Cienaga regions.

After Colombia, Kearsarge will visit Panama, the Dominican Republic, Trinidad and Tobago, and Guyana.

The mission of CP is to conduct civil-military operations including humanitarian and civic assistance as well as veterinary, medical, dental and civil engineering support to six partner nations and to send a strong message of U.S. compassion, support and commitment to Central and South America and the Caribbean.

The CP Caribbean Phase is the second of two HCA deployments to the Southern Command area of focus for 2008. The first CP deployment was conducted by USS Boxer (LHD 4) in the Pacific.

New Service Announced for Wounded Warriors, Families and Caregivers

U.S. Department of Defense Press Release

WASHINGTON – The Department of Defense (DoD) announced Sept. 9 the Military OneSource service has established a Wounded Warrior Resource Center telephone number and e-mail address for service members and their families, if they have concerns or other difficulties during their recovery process.

Service members and their family members can now call (800) 342-9647 or e-mail

wwrc@militaryonesource.com 24/7 to request support. Assistance provided by the resource center will not replace the specialized wounded warrior programs established by each of the military services, but it will offer another avenue of assistance for military facilities, health care services, and/or benefits information.

"The department is committed to aggressively addressing the needs of our service members and their

families," said Secretary of Defense Robert M. Gates.

Specially trained consultants will ensure consistent, quality customer-centric support. The consultants will identify the appropriate "warm hand-off" to either a military service or federal agency with authority to resolve the matter. The resource center consultant will maintain communication with the caller until the issue or concern is resolved.

"The term 'wounded warrior' encompasses the entire population of wounded, ill and injured service members and veterans," said Principal Deputy Under Secretary of Defense for Personnel and Readiness Michael L. Dominguez.

The Wounded Warrior Resource Center meets the requirements of Section 1616 of the "National Defense Authorization Act Fiscal Year 2008" for a centralized number and ensures wounded families and caregivers have a number to call at any time.

Bremerton continued...

(Continued from page 2)

"As a primary care provider, I participated in several MEDCAPs in Port Moresby," related Pope. "I was ashore almost every day. I spent time at the Waigani Church, Eivala Tanobada United Church in Hanuabada Village (which involved some wild windy weather and my first time practicing medicine on a dirt floor!), Pari Primary School, where I saw and treated almost 80 children. Then I rounded out our second week in PNG at Koki Village, at the Koki 7th Day Adventist Church, Gaire Village and Gordon Barracks. I believe there were only two MEDCAP sites that I didn't attend."

According to Pope, the best way to describe a MEDCAP to those unfamiliar with the concept is that it's similar to a mobile super clinic. "All components of a full functioning clinic are available to the patients and can be set up fairly efficiently," said Pope. There's a Lab, Pharmacy, Optometry, Physical Therapy, Dental and Medical care. "The lab and pharmacy have a limited amount of what they can provide but still more than one would think. How the MEDCAP is set up always depends on the size and location of the MEDCAP site. Sometimes we provide care in very close quarters, and have to share a small table with more than one provider, interpreters and our patients."

A MEDCAP simply provides an extension of necessary medical services ashore and as such, is considered by all to be a very important component to the overall Mercy mission "Yes, the Mercy is a floating hospital and has the ability to provide amazing care for sick people," said Pope. "However, by extending that ability ashore and setting up these mobile clinics, making them available and accessible to anyone in the area allows us to broaden our net to assist as many as people as possible. Besides administering medical care, MEDCAPs are also another

way we can strengthen and build relationships between U.S., Host and Partner Nations."

As one might expect, handling the patient load in an equatorial Pacific island setting was vastly different than in an antiseptic shipboard environment.

"Seeing patients at a MEDCAP is very different," Pope explained. "One of the most striking differences is the lack of privacy and often times, space. I've seen patients in the basements of churches, school classrooms and outside with nothing but a metal roof over my head and a dirt floor under my feet under varying weather conditions. Confidentiality can be difficult to maintain, but we do our best."

