

Navy Medicine

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**“A Global Force For Good—
Providing Care Around the World”**



Guidelines for submission to NAVY MEDICINE.

ABOUT NAVY MEDICINE:

NAVY MEDICINE is published quarterly Winter/Spring/Summer/Fall. Please contact Cmdr. Cappy Surette (cappy.surette@med.navy.mil) for deadline of present issue in progress.

SUBMISSION REQUIREMENTS:

Articles must be between 600-1,000 words.

All articles must be present tense/active voice.

Photos must be minimum 300 dpi.

Photos showing action are preferred.

All photos must be accompanied by a caption and photo credit information.

Subjects considered:

Round Up: Stories about activities at MTFs and the field.

Photo Album: Action shots from across Navy Medicine.

Feature Articles: Stories featuring interesting contributions of Navy Medicine to military operations including everything from combat support to Humanitarian Relief/Disaster Response will be considered. Please contact Cmdr. Cappy Surette (cappy.surette@med.navy.mil) for current theme of issue in progress.

R & D and Innovations: Any new processes and/or research and development news.

Quality Care: Anything that improves the quality of care for our patients.

IT, QA: Any articles showing how Navy Medicine is utilizing the electronic age.

Shipmates: Anything interesting about our shipmates working in the healthcare field in the Department of the Navy.

All submissions must be accompanied by complete contact information for author.

In the event there is more than one author please assign one author to be primary correspondent.

Feedback Welcome

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NAVY MEDICINE

Official Magazine of U.S. Navy Medicine

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NAVY MEDICINE is the professional magazine of the Navy Medical Department community. Its purpose is to educate its readers on Navy Medicine missions and programs. This magazine will also draw upon the medical department's rich historical legacy to instill a sense of pride and professionalism among the Navy Medical Department community and to enhance reader awareness of the increasing relevance of Navy Medicine in and for our nation's defense.

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NAVY MEDICINE

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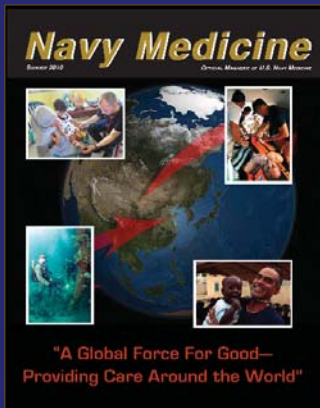
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ON THE COVER:



COVER PHOTOS CLOCKWISE FROM TOP LEFT:

1) TOBELO, Indonesia - Lt. Timothy Chinnock, aboard the Military Sealift Command hospital ship USNS Mercy (T-AH 19), examines an infant's feet while her mother looks on during a Pacific Partnership 2010 medical civic action program. Pacific Partnership 2010 is the fifth in a series of annual U.S. Pacific Fleet humanitarian and civic assistance endeavors to strengthen regional partnerships. (U.S. Navy photo by Mass Communication Specialist 1st Class Bill Larned/Released) 2) SATTAHIP, Thailand - Senior Chief Hospital Corpsman Michael J. Sam directs Royal Thai Navy divers and medical officers on emergency evacuation procedures after a dive near the U.S. Coast Guard cutter Mellon (WHEC 717). U.S. and Thai divers trained together to teach and learn diving operations from each other as part of Cooperation Afloat Readiness and Training (CARAT) Thailand 2010. CARAT is a series of bilateral exercises held annually in Southeast Asia to strengthen relationships and to enhance force readiness. (U.S. Navy photo by Mass Communication Specialist 2nd Class David A. Brandenburg/Released) 3) NOTO GOUREY DIAME, Senegal - Cmdr. Antonio Rodriguez, senior medical officer for Africa Partnership Station (APS) West, holds a Senegalese baby during a medical outreach project. The 16-member team of U.S. Navy and Air Force medical and dental professionals treated more than 2,000 patients in a four-day period. APS West is an international initiative developed by U.S. Naval Forces Europe-Africa that aims to improve maritime safety and security in Africa. (U.S. Marine Corps photo by 2nd Lt. Nicole P. Teat/Released) 4) PORTSMOUTH, Dominica - Hospital Corpsman 1st Class Michael Faasen, assigned to Mobile Diving and Salvage Unit (MDSU) 2, and Regional Security System divers swim the length of a pier piling during a pier inspection off the coast of Dominica. MDSU-2 is participating in Navy Diver-Southern Partnership Station, a multinational partnership engagement designed to increase interoperability and partner nation capacity through diving operations. The Regional Security System is an international agreement for the defense and security of the Caribbean region. (U.S. Navy photo by Mass Communication Specialist 2nd Class Chris Lussier/Released)

