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Navy Surgeon General Urges Blood Donation
From Bureau of Medicine and Surgery Public Affairs
WASHINGTON - The Navy Surgeon General is looking
for a few good blood donors to help prevent a shortage
of type O blood.
"While all blood types are needed, O negative and O
positive donors are desperately needed," said Vice Adm.
Michael L. Cowan, Medical Corps, the Surgeon General of
the Navy.
Type O negative is the universal donor and can give
blood to any other blood type. About 8 percent of the
U.S. population has blood type O negative. O positive
also has wider use than A, B or AB blood types.
The U.S. Navy, U.S. Marine Corps, and U.S. Coast
Guard have a long-standing tradition of being the most
reliable donors in our country. Since 1952, the Navy
Blood Program has been an integral part of the Armed
Services Blood Program and has provided quality blood
products and blood related services worldwide during
peace and war.
Cowan said that the Navy Blood Program has an
inventory of 21,000 units of frozen blood, and a supply
of 1,100 liquid red cells, which is provided to
designated ships as well as to all Navy medical
treatment facilities.
Cmdr. Michael Libby, Medical Service Corps,
director of the Navy Blood Program at the Bureau of
Medicine and Surgery, said that for people to donate,
they must be in good health and be at least 17 years

old. Donors must weigh at least 110 pounds and pass a physical and health history examination given before donation. Any inoculations you've received in the eight weeks prior to donation must be identified.

Current safety regulations bar donations from personnel who lived or who were stationed in certain European countries since 1980 as a preventive measure to ensure mad cow disease isn't transmitted to others via a transfusion. This means about 25 percent of those previously eligible to donate can't, and has had a serious impact on blood collection capability.

The following Navy military treatment facilities have blood donor centers that would welcome donors:

- Naval Medical Center San Diego
- Naval Medical Center Portsmouth, Va.
- Naval Hospital Great Lakes, Ill.
- Naval Hospital Camp Lejeune, N.C.
- National Naval Medical Center Bethesda, Md.
- U.S. Naval Hospital Guam
- U.S. Naval Hospital Okinawa, Japan

Many of the centers also sponsor command blood drives. Watch for posters and e-mails announcing a drive at your command.

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FH 15: "We Have Arrived, and We Are Safe And Well"

By Journalist 1st Class Dan Bristol, Fleet Hospital 15
FORWARD DEPLOYED - Fleet Hospital 15 wants Navy Medicine to know they've arrived safely, and they are steaming to assist.

Most of the personnel with the Fleet Hospital come from Naval Medical Center Portsmouth. The Fleet Hospital staff left Portsmouth under skies that threatened snow. Now, they're struggling to get accustomed to the heat. They drink plenty of water to keep hydrated. And don't worry, mom, they're eating well - two hot meals each day, as well as an additional Meal, Ready to Eat (MRE) pre-packaged meals.

Working parties help to prepare the camp, pitching tents, stringing electrical wiring and making a piece of the desert a hospital. There are training sessions everyday on what to do in chemical and biological warfare attacks, on expecting the unexpected and "having the right mind set."

About 3,400 Navy Medicine personnel have been deployed in support of Operation Iraqi Freedom.

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Navy Medicine Afloat 9-1-1 System Takes Shape

By Journalist 1st Class Joseph Krypel, Camp Patriot

CAMP PATRIOT, Kuwait - One of the most essential contingencies the Navy in the Arabian Gulf must plan for is treating casualties. The forward-deployed medical

staff of Task Force 51 (TF-51) has an innovative answer - the Navy Afloat Trauma System (NATS).

NATS creates an amphibious task force trauma network patterned after the civilian 9-1-1 emergency system. The 9-1-1 system dispatches aid from the closest location to provide quickest assistance, which is the concept behind NATS.

NATS greatly enhances operational capabilities by networking the capabilities of six "big deck" amphibious assault ships from the Atlantic and Pacific Fleets, as well as the British Royal Navy.

According to Cmdr. James Gregory, Medical Corps, TF-51's director of trauma and a prime architect of NATS, the system draws together more than 1,500 medical personnel to include medical specialists from the various ships and coordinates them to respond to emergencies in an organized manner by using a common communication network, similar to the civilian 9-1-1 system.

"Three of the U.S. big decks, along with the British Navy Hospital Ship, Royal Fleet Auxiliary (RFA) Argus, will be used as primary casualty receiving treatment ships. They'll get called into action first. The balance of the ships, all with equal capabilities, will be used in a secondary and overflow nature - basically staying in a medical stand-by mode until needed," said Gregory.

USNS Comfort (T-AH 20) will be a prime asset within NATS.