Exotic locations notwithstanding, many of the medical problems that Pope handled were very similar to dealing with eligible beneficiaries back home. Yet there were some she had not encountered. "Low back pain, knee pain, high blood pressure, diabetes and heart burn were some of the most common conditions I treated," Pope said. "Stuff I rarely see but saw quite a bit in PNG included leprosy, tuberculosis, malaria and several interesting skin infections."

Besides the obvious medical advantages of the MEDCAPs, the humanistic aspect was equally valuable. "The most gratifying aspect of Pacific Partnership has been the human interactions. What I experienced was amazing," said Pope. "Never have I taken care of so many appreciative and grateful groups of individuals!"

Pacific Partnership 2008 has provided Pope and others ample opportunity to use their skill and training to benefit others in need. Pope added that the humanitarian mission has been an invaluable teaching tool.

Nurse Corps History on Display in Portsmouth

By Deborah Kallgren, Naval Medical Center Portsmouth Public Affairs



PORTSMOUTH, Va. - Rose Mary Maul and her vintage 1913 Navy Nurse Corps cape. Her cape is on permanent display in the crew library at Naval Medical Center Portsmouth. *U.S. Navy photo by Mass Communications Specialist 2nd Class Will Heimbuch*

SANTA MARTA, Colombia - A Colombian patient listens to the pre-op brief moments before her cataract surgery aboard the amphibious assault ship USS Kearsarge (LHD 3) Aug. 31. Kearsarge is supporting the Caribbean phase of Continuing Promise 2008, an equal-partnership mission between the United States, Canada, the Netherlands, Brazil, Nicaragua, Panama, Colombia, Dominican Republic, Trinidad and Tobago and Guyana. *U.S. Navy photo by Mass Communication Specialist 1st Class David G. Crawford*

PORTSMOUTH, Va. - Fifty-three years ago, Rose Mary Maul answered the door at the Nurses' Quarters at Bethesda Naval Hospital. Back then, she was Lt.j.g. Rose Mary Clemens, whose grandfather's cousin was Samuel "Mark Twain" Clemens. The visitor gave her something that has now become part of Navy Nursing history at Naval Medical Center Portsmouth.

When Maul opened the door, the visitor asked her, "Are you a Navy nurse?"

"And I said, 'Yes, I am.'

"She said, 'I want to give you something. It's a Navy nurse's cape.'"

The woman at the door was a retired Navy nurse, and she wanted to pass along her 1913 uniform cape to a fellow Navy nurse. Maul remembers the day well - Feb. 13, 1955 - because she wrote it on the garment label inside the cape. For the next 15 years until she retired, Maul wore the heavy wool cape through tours at Bethesda, Portsmouth, Philadelphia, Great Lakes and on MSTs (Military Sea Transportation Service) Atlantic runs. (The MSTs later became the Military Sealift Command.)

"That cape got me through many cold winters, especially aboard ship. Do you have any idea how cold it is in the north Atlantic with the ice floes up around Greenland?," she reminisced.

Maul spent 20 years as a Navy nurse and retired in 1970 as a lieutenant commander. She married and returned to the Norfolk area. In all those years, she cherished the woman's gift and started thinking about passing it down to another nurse who would appreciate the cape as much as she had.

Maul was at a Nurse Corps Association meeting last year and struck up a conversation with Capt. Karen DiRenzo, a fellow Navy

nurse, who suggested putting the cape on display. The long black cape is now housed in a glass case in the Portsmouth hospital's crew library.

DiRenzo returned to Portsmouth from her new duty station at Naval Health Clinic New England to join Maul for the presentation. DiRenzo said, "It's great to be able to preserve Nurse Corps history."

Maul agreed. "I was stationed at Portsmouth from '62 to '66, and now (the cape is) right back here. I didn't want someone to take it and put it in a thrift sale."

That's not going to happen. With 2008 marking the 100th birthday of the Navy Nurse Corps, this piece of Navy nursing history will be treasured and appreciated for years to come.



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