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Panjshir Province Women's Medical Engagement

PANJSHIR PROVINCE, Afghanistan. During Thursday's medical engagement in the remote village of Dah Khawak, Panjshir, Afghanistan, forty-eight burka-clad women found their voices as they were treated by female healthcare providers; some for the first time. Each appointment started out the same. A local Afghan woman would come into the woman's clinic, (which was actually the sleeping area of a local family's mud home), immediately remove the all-concealing blue burka, and eagerly sit down in front of a female healthcare provider. Two of the female healthcare providers are assigned to the Cooperative Medical Assistance Team at Bagram Air Base, Afghanistan. Once in the clinic, a female interpreter would welcome each patient and ask them about their health concerns. Almost all of the women echoed the same complaints: headaches, pains, and their kidneys and back hurting. Each thought their pains came from drinking the local water.

Because of this belief, the women limit themselves to drinking less than one cup of fresh water per day. Many of the women brought their young children, many of them breastfeeding throughout the appointments, not understanding why their children were small and are not growing. U.S. Navy Chief Petty Officer Quala McGhee, a CMA provider deployed from Great Lakes, Ill, handled these issues all the same way. Through her interpreter McGhee tried to explain that the women and their children were all malnourished and suffered from severe cases of dehydration. She then went on to provide them with prenatal vitamins so both the mother and the child would benefit from the extra vitamins and nutrients. If the Chief had wanted to process as many patients as possible, she could have made those simple diagnoses and sent the ladies on their way, but her focus is on the quality of care and not the quantity of patients seen. U.S. Navy Commander Betsy Myhre, a nurse practitioner deployed from the U. S. Navy Bureau of Medicine and Surgery in Washington, DC, also ensures that the medical engagements are about providing the best care possible to the patients who are seen. (Cont next page)



U.S. Navy Commander Betsy Myhre, a nurse practitioner assigned to the Cooperative Medical Assistance Team at Bagram Air Base takes a look at some children from a nomadic Kuchi tribe during a short stop before a medical engagement in Dah Khawak, Panjshir, Afghanistan. Medical engagements are an opportunity to partner local Afghan medical providers with coalition providers and build capacity within the Ministry of Public Health.

Panjshir Province Women's Medical Engagement (Cont).

“These women come to us with basic health complaints, but once we address those issues, we have an opportunity to assess them further and identify other women's health issues that can be treated and improve their overall health,” she said. “This might be the only opportunity these Afghan women have to be seen by women providers,” said Myhre. “We can consult with them and let them know their issues are important to us.” Myhre said that is the most important women's health aspect they bring to a Medical Engagement. The engagements empower women by giving them an opportunity to seek care for themselves and discuss their health issues in confidence with a women's healthcare provider. “We discuss their issue and if there is a health problem that requires a capacity we do not have available, for instance radiology or surgery, we explain the issue and write a referral to the local Ministry of Public Health hospital or the Egyptian Hospital on Bagram,” she said. Typically, once the referral has been written, most of the women find a way to get to an Afghan doctor to be seen.

Medical engagements are also an opportunity to get the local Afghan medical providers involved. McGhee said that by having local medical providers partner with the coalition providers, they are building capacity as well. “Working side-by-side with local Afghan health care providers helps ensure that follow up medical care will occur in the communities where we do provide medical care,” McGhee said. Those local providers might also then be able to assist with basic tasks such as providing immunizations or teaching about the importance of good hygiene. CMA teams bring teaching aids produced by USAID that cover topics ranging from personal hygiene to malaria, and enlist local Afghan health care workers to teach the women waiting to be seen in the clinic. Every opportunity is used to both incorporate Afghan health care workers into the medical engagement and also teach the women patients. Both providers stated that the conservative posture of Panjshir can limit the amount of interaction they could have with their patients, but even though all of the women arrived in their burkas this medical engagement was much more permissive than their last.

“The great thing about Panjshir is that the women are coming to the medical engagements and we are able to treat them,” said Myhre who just returned from a 14-day engagement in another province. “The men from our last engagement didn't allow their women of childbearing age to be seen by the US Forces and they had to remain inside their houses until our mission was over.” The Commander fought hard for the women to be seen at that earlier engagement, but the village elders staunchly said no. Even though they weren't able to treat women of childbearing age at that engagement, the door may be opened to allow it in the future. “One man said to me that when the Coalition Forces first arrived in the village he didn't know if we were there to do good or bad,” she explained. “But after he saw how we took care of their children, he and the other men knew that we were there for good—that's just one small thing we bring to the fight.” It is a combination of logistical and cultural factors that make these medical engagements critical.