Admiral's Call



Navy Medicine and Global Operations

In the most recent *Foreign Affairs*, Secretary of Defense Robert Gates authored a terrific piece entitled “Helping Others Defend Themselves: The Future of U.S. Security Assistance.” In it he states that “the strategic reality demands that the U.S. government get better at what is called ‘building partner capacity:’ helping other countries defend themselves or, if necessary, fight alongside U.S. forces by providing them with the equipment, training, or other forms of security assistance.” While the article doesn’t specifically mention our military’s medical mission, I would submit to you that integral to kinetic forms of security assistance is the non-kinetic “soft power” of proactive humanitarian assistance and disaster response in support of global operations. Navy Medicine is a big part of this mission.

In just the past few years, Navy Medicine has not only responded to disasters around the world and at home, we’ve conducted proactive humanitarian missions in places as far reaching as Africa through *Africa Partnership Station* to the Pacific Rim through *Pacific Partnership* and South America through *Continuing Promise*. These missions contribute to building partner capabilities because they provide hope and stability, and in doing so, contribute to our partners’ long-term security. To be clear, today’s security mission (no matter what it’s called) must include humanitarian assistance and disaster response, which puts Navy Medicine at the forefront of global operations.

Navy Medicine is supporting these operations on a daily basis. Nowhere has this been more evident than in Haiti. I am still in awe of the lifesaving and life changing service we provided, while simultaneously maintaining the highest standards of patient and family-centered care for our people here at home. I cannot commend you enough for your selfless sacrifice and the service in Haiti. Despite the unbelievable devastation and human suffering you may have witnessed, we should all take comfort and solace in the fact that the entire Navy Medicine community, whether you deployed or not, contributed to the saving of countless lives, and to the healing of broken limbs and broken hearts. *Operation Unified Response* illustrates without a doubt that we truly are a “global force for good.” More recently we have identified key lessons to our response at the tactical, operational, and strategic levels that will serve well when our Nation once again calls us to respond to an international humanitarian disaster.

Not only are we a global force for good around the world, as the Chief of Naval Operations recently said, “We are a Total Force,” not just an individual community. The 59,000 active duty and reservists, government civilians and non-medical contractors that make up the Navy Medicine



community are vital to that Total Force in our support of global operations.

That support not only includes the work of all our medical care providers on the frontlines, but also the dozen Marine Corps’ Shock Trauma Platoons providing immediate resuscitative surgery on the battlefield. Remember that Navy Medicine is also Marine Corps medicine and we will continue to support our Marines anytime, anywhere.

Our support to global operations can be seen by the USNS *Mercy*’s recent deployment in support of *Pacific Partnership 2010*, now the fifth annual Pacific Fleet proactive humanitarian assistance mission to strengthen ongoing relationships with host and partner nations in Southeast Asia and Oceania. The *Mercy* is executing our Maritime Strategy by building the trust and cooperation we need to strengthen our regional alliances and empower our partners in the region. I met with the crew, witnessing firsthand the medical, dental, and engineering outreach projects. With each successful deployment, *Pacific Partnership* has proven to increase our interoperability with host and partner nations, non-governmental organizations and the interagency. Oftentimes, we learn just as much from them as they do from us.

Let us not forget all the great work we are doing to take care of our Wounded Warriors here at home. Recently, the Navy/Marine Corps Combat Operational Stress Control (COSC) community rolled out new combined doctrine, as well as new policies, research, data, programs, interven-

A Global Force For Good

tions, and best practices pertinent to building resiliency and controlling stress. Project FOCUS is guaranteeing that military families are armed with the tools to cope with a deployed family member. Let us not forget the Marine Corps' Wounded Warrior Regiments that coordinate with Battalion Surgeons, Deployed Units, and MTFs to set up anticipated medical appointments, ensuring a majority of medical needs are assessed prior to demobilization. Let us not forget the Navy's Safe Harbor program with its national network of Navy Operational Support Centers that support the full-spectrum recovery process for Sailors, Marines, and their families.