"The Comfort would serve as a primary medical treatment facility at sea for high-level care and provide an additional 1,000 bed staffing capability," said Gregory. While Comfort has many beds, Gregory explained that the amphibious assault ships are more capable of receiving the heavy air traffic that would likely be needed in a mass casualty scenario.

According to Gregory, the plan will eventually bring all seven U.S. ships and the U.K. vessel together into a 1,500-bed floating hospital that can provide a comprehensive trauma capability.

Gregory said once you have the sea-based facilities, you must have a means of taking a soldier or Marine from the field, possibly hundreds of miles away, and getting him to the best care possible.

"Starting with the field corpsman, a call would be made to a direct air support center (DASC). DASC acts as a dispatcher for medical air support to and from the battlefield," he said.

Upon receiving a call, DASC personnel dispatch air assets to the casualty location, while at the same time choose from many ground-based medical facilities near the battle front that are available, including six initial treatment facilities that travel with ground forces, called forward resuscitative surgery suites,

which include a mini-operating facility. The job of these forward-deployed medical units is to stabilize patients before sending them to better-equipped facilities at sea. Then NATS takes over.

Gregory said NATS solves the problem of who to call by centralizing the communications from the field. Specialists at the communication center then determine the level of care required and which medical facility the patient should be sent.

According to Gregory, the optimal time patients will be on board the floating treatment facilities would be no more than 48 hours before they are either returned to duty or sent on to a higher level of care.

"We'll make everyone as comfortable as possible," Gregory reflected, "but our primary goal is to ensure that each and every patient gets the absolute best medical care that is available - be that within NATS or back in the United States."

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Screening Service Helps Children Overseas

By Bill Doughty, U.S. Naval Hospital Yokosuka, Japan

YOKOSUKA, Japan - Her son wasn't keeping up with the other kids, even the younger ones, and Mom was worried. How would he do in preschool and kindergarten? Where could she go for help?

Concerned parents stationed overseas have a resource available to assist children who may be delayed in their development. The EDIS or Educational and Developmental Intervention Services program serves military and eligible civilian beneficiaries throughout the Pacific and Europe.

EDIS, administered in mainland Japan by the U.S. Navy, conducts health and developmental screenings, including screening fairs, to find children with special needs.

Air Force Technical Sergeant Donna Platz said EDIS helped one of her sons at an early age.

"It has just helped him tremendously with his cognition and his speech development," she said. "He got to start in the preschool here as soon as he turned three years old."

Satisfied with the program, Platz brought her younger son to a recent screening fair at Yokota Air Base, near Tokyo.

Healthcare professionals screened dozens of children at a base recreation center. Specialists and technicians checked vision, hearing, teeth, height and weight and evaluated children's language skills and cognitive (thinking and understanding) abilities.

Platz added, "They checked their motor skills - gross motor, if they can kick a ball or catch a ball, fine motor, if they can draw, imitate or even put beads on a string."

"It's very important to catch any type of delay as early as possible," said Lt. Cmdr. Steven Porter, Medical Corps, head of EDIS at the Yokota clinic. "This allows for interventions to be put in place so we can stop or slow down any potential delay that the child may have and assist the child in developing normally."

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Navy Dentist Makes House Call on Child
Development Center
By Joy Christmas, Naval Station Newport

MIDDLETOWN, R.I. - The beginning of this workday was unlike any other for Cmdr. Bob Peters, Dental Corps. Today he put on his lab coat, glasses, mask, and gloves for a house call. But instead of seeing his usual patients at the Naval War College, Peters made a visit to the Growing Children of Rhode Island, a child development center, in celebration of National Children's Dental Health Month.

Peters, assigned to the Naval War College Dental Clinic, said he looks forward to educating children about good dental health.

"They are at a very impressionable age to establish good oral hygiene practices (brushing)," said Peters of the 17 preschool age children. Peters, wearing his clinical uniform and displaying some commonly used dental instruments, gave the children some insight into what to expect during their first visit to the dentist. His approach was a hit.

"Children will be less anxious when they know what to expect during their first visit to see the dentist," he said. He also offered advice on proper brushing technique and making healthy decisions regarding food choices.

"When brushing after every meal and before bedtime, use a pea-sized amount of toothpaste and brush each tooth inside and out in a circular motion," he said. "Afterward, lightly brush the top of your tongue to eliminate the cavity creeps (bacteria) that can reattach to your teeth and cause cavities."

When asked about the use of battery-operated toothbrushes, Peters commented that they are great cleansing tools, but with preschool age children, primary emphasis should be on parental supervised brushing until age 7.

In addition to reading a short story about going to the dentist, Peters also brought in a large toothbrush and a set of prosthetic teeth and demonstrated proper brushing techniques for the children.

The children took turns working with dental instruments and brushing teeth. Along with oral hygiene instruction, Peters also talked about proper diet, suggesting water, cheese and vegetables as alternatives to sugary carbohydrate snacks.

