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Stories in MEDNEWS use these abbreviations after a Navy medical professional's name to show affiliation: MC - Medical Corps (physician); DC - Dental Corps; NC - Nurse Corps; MSC - Medical Service Corps (clinicians, researchers and administrative managers). Hospital Corpsmen (HM) and Dental Technician (DT) designators are identified in front of their names.

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Headline: White House sets rules for use of investigational drugs

By Douglas J. Gillert, American Forces Press Service

WASHINGTON -- The Food and Drug Administration has approved and licensed pyridostigmine bromide for treating the muscular disease myasthenia gravis, but not for countering chemical warfare agents. Instead, the FDA authorized DoD to use PB as an "investigational new drug" to protect troops against certain nerve agents thought to be in the Iraqi arsenal.

The White House, DoD and the FDA concur that investigational new drugs can and should continue to be viable options for force protection. President Clinton made it official Sept. 30 by issuing Executive Order 13139, which spells out ground rules for giving such drugs to service

members -- with or without their consent.

"Military personnel deployed in particular military operations could potentially be exposed to a range of chemical, biological and radiological weapons as well as diseases endemic to an area of operations," the Clinton directive reads. "It is the policy of the United States government to provide our military personnel with safe and effective vaccines, antidotes and treatments that will negate or minimize the effects of these health threats."

The directive lays down stern guidelines for the use of unlicensed drugs. In most cases, such use would be voluntary and administered only after a service member understands how the drug works and possible side effects, then signs a letter of consent. However, the president can waive the consent rule if a theater or area commander can show why delay would harm the force and hinder operations.

Dr. Sue Bailey, assistant secretary of defense for health affairs, explained to Congress Nov. 9 how DoD will apply the executive order. In prepared testimony for the National Security, Veterans Affairs and International Relations subcommittee of the House Government Reform Committee, she said a DoD directive to be published next year will regulate the use of investigational new drugs and reinforce DoD's role in developing new drugs to meet future threats.

"DoD will make every effort to utilize products approved by the FDA, when available, to provide the needed medical countermeasure," Bailey said. "When no FDA-approved product is available to meet a foreseeable threat, DoD will carry out appropriate research and development program activities directed toward obtaining approval by the FDA of safe and effective medical countermeasures."

Bailey said investigational new drugs would be administered on a voluntary basis in most cases.

Such consent was sought in Bosnia to protect troops from tick borne encephalitis. The vaccine that exists is manufactured in Europe and is not approved by the FDA. Its use for US troops was as an investigational new drug, said Army Dr. (Maj. Gen.) Robert Claypool, deputy undersecretary of defense for health operations policy. The use of informed consent was acceptable to commanders because effective insect repellents and mosquito netting were available and the threat wasn't thought high enough to warrant requiring the vaccine.

In Desert Storm, however, DoD gave pyridostigmine bromide tablets to troops to protect them during suspected chemical attacks. The potential threat posed by soman was considered high enough to waive troops' informed consent for taking PB, Claypool said. Lack of records from back then, however, hinders investigations now into how, when and to whom the drug was administered. Records also don't show whether service members were advised of the risks and side effects involved, he said.

"Our record keeping wasn't what it should have been or what we will do in the future," Claypool said.

Although a new literature review has indicated that PB should not be ruled out as a possible cause of Gulf War illnesses, defense leaders stand by their predecessors' decision to issue the medication. They say they'd do the same if the threat is imminent and PB is the best protection available to U.S. service members.

He said the defense secretary can approve use of an investigational new drug with informed consent. Approval is only bumped up to the president when a waiver of consent is sought. Ideally, however, DoD would prefer to use FDA-licensed drugs as much as possible, he said.

"Our first preferred method is to use drugs and vaccines that are approved by the FDA for their intended use," he said. "If we are going to resort to using an investigational new drug, we would prefer to use it with informed consent."

Claypool said DoD won't use any drug that hasn't reached a certain level of developmental maturity.

It takes about 10 years for a new drug to pass research tests, receive FDA licensing and be stockpiled in sufficient quantities to protect troops. So, Claypool said, DoD must try to assess what threats lie ahead. Besides anthrax, other bioweapon threats of concern include Q fever, smallpox, tularemia, encephalitis, botulism, plague and hemorrhagic fevers.

In the meantime, Executive Order 13139's guidance on the use of investigational new drugs greatly enhances DoD force health protection efforts, Claypool said.

"It think it's a boon, because it will enable us to do the right thing," he said. "It will provide the infrastructure for us to execute an investigational new drug protocol and do it right from the standpoint of protecting the interests of our service members, protecting our national security interests, obtaining the kind of information we need and obtaining the force health protection we must have."