Last but certainly not least, Navy Medicine would not be able to contribute to global operations without a vibrant research and development community. The work that our researchers do is having a direct impact on the treatment we are able to provide our wounded warriors, from the battlefield to the bedside. We have a lot of Sailors and Marines walking, talking, and breathing today because of the research and medical advancements in wound management,

limb salvage and regenerative medicine, as well as extremity and internal hemorrhage control and phantom limb pain in amputees.

Secretary Gates ends his recent article by stating that "helping other countries better provide for their own security will be a key and enduring test of U.S. global leadership and a critical part of protecting U.S. security." Make no mistake about it, Navy Medicine is passing this test with flying colors by helping to provide hope, stability, and security around the world, but let us not become complacent. We must be ready for the next challenge which will most certainly come. Remain focused on your professional competencies, continue to improve your skills and knowledge, and be ready for when our Nation calls on Navy Medicine.

Thank you for everything you do and thank you for your service. Each month reinforces my confidence in what we can accomplish. It is my honor and privilege to represent you as your Surgeon General.✍

Vice Adm. Adam M. Robinson, Jr.



HANOI, Vietnam - Navy Surgeon General Vice Adm. Adam M. Robinson, Jr., and Nguyen Quoc Trieu, Vietnam's Minister of Health listen to a U.S. Embassy translator during a meeting in Hanoi May 28, 2010. Robinson met with senior Vietnamese leadership to discuss potential opportunities for enhanced bilateral military medical partnerships during his visit to the country as part of Pacific Partnership 2010. (Photo by Cmdr. Cappy Surette, Bureau of Medicine and Surgery Public Affairs/Released) See full story on page 23.



The Global Corpsman

Recently, my staff was asked to provide a geographical representation of where our Hospital Corpsmen are stationed throughout the world. Not an easy task I must assure you because, it is true, wherever you find conflict, strife, or suffering, you too will find a Hospital Corpsman. Of the many attributes steadfastly grasped by the Hospital Corpsman, his/her dedication to their Sailors and Marines is the most unique and admirable. The possession Corpsmen has for their people and the possession their people of them is unique. More amazingly, though, is that such respect and reverence is encapsulated by a single word. To be the "Doc" is the goal of every Hospital Corpsman, whether on the ground or at sea.



Hospital Corpsman 2nd Class James Gerity, escorts a Haitian boy to Terminal Varreux in Port-au-Prince, Haiti, where he will be taken to a hospital for follow on care. The boy was discharged from the Military Sealift Command hospital ship USNS Comfort (T-AH 20) after being treated for injuries suffered in the 7.0 magnitude earthquake that struck near Port-au-Prince, Haiti Jan. 12. (U.S. Navy photo by Mass Communication Specialist 2nd Class Chelsea Kennedy/Released)