“There are so many people who will not receive any medical care just because they are in such remote locations like here in Dah Khawak,” said McGhee. “It's not only providing on-the-spot medical care, it is providing medical and hygiene education to help prevent medical problems from happening during those times when no care is available.” Myhre said that women's health starts with nine or ten year-old girls and education is the key. “If we can treat a child for malnutrition issues while teaching the mothers about the need for their proper hydration and nutrition as well as hygiene then we can start to improve infant mortality rates here in Afghanistan,” she explained. Both providers note the need to continue augmenting the local medical capacity with these medical engagements. By assisting local health care providers through medical engagements, the CMA team can ensure the women of Afghanistan are provided for and continue building capacity within the Ministry of Public Health. Caring for the women of Afghanistan is critical said Myhre. “You have to improve the mother's overall health status; otherwise the children of Afghanistan will never have a fighting chance to succeed.”

CAPT Jillian Torango, USAF



Nurse Practitioners Supporting Operation Enduring Freedom

The role of Navy Nursing has developed rapidly over the last 100 years. From the days of “The Sacred Twenty” to the current worldwide span of Navy Nursing, the roles have continued to expand and further opportunities have continued to develop. The role of the Nurse Practitioner supporting Operation Enduring Freedom must have the ability to adjust to operational variability.

The mission is unlike the traditional role that Nurse Practitioners will perform. Many opportunities to utilize those skills developed through nursing experience and training enable the Nurse Practitioner to impact the future of Afghanistan. The country needs Nurse Practitioners with the ability to identify needs and develop programs to allow the Afghans to learn, grow and perform. Some of attributes of this role are preceptor, leader, logistician, educator, systemologist and clinician.

The preceptor needs to be able to identify the cultural and educational barriers to learning. The Nurse Practitioner must guide the medical providers, nurses and medics to evaluate the condition of the patients and develop proper diagnosis and plan based on the available resources. The leader must be able to enable the clinic to perform at an independent level.

These aspects include administration, supply, pharmacy, building management, professional development, laboratory, dental, radiology, office procedures, sick call, emergency operations, and medical records.

The ability to evaluate the large picture is vital to this role. The logistician must possess knowledge of how to work with the Afghan supply system to improve the flow of supplies and medications to the clinic environment and to the medics for combat operations. Not only teaching the clinic how to identify needs (such as par levels) but also how engage the ordering process.



LCDR Mathew Loe, 1st LT Hasebullah and Captain Tahir

The Educator develops programs to augment the knowledge base of the clinic staff. There is a wide range of ability to read and write the local language as well as the two primary languages in the country. The education system is developing and many of the staff may not have basic educational skills and knowledge of the math and sciences. Programs are taught in areas such as combat life support. The systemologist must be able to adjust to a rapidly changing and developing system.

The ability to identify changes and teach the clinic staff to do the same is invaluable in their ability to grow and develop. The mentor cannot do the role for the clinic. The clinic must be able to do this role themselves. The ability to network and fix problems in their system continues to be a must. As Navy Nursing enters the next 100 years, the skills of the Nurse Practitioner to be a leader in the multiple areas required for the role of Medical Mentor are needed for the developing country of Afghanistan.

LCDR Mathew Loe, NC, USNR

OHSU Dallas Provides Medical Care In The Caribbean

Operational Health Support Unit (OHSU) Dallas completed two recent Medical Readiness and Training Exercises (MEDRETE), one to Trinidad & Tobago, 08MAR29-08APR12 and one to Honduras, 08APR28-08MAY08. CDR Jody Gragg, NC, served as Officer-in-Charge (OIC) for the exercise in Trinidad & Tobago visiting Chaguanas Composite School and Laventille Success Village Composite School. This exercise involved 61 members: 14 navy medical officers, 25 enlisted members (17 navy, 4 army, 4 host nation), 22 civilians (host nation) and 4 non-government organization (NGO) personnel (Lyons Club International). Activities included oral hygiene, hypertension and diabetes education. Medical/Dental visits included hypertension screening, 2178; medical visits 2699 (2178 adults, 521 pediatric); special procedures, 37; dental, 1358; optometry 1011 (791 adult, 220 pediatric) with eyes glasses given, 635; and pharmacy, 7418. Total patient contacts for this exercise totaled 17, 164. The activity was so successful and the response so positive that the MEDRETE members were the guests of honor at a reception hosted by the Mayor of Chanaguas.