The text of Executive Order 13139 is available on the White House Web site at <http://www.pub.whitehouse.gov/uri-res/I2R?urn:pdi://oma.eop.gov.us/1999/10/1/8.text.2>.

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Headline: Preventive medicine partnership puts Fleet first  
By Lt. Cmdr. Julie del Vecchio, MSC, NEPMU-5 San Diego

SAN DIEGO -- Preventive medicine technicians at the Navy Environmental and Preventive Medicine Unit No. 5 in San Diego no longer spend their days aboard ships with clipboards and checklists in hand. Instead, they may be found working alongside ships' independent duty hospital corpsmen helping to get the crew caught up on immunizations or teaching a ship's new general duty hospital corpsmen how to conduct food safety inspections in the galley.

For nine months shipboard medical departments and the staff at NEPMU-5 have worked together decreasing time spent

with traditional inspections and improving the quality of shipboard disease prevention programs. The goal parallels one of the Surgeon Generals' key focus points of managing health not illness by decreasing the time and money each ship spends curing disease and fixing injuries that could have been prevented.

Shipboard sailors and preventive medicine technicians at NEPMU-5 appreciate how the Preventive Medicine Partnership improves the preventive medicine aspect of shipboard health care. Ships' hospital corpsmen do not miss spending days or weeks preparing for an Environmental Health Survey. Preventive medicine technicians don't miss re-writing drafts of findings and recommendations for corrective action, often on discrepancies that would have taken less time for them to fix than it took to write the final report.

Senior Chief Hospital Corpsman Peter Espitia, independent duty hospital corpsman aboard the USS Valley Forge (CG 50), says he appreciates being kept informed of changes in preventive medicine policies by his NEPMU-5 partner, Preventive Medicine Technician HM3 Sherry Wright. "We don't miss the old dog and pony show that always seems to come with the inspection process," he said.

The NEPMU-5 approach to Fleet support is in keeping with Espitia's comment. "The ship's problems are our problems," said Wright. She said the Preventive Medicine Partnership Program fits in nicely with NEPMU-5's motto: "Fleet First."

"Not only have we become part of the solution to keeping the fleet in a constant state of medical readiness, but we have eliminated the adversarial relationship that sometimes come with being an inspector," said Wright.

While ships at San Diego have enjoyed the Preventive Medicine Partnership with NEPMU-5 for nearly a year, ships in other homeports will soon enjoy the same benefits. Norfolk and Bremerton have recently embarked on similar programs.

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Headline: Pensacola volunteers provide community HIV awareness training

By JO2 Maria Christina Mercado, Naval Hospital Pensacola

PENSACOLA, Fla. -- Approximately 100,000 people in the United States between the ages of 13 and 21 are infected with the Human Immunodeficiency Virus or HIV and most of them don't even know it, according to a recent study conducted by the Adolescent Medicine HIV/AIDS Research Network.

HIV is the virus that causes Acquired Immunodeficiency Syndrome or AIDS. This virus is passed from one person to another through blood-to-blood and sexual contact. Most people will develop AIDS as a result of their HIV infection, according to the Centers for Disease Control.

Naval Hospital Pensacola has 13 Sailors who are certified HIV/AIDS awareness instructors who volunteer to educate

citizens in local communities about the realities of this deadly disease. Appropriately enough, they began their latest effort on National AIDS Awareness Day.

Interior Communications Specialist Second Class Artessa Williams, base Command Education Department, and Hospital Corpsman Christopher Blankenship, hospital Internal Medicine Department, recently took their HIV/AIDS educational program to a ninth grade Life Management Skills class at a local high school.

Although Williams and Blankenship routinely use their informational skills to teach the more than 12,000 military personnel in the area about the dangers of the disease, the two were willing to help the high school class.

But the two savvy instructors don't just blurt out anything to the high school youngsters. Although the information is important, some of it is too advanced.

"We've been selective about what we're discussing because a normal presentation to Sailors would include additional information that may not be appropriate for the group," Williams said.

Clara Parrish, Life Management Skills instructor at the high school, said she got the idea of asking the hospital volunteers to talk with her ninth graders based on an experience overseas.

"When I was teaching at a Department of Defense school in Japan, we had the health nurse at the [Naval] hospital come out. She had very professional photographs and displays of what sexually transmitted diseases really looked like," Parrish said.

The students seemed very interested in the lesson.

"They are very curious and very eager to learn about HIV and AIDS," the teacher said. "I am very pleased that someone is able to give the students the information they really need to keep them alive and keep them safe."