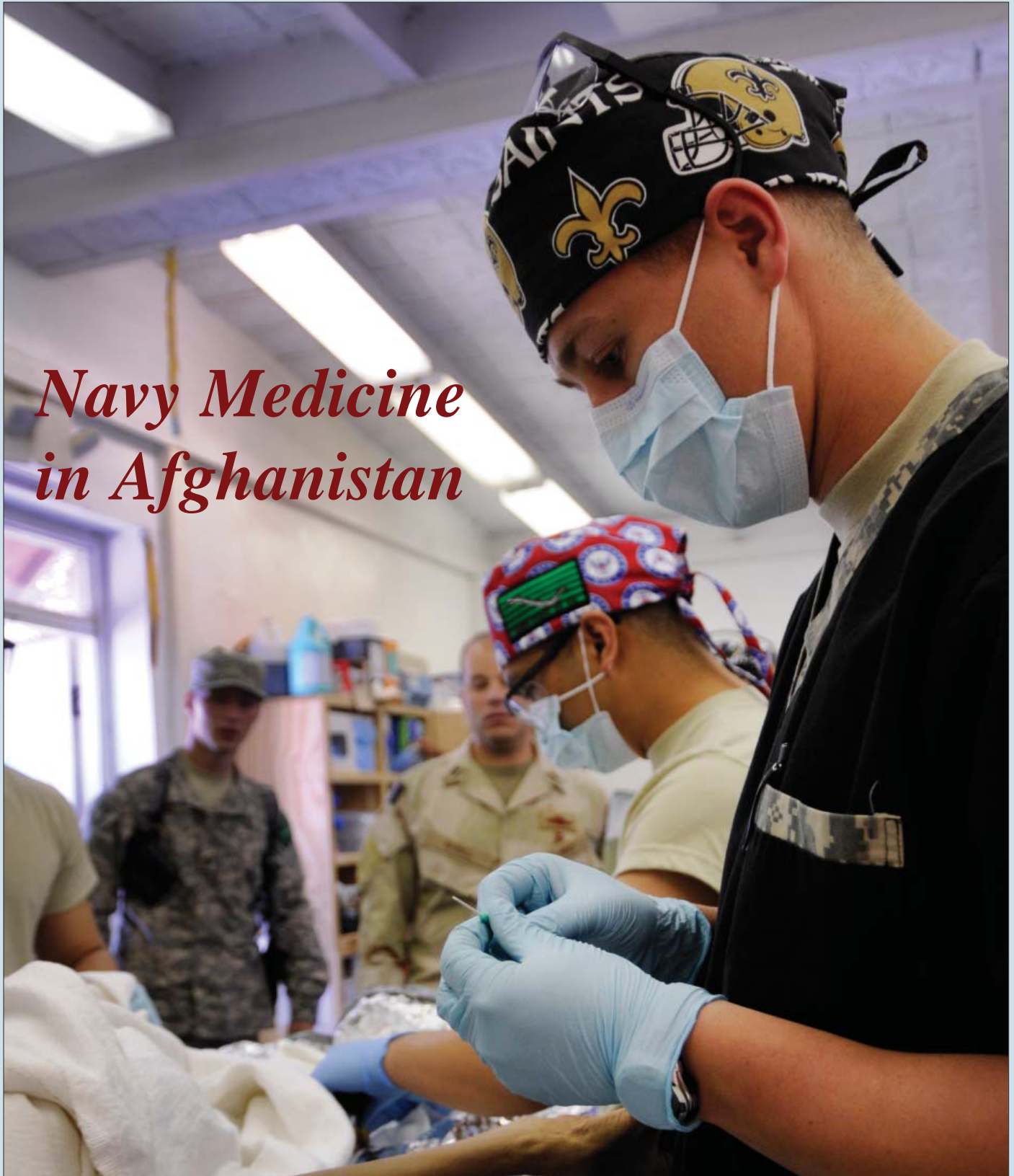


In my travels, of the many questions I receive, I am most often asked about the status of our Hospital Corpsmen in lieu of world events. In an effort to allay any concern, I report the Hospital Corps remains in capable hands and can support any mission, anywhere, and at any time. And, despite multiple deployments, challenging MTF duties, the frequent stress of combat, and the rigors of the field or life at sea, Corpsmen continue to reenlist in numbers greatly exceeding Navy's average. Still more, our Corpsmen, continue to earn accolades throughout the Navy and Marine Corps, as evidenced by members of the Hospital Corps winning both the VCNO shore, Atlantic Fleet, and Reserve Sailor of the year competitions.

Corpsmen, Navy-wide, serve with distinction throughout the world, are attached to every Armed Service, perform in every tactical environment, and continue to unabashedly place themselves in the fight. They do this, knowing full well the consequences of their choice to serve. It is truly humbling to be associated with these young women and men who prefer rigors of combat over the ambivalence of inaction. When asked next about where exactly we have Corpsmen serving in the world, I may just grab a map, don a blindfold, throw a dart and say, "wherever it may land, Afghanistan, Iraq, Haiti, Egypt, Japan, the Caribbean, Atlantic, Pacific, or Red Sea, so too will you find a hard charging Hospital Corpsman. Admiral "Bull" Halsey once said "there are no great people in this world, only great challenges which ordinary people rise to meet." To the Hospital Corps, your willingness to meet every challenge makes you extraordinary!🇺🇸