A second MEDRETE to Honduras involved 28 members, 13 officers, 10 enlisted and 5 host nation civilian members. This exercise was led by CDR Michelle Dunsmore, NC. Multiple sites in Honduras were visited including Rio Plantano, Las Marias, Pimiento, Yapuwas, and Wawina. All the clinic sites were on the Mosquito Coast so the team was transported to the villages by helicopter each day. Patient visits for this activity were medical, 2241; dental, 323; preventive medicine, 2674, optometry/ophthalmology, 270 and veterinary, 1062. At the clinic in Pimiento a child presented in acute distress. A diagnosis of probable ruptured appendix was made. Immediately the military and host nation personnel arranged to have the child evacuated by US Blackhawk to a hospital for treatment. The twelve year old child did indeed have a ruptured appendix and thanks to the quick actions and medical talent from all involved the child had an uneventful recovery.



BRAVO ZULU to members of these two exercises providing excellent health care to those nations with limited resources and to the two nurse corps officers who took charge.

CAPT Lesley Morgan , NC
XO, OHSU Dallas

CAPT Ann Salyer-Caldwell, MSC
Special Projects, OHSU Dallas

Federal Nurses Association Leadership Positions

A call for nominations for the Federal Nurses Association (FedNA), the Federal Nursing arm of the American Nurse Association (ANA). Please see the attachment for requirements and specifics.

Who may apply: Navy Nurse Corps Active Duty Officers in the ranks of LCDR to CAPT.

What: Attached are the positions open. The Navy is eligible to apply for the following:

- President 2009 - 2011
- Secretary 2009 - 2011
- Director (At Large) 2009 - 2011



Please view the attachment for more details.

Centennial Celebrations Around the Fleet

Navy Nurses at Naval Hospital Oak Harbor celebrated the 100th birthday in conjunction with Nurses Week. The Celebration Cake Cutting Ceremony was held on Friday, 9 MAY, 2008.



CAPT Bonnie Bulach, CAPT Karen Niemantsverdriet-McDonald, LTJG Paul Pelroy, LPN Lisa Parker, RN Marty Macy's CDR, NC, USN (ret) NHOH Red Cross Volunteer

First Row: Oak Harbor Mayor, Jim Slowik, RN Judith Miller CAPT, NC, USNR, LT Elizabeth Jordan, CDR Jean Lord, RN (RCV) Marty Macy's-Gump, CDR, NC, USN (ret), CDR Dennis Glover, LCDR Michelle Smith, LPN Lisa Parker, CAPT Karen Niemantsverdriet-McDonald, LPN Tonnie Williamson, CAPT Bonnie Bulach
 Second Row: Retired Nurse Corps Guest, LCDR Patricia Skinner, CDR Rebecca Kiser, Ms. Toni Lebel-Edmons NC, USN, (ret), LCDR Brian Carion, LT Mike Payne, LCDR Martin Dufont, LT Matthew Nolan, RN Kathleen Hutchinson, RN Karen McCallum, LTJG Paul Pelroy



Navy Expeditionary Medicine Unit Germany '08 celebrates Navy Nurse Corps Centennial Birthday.



First honors for tasting the celebration cake went to the most junior and senior officers of the mess -Ensign Judith Nisser-Jones (left) and RDML Karen Flaherty (right), Deputy Director, Navy Nurse Corps.

Seated at the head table from left to right are ENS Nisser-Jones, CAPT Doll, Col Cornette, RDML Flaherty, Col Lein, Mrs. Lein, and HMCM Schubert.

Three New Navy Nurses From Naval Health Clinic Corpus Christi

Three former Naval Health Clinic Corpus Christi (NHCCC) corpsmen accepted commissions to Ensign in the Navy Nurse Corps May 16 during a ceremony at Texas A&M University Corpus Christi (TAMUCC) Performing Arts Center. Chief Hospital Corpsman (Fleet Marine Force) Rhys Aaron Parker from Carrollton, Texas, Hospital Corpsman 1st Class (Fleet Marine Force/Naval Aircrewman) Joshua John Morgan, from Cleveland, Tenn., and Hospital Corpsman 1st Class (Fleet Marine Force/Surface Warfare) Lisa Marie Davis, from Baltimore, Md., completed their requirements for a baccalaureate degree in less than 36 consecutive months while attending TAMUCC full-time. Each pursued the advancement pathway through the Medical Enlisted Commissioning Program (MECP), an in-service procurement plan for qualified enlisted men and women wanting to earn a nursing degree and a commission. Parker, who was the leading petty officer for Patient Services Division at NHCCC from October 2004 until his transfer to school in August 2005, attributes his success to determination, teamwork, and leadership. "It is not uncommon for Sailors and Marines to apply multiple times before selection for MECP," Parker remarked. "My selection was the result of the teamwork of my juniors and peers as well as the leadership guidance I received from the Chief's mess and Officers throughout my career."