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Headline: Nurse loses marlin but hooks Marines  
By Earl W. Hicks, Bureau of Medicine and Surgery

AGANA, Guam - Lt. Michael Allanson, NC, had excitement planned for the Nov 11 Veterans Day holiday as he cruised the Pacific waters around Guam marlin fishing. But as the sun dipped toward the horizon that day, his final fishing tally was: marlin-0, Marines-8.

Allanson, who is stationed at U. S. Naval Hospital Guam, loves sport fishing and he hoped this day would provide a special catch - and it did just that. He and his friends had been lazily trolling for marlin, anticipating the bite and the line racing away as the marlin leaped from the water. Allanson would then spend possibly bone-jarring, muscle-burning hours fighting the monster before reeling it in.

But no bites jarred Allanson and crew from dreams of fighting fish as they casually scanned the sky on that sunny day. No terns or gulls soared above the boat. No rain

clouds formed, ready to drop a deluge on a perfect fishing day. What Allanson did spot dropping from the sky was eight parachutes, soon revealed to be carrying U.S. Marines, heading toward the ocean and a wet finish to an exercise.

It didn't appear to Allanson that the parachutists were on target as they settled into the blue waters just off the coast. He didn't see any boats headed their way, and the Marines landed near a reef that might cause some problems. So, trolling for marlin was over as he and his crew gunned the motor and went fishing for Marines.

As the boat arrived at the now bobbing along Leathernecks, they were only too happy to be "Catch of the Day" for the Navy fishermen.

"They were very happy to see us," said Allanson. "We pulled them over the side and helped them remove their now very wet and very heavy gear. The Marines thanked us for being so quick to come to their aide. I expected to snag a game fish, but reeling in eight Marines was definitely a big catch."

Having hoisted his substitute-for-marlin aboard, Allanson checked them for injuries. Finding no major wounds, Allanson and his friends didn't have long to wonder about how to take care of their fishing bounty. Very quickly a Marine Corps helo arrived overhead searching for the lost and wet Marines.

It became clear that Allanson had been on a catch-and throw-back trip as the helo lowered its cable and reeled in the little boat's substitute catch.

As the helo with its recovered Marines aboard roared off toward shore, Allanson and friends cranked up their boat now full of Marine gear and headed ashore to off load the results of their marlin-fishing holiday.

HMC (SW) David J. Harrell Naval Hospital Guam contributed to this story.

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**Headline:** Portsmouth corrective eye surgery center dedicated  
By Dan Gay, Naval Medical Center Portsmouth

PORPSMOUTH - Navy readiness and mission performance gained a new edge with the opening Nov. 16 of the Navy's second Laser Refractive Surgery Center, this one in the Charette Health Care Center, Naval Medical Center Portsmouth.

Cmdr. Elizabeth Tonon, MC, head of the NMC Portsmouth's Ophthalmology Department, thanked Cmdr. Steve Schallhorn, MC, head of the first military refractive surgery center at Naval Medical Center San Diego for helping get the refractive surgery center off to a successful start.

"Cmdr. Schallhorn's expertise and vision led to the development and expansion of the Navy-wide PRK program" said Tonon. "He graciously brought his team of experts to Naval Medical Center Portsmouth to help us get off to a smooth start."

Refractive surgery is designed to reduce or eliminate the need for glasses or contact lenses. It enhances the readiness and improves mission performance of active duty personnel in many operational environments, where using glasses or contact lenses is either impractical or compromises safety, said Cmdr. Peter Custis, MC, Navy Medicine's Specialty Leader for Ophthalmology. "For war fighters, corneal refractive surgery is not cosmetic surgery," he said.

The Bureau of Medicine and Surgery released the new corneal refractive surgery physical standards and waiver policies in September. The complete policy can be found on the internet at [http://navymedicine.med.navy.mil/refractive\\_questions.htm](http://navymedicine.med.navy.mil/refractive_questions.htm), and on the intranet at [http://bumed.med.navy.mil/news/prk/refractive\\_surgery\\_inform](http://bumed.med.navy.mil/news/prk/refractive_surgery_inform) ation.htm.

Because of the procedure's popularity, BUMED is devising a prioritization plan to determine which eligible individuals should be treated first. Currently only those active duty personnel in Special Warfare billets are being screened for treatment at this facility.

The program is still in a start-up mode and a waiting list at this time would be premature. When it becomes possible to begin screening a broader section of eligible recipients, notification will be widely disseminated in local Navy publications.

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Headline: Trauma symposium has worldwide audience  
By JO3 Stacie Rose, Naval Medical Center San Diego

SAN DIEGO -- Military medical personnel from around the world became distance learning students for the Third Annual Navy Trauma Symposium two-day satellite broadcast November 18-19 from Naval Medical Center San Diego.