While Peters was working with a small group of children, Dentalman Kevin Brown assisted the others with "Brushing with Dee Dee and Dudley" coloring book.

"This is an important time in the child's development," said Brown. "Good practice at this age will prevent tooth decay down the road. Our focus is on preventive dentistry."

Peters said the right time to begin brushing is when the teeth first erupt and that parents should use a soft bristled pediatric toothbrush and a non-fluoridated cleansing gel to clean the teeth.

Fluoridated toothpaste should not be used before the age of 3, and after that should only be used in small amounts under parental supervision to avoid ingestion. Once fluoridated toothpaste use is initiated, children should rinse thoroughly with water after brushing. Parents should take their children to the dentist every 6 months for a comprehensive checkup.

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Rota Dentist Works for Navy-wide Oral Health Program

By Kathy Henry, U.S. Naval Station Rota

ROTA, Spain - Baby's first tooth means baby's first trip to the dentist.

Early childhood caries (ECC), also referred to as baby bottle tooth decay, is a condition that can destroy the teeth of an infant or young child. Because a baby's tooth is at risk for decay as soon as it appears in the mouth, dental professionals are now recommending that children visit a pediatric dentist when that first tooth comes in, usually between six and 12 months of age.

"The concept of 'baby teeth are just going to fall out, so they're not important' is so wrong," said Cmdr. Roberto Cabassa, Dental Corps, pediatric dentistry department head at Branch Dental Clinic Rota.

"Baby teeth hold space for adult teeth and help patients with dieting (habits). These teeth are going to be the precedent of what's going to happen to the oral health of this person all of their life."

Decay occurs when sweetened liquids are given and left clinging to an infant's teeth for long periods. Many sweet liquids cause problems, including milk, formula and fruit juice, according to the American Dental Association. Combined with exposure to the bacteria *Streptococcus mutans*, which uses those sugars as food, the result is acids that cause demineralization of the teeth's enamel, making it weaker and weaker until it breaks and results in a cavity, said Cabassa.

He explained *Streptococcus mutans* bacterial infection usually happens between the ages of nine and 24 months and comes from outside sources. One line of research showed that 90 percent of the time, exposure to the bacteria comes directly from the mother, especially

when the mother is in poor dental health.

"Maybe a mother quickly cleans a pacifier or tests the temperature of a bottle by putting it in her mouth before putting it in her child's mouth. There are several ways to pass this bacteria," Cabassa said. "Additionally, infection can come from care providers. So, given all of these things, we must see children early because they get their first tooth between six and 12 months of age." But, he added, prevention also involves educating parents before the child's primary teeth erupt. Education in the dental office can begin when a pregnant woman receives her routine dental care.

Cabassa continued, saying in past years, the typical age for a child's first dental visit was right around three years old. However, after the October 1997 ECC Conference at Bethesda, Md., scientific leaders in this field were asked to "re-examine the current knowledge of ECC through critical reviews of the biological and psychosocial mechanisms, the public health implications, and the prevention and research needs."

The examination resulted in several new ideas and directions that are now being used to educate health professionals and the general population on the causes and prevention of ECC.

Those ideas were the basis of the infant and children oral health program that Cabassa developed and implemented at his previous duty station, U.S. Naval Dental Center Far East, in Yokosuka, Japan. The same program will begin soon at U.S. Naval Station Rota and hopefully Navy-wide, he said.

Cabassa presented this program, the purpose of which is to create awareness, prevention methodology and treatment alternatives of oral and dental diseases, at the Surgeon General's conference in August 2002 and will present it again at a conference of the International Association of Pediatric Dentistry later this year.

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Yokosuka Doc Named Navy Pediatrician of Year

By Bill Doughty, U.S. Naval Hospital Yokosuka Japan

YOKOSUKA, Japan - Lt. Marj Nasin, Medical Corps, U.S. Naval Hospital Yokosuka, has been named Navy Pediatrician of the Year by the American Academy of Pediatrics.

Nasin credits the support of her colleagues with her success in Navy Medicine, including her latest achievement. The award was presented at the Academy's recent 37th Annual Uniformed Services Pediatric Seminar in Washington D.C.

Nasin leads the Yokosuka Perinatal Advisory Committee, overseeing prenatal and immediate post-partum care (all aspects of healthcare for pregnant women, new moms, and babies). She coordinates the command's PALS

training and recently began teaching a course on how to transport newborns with critical healthcare needs. But patient care is her first love.

"Seeing patients is what I really enjoy doing," she admits, "but there is so much else to make a hospital run. And that's really unique about a military facility - the physicians get involved in hospital administration. In the military, we're given the opportunity to get involved in many ways that many of my civilian counterparts aren't able to."