Morgan was assigned to the Managed Care Department at NHCCC from January 2004 to August 2005, and Davis worked at the Branch Dental Clinic Ingleside from October 2002 to August 2005. Lt. Steve Brewster, Medical Service Corps, a former NHCCC staff member, and currently the Logistics Officer, Medical Education and Training Campus, Fort Sam Houston, San Antonio, Texas, administered the Oath of Office. Brewster said that he was privileged to participate because Parker and Morgan were both his former white hats at NHCCC. Besides graduating with top honors, *summa cum laude*, Parker also received the College of Nursing and Health Sciences O'Neil Award for Caring for his outstanding example as student leader and mentor, qualities that Parker says he will continue to draw on as a nurse. "As a Nurse Corps Officer," promised Parker, "I will continue to rely on teamwork while providing leadership and opportunities for growth for my Sailors and those under my care." Parker, Morgan and Davis, are now scheduled to report to Naval Hospital Yokosuka, Japan, Naval Hospital Guam, and Naval Hospital Camp Pendleton respectively.



ENS Lisa Marie Davis, ENS Joshua John Morgan and ENS Rhys Aaron Parker

Bill W. Love, NHCCC PAO

Bravo Zulu!



Bravo Zulu to LCDR Elizabeth Neptune, LT Andrew Tarrant, LT Angela Tyner and LT Stuart Hitchcock, Naval Hospital Jacksonville who completed their certification as Perioperative Nurses (CNOR).

Bravo Zulu to LTJG Daniel Schlangen, National Naval Medical Center who recently passed his CCRN – NICU certification exam.

Bravo Zulu to LT Andrew Donadio and LT Michelle Donadio from Naval Hospital Pensacola who recently passed their Ambulatory Care Certification through the American Nurses Credentialing Center.

(Cont next page)



Bravo Zulu! (Cont).



Bravo Zulu to the Navy Nurse Corps Class of 2008 attending the Uniformed Services University of the Health Sciences who were recognized with awards in a Honors and Awards Ceremony 12 May 2008.

LCDR Michelle Kane, NC, USN representing the PhD Program is the recipient of the Federal Nursing Service Chiefs (FNCSs) Award. The FNCSs Award is presented by the FNCSs to the graduating student whose overall academic performance has been characterized by achieving excellence in academics, setting the highest standards of professionalism for uniformed and federal nurses, and helping fellow students through personal service and leadership. This award represents the highest honor bestowed upon a graduate for their performance while a student in the Graduate School of Nursing.

LCDR Jeremy Hawker was recognized as the Perioperative Clinical Nurse Specialists Program Military Officers Association of America (MOAA) Outstanding Student Award. This award is presented based on GPA, excellence in research/scholarship, oral presentation/writing skills, clinical competence, leadership/officership, a commitment to fellow students, military/federal nursing professionalism, and team building/class participation.

LT Jennifer Lezcano, Family Nurse Practitioners Program and LCDR William Young, Perioperative Clinical Nurse Specialists Program received recognition in the Distinguished Academic Performance Award given to the graduating students who have the most outstanding academic performance in a nursing program.

The Dean's Award for Research Excellence is awarded to the scholarly project that exhibits the best research methodology and writing skills. Recipients of this distinguished award are:

LT Agnes Ambrosi, LT Jennifer Lezcano in the Family Nurse Practitioners Program and LT Paul Albers, LCDR Richard Lawrence, and LCDR William Young in the Perioperative Clinical Nurse Specialists Program.

LCDR William Young also was recognized with the Academic Excellence Award.

LCDR Melinda Kaplafka, FNP program and LCDR Jeremy Hawker, Perioperative CNS program have been recognized with Who's Who Among Colleges and Universities based on their GPA, leadership, oral/written skills and scholarly activity.

CDR John Maye, Nurse Anesthesia Program military faculty, was awarded the Distinguished Masters Uniformed Faculty Award. This award is chosen by majority vote of all MSN graduating students, to the military faculty member who consistently demonstrated outstanding achievements in areas of scholarly research and/or creative endeavors, demonstrating high levels of excellence in teaching and mentoring students, while simultaneously providing outstanding leadership qualities.

NC News Staff

Editor: LCDR Kathleen Harlow
KathleenHarlow@texashealth.org

Design/Layout: LT Tim Rousselow
Timothy.Rousselow@med.navy.mil

THE DUINS TIMELINE

Good luck to all of you that applied.

You can submit additional enclosures/
 documents to CAPT Biggs up to
 20 Oct 08.

Mail DUINS application to
 Naval Medical Education and
 Training Command (NMETC),
 (0GNC)

Want to write a news article for
 Nurse Corps News?
 Submit your article via your chain of
 command to:

LCDR Kathleen Harlow, NC, USN
 Editor, Nurse Corps News
KathleenHarlow@texashealth.org

