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## Navy Medicine Restores Sight During Humanitarian Assistance Mission

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Cmdr. Kimberly Davis, ophthalmologist and director, surgical services, Naval Medical Center Portsmouth, with patients after surgery during Pacific Partnership 2008 onboard USNS Mercy. (Photo courtesy of Cmdr. Davis)

As I reflect over my Navy career, the four months onboard USNS Mercy as part of a U.S. Navy humanitarian mission stands out as special memory.

In the spring of 2008, the position of department head, ophthalmology, USNS Mercy opened and I jumped at the opportunity to spend my summer providing humanitarian assistance in Southeast Asia. In most cases, civilian practitioners have to take a leave of absence for such missions and I had a chance to participate while still receiving my paycheck.

The Pacific Partnership 2008 mission began in May when the Mercy, one of two U.S. Navy hospital ships, steamed out of San Diego Harbor. Commissioned in 1986, the USNS Mercy Medical Treatment Facility is a 1,000 bed hospital with 12 operating rooms and surgical subspecialists in urology, gynecology, orthopedics, pediatrics, cardiothoracic surgery, plastics, otolaryngology, oral and maxillofacial surgery, general surgery, and ophthalmology. The ship is also equipped with a full spectrum of medical departments from dermatology to infectious disease. Ancillary services include a lens fabrication lab, dental prosthetics, pharmacy, blood bank, radiology, physical therapy, biomedical repair, laboratory, and nutritional services.

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Cmdr. Kimberly Davis with a patient after surgery during Pacific Partnership 2008. (Photo courtesy of Cmdr. Davis)

One of the things that I found amazing was the number of different groups on board. The majority of personnel were U.S. Navy, but we also had Army, Air Force, public health service, military Reservists, interagency groups, and many nongovernmental organizations. In addition to the medical crew, we had security forces, an aircrew with two helicopters, legal department, public affairs office, information technology, construction battalion, and a contingent of the Navy Band.

The Military Sealift Command was responsible for driving the converted oil tanker, running the engine room,

making potable water and electricity, and transporting patients and providers to and from shore. The ship falls into the leadership of the US Navy's 7th Fleet. In total, there were approximately 1,000 people aboard, all with unique skill sets, all playing a part in the big picture that was Pacific Partnership 2008.

I established an international ophthalmology curriculum and had the privilege of training one Air Force and four Navy ophthalmology residents in advanced cataract and pterygium care over the course of mission sites in Cotobata, Republic of the Philippines; Na Trang, Vietnam; Dili, Timor Leste; Port Moresby, Papua New Guinea; and Chuuk, Micronesia.

The practice of medicine is a great equalizer, and despite language barriers, we each had unforgettable professional and personal experiences in every country. For example, we made history in Nha Trang, Vietnam where our ophthalmology surgical group became the first U.S. military team to perform surgery in Vietnam since 1975. It was an incredible honor.

Collectively, Pacific Partnership 2008 did a lot of good for the 90,000 patients who received care. In addition, we provided environmental health services, biomedical repair, veterinary care, and Seabee construction projects. We were strangers united by need, professional ability and resources. Advanced teams helped match host nation requests with our capabilities, avoided undermining health initiatives, and retained public confidence in local medical care available. Working hand-in-hand, we learned best practices and new skills from each other. Trust was quickly established as host nation surgeons operated onboard USNS Mercy and invited us to tour and watch surgeries in their hospitals.



Cmdr. Kimberly Davis, ophthalmologist, examines a patient during Pacific Partnership 2008. (Photo courtesy of Cmdr. Davis).

The outcome was one of personal gratification, cultural appreciation, patient welfare, and good will between nations. As one post-operative cataract patient told me, "You are the answer to my prayers." She had been blind for three years and was thrilled to have her vision restored. In total, the ophthalmology team performed 134 such sight-restoring procedures and permanently improved the lives of many in Southeast Asia.

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That magical summer gave us a taste of humanitarian medicine and has inspired each of us to do more in the future. We were provided an understanding of our global responsibilities and opportunities as military members. The experience truly reminded me of why I chose a career as a Navy physician. I hope my story helps others appreciate the value of humanitarian missions abroad.

*Editor's note: Cmdr. Kimberly D. Davis graduated from the Uniformed Services [University of Health Sciences, Bethesda, Md.](#) She completed a residency in ophthalmology at [Naval Medical Center San Diego](#) and a fellowship in glaucoma at [University of California, Los Angeles](#). Davis is currently serving as director of surgical services, [Naval Medical Center Portsmouth, Va.](#)*



USNS Mercy during Pacific Partnership 2008. (Photo courtesy of Cmdr. Kimberly Davis)

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