Nasin was pleased to get the award, but said the best part was being nominated by her peers.

"(My colleagues) Dr. Marguerite Slingluff and Dr. Suzanne Haney sent in the application nominating me for this award," she said. "That says wonderful things about the people you work with and is an example for everyone in the Navy, no matter what profession you're in."

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President Authorizes Two New Medals

From the Department of Defense Public Affairs

WASHINGTON - A presidential executive order signed March 12 authorizes the Department of Defense to create two new military medals for service in the Global War on Terrorism (GWOT).

The GWOT Expeditionary Medal will recognize service members who participate in an expedition to combat terrorism on or after Sept. 11, 2001. This is limited to those who deploy as part of Operation Enduring Freedom.

The GWOT Service Medal will recognize service in military operations to combat terrorism on or after Sept. 11, 2001. This is limited to Operation Noble Eagle and to those service members who provide support to Operation Enduring Freedom from outside the area of eligibility designated for the GWOT Expeditionary Medal.

The medals were recommended by Secretary of Defense Donald Rumsfeld "in response to our nation's global efforts to suppress terrorism, and the significant contributions members of the Armed Forces bring to bear on the long-term resolution of this threat."

Specific eligibility for these medals will be established by DoD award policy. The combatant commander has the authority to award the medals for approved operations to units and personnel deployed within his or her theater. Each service department will prescribe the appropriate regulations for processing and wearing of the medals.

Members of the U.S. armed forces and Coast Guard are eligible for the medals to include Reserve and National Guard activated to support approved operations.

It will take up to 12 months to produce and stock the medal in department supply systems.

More information on the GWOT Expeditionary Medal is available at www.defenselink.mil/news/Mar2003/200303134a.jpg. More information on the GWOT Service Medal is available at www.defenselink.mil/news/Mar2003/200303134b.jpg.

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Healthwatch: Always Tired to the Bone? Maybe
It's Chronic Fatigue Syndrome

By Aveline V. Allen, Bureau of Medicine and Surgery

WASHINGTON - Tired to the bone day after day for no reason to the point it's affecting your daily routine? Maybe it's Chronic Fatigue Syndrome (CFS).

"Everyone experiences fatigue at times, but chronic - six months or more - or severe fatigue warrant evaluation by your health care provider," said Lt. Cmdr. Mae M. Pouget, Medical Corps, Navy Medicine's general medicine specialty leader.

According to the Centers for Disease Control (CDC), CFS is an unexplained, persistent, relapsing exhaustion of new onset that is not improved by adequate rest, and affects quality of life, work, schooling, personal, and social life.

"Individuals experiencing CFS may experience fatigue so severe they are unable to perform activities of daily living such as walking from one room to another, showering, or even combing their hair," said Pouget.

Some symptoms attributed to CFS in addition to fatigue include muscle pain, sore throat, unrefreshing sleep, difficulty concentrating, and headaches of a different type, cycle or intensity. Medical experts stress that the symptoms must be persistent or recurring six or more consecutive months, but the onset of the symptoms must have come before the actual fatigue.

Diagnosis is difficult because these symptoms may be associated with many other medical conditions. However, in an effort to make an accurate diagnosis, your physician should review your entire medical history and perform a complete physical examination to determine if you might have CFS. In an effort to rule out any other medical conditions, experts recommend a standard series of laboratory tests on blood and urine also be done. After all testing is complete, if your symptoms cannot be linked to any other causes, a diagnosis of CFS might be made.

There is no known cure for this chronic illness, but there are treatment options available. Medical studies show certain prescription medications may be used to improve sleep and relieve mild, generalized pain. Experts have said changes in diet and daily routines may also offer some relief.

Physicians have suggested that CFS patients pace themselves carefully and avoid unusual physical or

emotional stress. Hence, a regular, manageable daily routine is the key. You may do modest regular exercise, preferably supervised by a health care provider. Other physical activities and therapies that have been beneficial for patients in combating this condition include aquatic therapy, massage, stretching, and yoga.

"I highly recommend support groups for chronic disease patients and their caregivers," said Pouget. "Meeting others dealing with similar situations helps increase understanding of the illness and may help in coping with the life changes associated with chronic disease."

In certain cases, psychotherapy and supportive counseling may be used as a treatment option, according to the CDC. Being a chronic disease, CFS can effect patient caregivers and family members. In this case, CDC experts suggest that family therapy may foster good communication and reduce the possible adverse impact of CFS on the family.

Further information on CFS can be found at www.cdc.gov and www.cfids.org/default.asp.

EDITOR'S NOTE - March is CFS Awareness Month.

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Got news? If you'd like to submit an article or have an idea for one, please contact MEDNEWS at 202 762-3221, fax 202 762-1705 or btbadura@us.med.navy.mil.