This year's program entitled "The Continuum of Trauma Care: Blast Injuries" included presentations comparing military and civilian medical environments, discussions about weapons of mass destruction, handling mass casualties and a review of chemical and biological warfare, among other topics that affect today's military medical personnel.

"The event was the first that I know of with such a large viewing audience," said Cmdr. Lawrence Roberts, MC, trauma training coordinator for Naval Medical Center San Diego.

The symposium was a success not only for the subject matter shared with the vast audience, but also for the students it attracted: joint military and civilian medical professionals, hospital corpsmen and medics.

At Bethesda, the First Force Service Support Group First Medical Battalion from Camp Pendleton, Calif., set up a field operating room and gave demonstrations showing how it functioned in the field.

Roberts said that he hoped that this year's session was another contribution to force readiness and that it incited a desire for more such informative sessions.

For more information about Navy Medicine trauma training, visit the web site at [www.nmcisd.med.navy.mil/](http://www.nmcisd.med.navy.mil/).

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**Headline:** Portsmouth conducts Nurse Corps mentorship conference

By Lt. j.g. Aaron Gopp, NC, Naval Medical Center Portsmouth

PORPSMOUTH, Va. -- More than 50 Nurse Corps, Midshipman, and MECP Officer Candidates from the Tidewater area spent Nov. 6 at Naval Medical Center Portsmouth learning about Nurse Corps careers at the Nurse Corps' NROTC Mentorship Conference.

The mentorship conference, sponsored by NMCP's Nurse Corps NROTC Mentorship Council, is the Navy's pilot program for mentoring Nurse Corps midshipmen and officer candidates. More than 40 NMCP Nurse Corps officers are paired with midshipmen and officer candidates to share military and nursing experiences.

A roundtable discussion of operational opportunities by Cmdr. Paula Pendrick, NC; Lt. Amy Hall, NC and Lt. Stephanie Sanders, NC, provided exciting glimpses of their experiences with fleet surgical teams, the Marine Corp and Fleet nursing. In addition, overseas duty stations from the Southern Pacific, Europe and Diego Garcia were also represented at the conference.

Lt. Manuel Santiago, NC, captured the audience's attention with slides and video of humanitarian missions based on his experience in South America.

The NROTC Mentorship Program will continue to positively impact the future of the Nurse Corps through ongoing individual mentoring and group events. If you are interested in supporting the mentorship program contact Lt. Cmdr. Pistey at the NMCP Internal Medicine clinic.

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**Headline:** Anthrax question and answer  
From Bureau of Medicine and Surgery

**Question:** Has the senior leadership of the Armed Forces received the anthrax vaccine?

**Answer:** Yes, the senior leadership, including the Secretary and Deputy Secretary of Defense, the Chairman of the Joint Chiefs, and the Service Secretaries received anthrax vaccinations. Indeed, Secretary Cohen and General Shelton recently received their sixth doses, 18 months after their first doses. Many of our senior leaders have chosen to receive the vaccination publicly with media coverage to "lead by example." However, the primary focus of the vaccination program is to ensure that people going to high-

threat areas get first priority to receive the anthrax vaccine.

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Headline: Reserve health care benefits, entitlements study report sent to Congress

From the Office of the Assistant Secretary of Defense

WASHINGTON -- Secretary of Defense William S. Cohen sent a report to Congress Nov. 8 that recommends sweeping changes in the statutes and policies covering health care benefits and entitlements for members of the National Guard and Reserve.

The study contains 14 recommendations to ensure that medical treatment, entitlements and force health protection measures for Reserve Component personnel are sufficient at a time in history when reservists are increasingly being called upon. Some of these recommendations have already been adopted by the Congress and included in the Fiscal Year 2000 National Defense Authorization Act (NDAA).

"The findings of this report are compelling and important because the changed nature of today's Total Force requires a new approach to providing medical care to our reservists," Cohen said. "At the core of this new approach is the notion that performance of duty, not length of duty, establishes risk and exposure to harm. In other words, we will treat injury or illness, sustained in the line of duty, regardless of the duty status in which the individual is serving."

The study, formally titled, "Means of Improving the Provision of Uniform and Consistent Medical and Dental Care to Members of the Reserve Component," is part of a three-year effort to reassess Reserve component health care issues. Known as the 746 Study after the numbered section in the 1997 NDAA, it was undertaken by the Offices of the Assistant Secretaries of Defense for Reserve Affairs and Health Affairs.