Force Master Chief Laura Martinez

*Navy Medicine
in Afghanistan*



FORWARD OPERATING BASE (FOB) MOGENSEN, Afghanistan-Hospital Corpsman 3rd Class Kevin Hines, assigned to Naval Hospital Jacksonville, Fla., prepares an intravenous drip for a severely injured Afghan man at FOB Lagman. Hines is part of the 20-person Navy Forward Surgical Team 4509, which consists of medics and doctors from 12 different commands, from Portsmouth Naval Hospital, Va., to Okinawa, Japan. (U.S. Navy photo by Chief Mass Communication Specialist Jeremy L. Wood/Released)



Doors Close - Windows Open

NSHS Portsmouth, Va., Holds Disestablishment Ceremony

By MCI (SW) Arthur N. De La Cruz and MCC L.A. Shively

The U.S. Navy's first Hospital Corps School was officially disestablished May 14 during a ceremony held on the Naval Medical Center Portsmouth, Va., campus.

The Naval School of Health Sciences (NSHS) Portsmouth is closing after more than a century of training Navy corpsmen, Army and Air Force medics.

"This institution should be honored and remembered for the corpsmen who have given their lives and their time, and the last full measure of themselves for their brothers and sisters in harm's way," said Vice Adm. Adam M. Robinson Jr., Navy Surgeon General. "NSHS Portsmouth has been a mentor and a steward. They have in fact been a leader, and have been the example of leadership for our corpsmen."

The school was established in 1902 as part of the former Norfolk Naval Hospital. The current command building was built in 1942 and named after the school's first graduate, Pharmacist Edward May, who was appointed as a warrant officer, and later served as an instructor. NSHS Portsmouth was officially established in October 1995. The command has provided 17 naval officer and enlisted training programs.

The school officially closes after its last class convenes in September. The school has trained approximately 800 students a year since 1995. As an echelon five command, its commanding officer reports to Commander, Navy Medicine Manpower, Personnel, Training and Education Command, who directly reports to Navy Medicine Support Command in Jacksonville, Fla.

"We are not disestablishing your obligation," Vice Adm. Robinson told NSHS students. "We're only disestablishing one institution. As NSHS Portsmouth disestablishes itself today, it doesn't mean that it goes away, and

it doesn't mean that there is something we should be sad about because the best is yet to come."

NSHS will consolidate as part of the triservice Medical Education and Training Campus (METC) at Fort Sam Houston, Texas, where Rear Adm. William R. Kiser, former Naval Medicine Center, Portsmouth Va., commander, became the inaugural commander in June. METC is the largest consolidation of service training in Department of Defense history.

Limited training commenced in June with the consolidated Radiography Specialist course and over 30 academic programs available for the Navy, Army and Air Force enlisted medical personnel, with more planned for the future.

The 7.9 million square-foot campus will be the world's largest military medical education and training institution when fully operational in 2011.

The active daily student load will be about 7,800, approximately 24,500 students will graduate annually, and there will be a joint staff and faculty of approximately 1,400.

The new facilities will have a state-of-the-art "Cybrary" or online library, on the METC Intranet. The Cybrary offers self-paced online courses, e-books, research material, podcasts, recorded video lectures, discussion boards and a search capability. Students will also have access to furnished day rooms with flat screen televisions for lounging.

Living areas in the facility were built using a modular design, each consisting of two sets of living quarters for two students including living areas, walk-in closets and bathrooms.

The cultural aspects in a triservice environment are also taken under consideration at METC. Just as the Air Force calls its living quarters flights, the Navy plans to call its quarters ships.



PORTSMOUTH, Va. - Chief of the Navy's Bureau of Medicine and Surgery, Vice Adm. Adam M. Robinson, Jr., speaks to attendees at the official disestablishment ceremony of the Navy School of Health Sciences Portsmouth May 14. Vice Adm. Robinson was the keynote speaker for the event. (U.S. Navy photo by Mass Communication Specialist 1st Class (SW) Arthur N. De La Cruz)

Naval Branch Health Clinic Ingleside, Texas, Disestablishes



Cmdr. Darrel G. Vaughn, Naval Branch Health Clinic Ingleside officer in charge, (right) thanks Capt. Leland D. Taylor, Naval Station Ingleside (NSI) commanding officer, after returning the clinic's keys to Taylor during a disestablishment ceremony March 30. (U.S. Navy photo by Bill W. Love/Released)


Naval Branch Health Clinic Ingleside (NBHCI) held a disestablishment ceremony Mar. 30 at the Naval Station Ingleside (NSI) auditorium. NSI is being shutdown because of Base Realignment and Closure (BRAC) 2005. The clinic's 47 military and civilians transferred on permanent change of station (PCS) orders, found other work, were administrative shifted to Naval Health Clinic Corpus Christi (NHCCC), or in the case of one of the 13 civilians, retired.