The complete text of the report is available on line at [http://www.defenselink.mil/pubs/Sec746\\_111099.html](http://www.defenselink.mil/pubs/Sec746_111099.html).

Headline: TRICARE question and answer

From Bureau of Medicine and Surgery

Question: If I have a grievance for services rendered under the TRICARE program, whom may I contact?

Answer: The place to start is your nearest TRICARE service center (TSC), with whose staff members you can discuss the problem, or possibly file a grievance. TRICARE contractors have established TSCs throughout the regions they serve, and TSC staffers may be able to help you resolve the problem at that level, with only a phone call on your part. Depending on the problem, you might want to write a letter instead of phoning, so a paper record of your attempts to resolve the difficulty will be established.

Include all documents that are relevant to the problem and be sure to keep copies of everything for your own records.

Whichever method you choose, keeping the communication process civil and rational can help expedite the process of getting your problem solved.

If your efforts at the TSC level fail, try writing a letter to the contractor's headquarters. Explain the problem, and state what sort of resolution you'd like to see.

Another option--if you live near a military treatment facility --is to raise unresolved issues with the facility's point of contact. It may be a patient advocate, or someone in the managed care office, or the hospital or clinic's contracting officer's technical representative. Military hospitals welcome the chance to work with TRICARE contractors to get TRICARE issues resolved to everyone's satisfaction.

If other means fail, you may call or write the TRICARE Management Activity's (TMA) Benefit Services office, in Aurora, Colorado. Staff members in this office are government employees who help TRICARE-eligible persons with problems they haven't been able to resolve with their regional TRICARE contractor.

You can reach TMA's Benefit Services office by phone at (303) 676-3526. Or, write to them at: TRICARE Management Activity, Benefit Services Branch, 16401 E. Centretech Parkway, Aurora, CO 80011-9043. Again--be sure to include copies of all documents that are relevant to your problem, and make sure you keep either copies or originals of each document for your own records.

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Headline: Healthwatch: Brushing and flossing needed for healthy teeth and gums  
From the Bureau of Medicine and Surgery

WASHINGTON -- Brushing and flossing teeth are part of our everyday personal hygiene. Has it become an unconscious habit? When you are brushing and flossing, do you think about the technique? Take a moment to consider your technique and the amount of time you spend cleaning your teeth. Even though you are trying, you may not be doing an adequate job.

The best method to brush and floss is different for each person. You should ask your dentist or hygienist to demonstrate the method that is best for you based on your individual needs, teeth positions, anatomic variations and dental work.

The goal of brushing and flossing your teeth is to remove the sticky film called plaque, which contributes to tooth decay and gum disease. You should clean your teeth at least twice a day with an American Dental Association-accepted fluoridated toothpaste. This routine will help prevent plaque from building up on the teeth and put topical

fluoride on strategic tooth surfaces.

There are many types, sizes and shapes of toothbrushes on the market. The best toothbrush is the one that you feel most comfortable with. It is important to use a toothbrush that has soft bristles. This helps avoid damaging your teeth and gums. The bristles of the toothbrush should lightly rest on the surface of the tooth. Do not apply pressure; the bristles of the toothbrush should not bend.

Moving the brush in a circular motion is an effective technique. Be certain to brush the surface of every tooth. Also, brush by angling the bristles toward the gumline such that they are lightly touching the gums. Shifting the jaw to one side allows easier access to areas difficult to reach. A minimum of two minutes is required to adequately cleanse all of the teeth.

Flossing is an important part of good oral hygiene. If you hate to floss your teeth, consider doing it somewhere other than in front of the bathroom mirror. Flossing while watching television or while reading the paper may make it less unpleasant for you. To properly floss, you should use a piece of floss that is at least eighteen inches long. The use of waxed or unwaxed floss is based on individual patient requirement. The spacing between your teeth will determine which is the best choice for you.

Wind the floss around your middle fingers, leaving a few inches in between, and use your index fingers to put the floss between the teeth. After placing the floss between the teeth, you should hold it tightly against the surface of one tooth and move it up and down. You should then hold it tightly against the other tooth and move it up and down again. Use a fresh area of floss each time you move to the adjacent tooth. When flossing, avoid back and forth motions that can damage the gums. If bleeding occurs while flossing, it happens because of too vigorous technique and unhealthy gums. If you continue to notice bleeding after you floss, consult your dentist for an examination.

It is very important that you see your dentist on a regular basis for a check up and a professional cleaning. Properly cleaning your teeth on a daily basis is an important part of having a healthy mouth and a lifetime of healthy smiles.

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Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl W. Hicks, at email: [mednews@us.med.navy.mil](mailto:mednews@us.med.navy.mil); Telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.

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