The ceremony marked the end of the clinic's 18-year presence at Ingleside where the base population of various commands was once abundant.

"We have provided comprehensive healthcare to 3,900 Active Duty. We ensured mission readiness for 24

deployable commands and 20 tenant commands. We saw numerous dependents and numerous retirees," stated Cmdr. Darrel G. Vaughn, NBHCI officer in charge. Vaughn, the clinic's seventh OIC in its history, took charge in June 2008.

Capt. Randy G. Kelley, NHCCC commanding officer and former senior medical officer at NBHCI during the mid 90s, served as guest speaker.


"Over the past months, Cmdr. Vaughn and his tireless staff have gone above and beyond," remarked Kelley. "They have prepared the buildings for turnover, removed and redistributed equipment all while continuing to provide outstanding patient care as the days of Naval Station Ingleside draw to a close. Today is the day to return the keys." 



Naval Branch Medical Clinic, Brunswick, Me., Closes its Doors

The day was bittersweet and on the minds of many Naval Branch Health Clinic (NBHC) Brunswick staff and former staff members the past several months, for on Mar. 31, 2010, the NBHC medical clinic closed with a disestablishment ceremony held in the Brunswick clinic lobby. Base Realignment and Closure (BRAC) of Naval Air Station Brunswick by May 2011 was the reason that "the BIG little clinic in the woods of Maine," closed its doors to the thousands of beneficiaries it serviced over the years. The military and civilian staff members had dwindled over the course of 2009 and first few months of 2010, to approximately 60 people; some finding jobs elsewhere, some relocating, and some

retiring. However, the sense of family and devotion to NBHC did not diminished as many "came home" for the ceremony. It was apparent in the words of the guest speakers and letters read from former Officers in Charge, that NBHC Brunswick was more than a place to go to work, but an extended family. As in most families, dreams were encouraged, young and old nurtured, there were good times and sad times, and lasting memories were created. The friendships and camaraderie will continue, and the spirit of NBHC Brunswick will be in the hearts of many for years to come.

There is a new website called "I was once stationed at Naval Branch Health Clinic Brunswick," at www.facebook.com 



Capt. Elaine Wagner, Commanding Officer, Naval Health Clinic New England (NHCNE), presents the decommissioning certificate of Naval Branch Health Clinic (NBHC), Brunswick, ME, to the clinic's Officer in Charge, Lt. Cmdr. Marc Herwitz, at a ceremony on March 31. (Photo by Kathy MacKnight)

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The Road to the METC Ribbon Cutting

By Patrick Elliott

It was no more than a concept in the minds of Army, Navy and Air Force medical personnel in 2005 when they were issued the daunting order to collocate Army, Navy and Air Force enlisted medical training centers to Fort Sam Houston, Texas. The Base Realignment and Closure (BRAC) legislation of 2005 mandated that this collocation needed to be complete by September 2011. There were no buildings, no faculty, no staff, no guiding principles, no agreements between services, no consolidation of classes, no equipment only the order to make it happen. Army, Navy and Air Force teams were created to make this ambitious goal a reality in a relatively short period of time.

Nobody was under the illusion that there wouldn't be push back when collocating these 5 training centers. Each training center was steeped in their long held service specific traditions, each location was known as *their* center for medical training and each knew that they were "the best." But what would make the collocation possible was the realization that military medical realities had changed on the battlefield. Everyone who had recently been "in theatre" knew that saving lives was a team effort and that 9 out of 10 times it involved medical personnel from the Army, Navy and Air Force working together. And as everyone knows, training has to reflect reality if it is going to be effective.

Army, Navy and Air Force team members agreed that this collocation was an opportunity to create from the ground up the enlisted medical education and training of the future. This therefore could not just be another training center it had to reflect what it was, a consolidation of the best military medical education and training that the world had ever seen. Separate these were just 5 training centers but together they would be a campus of higher education. From this realization evolved the name, Medical Education and Training Campus (METC.)

The METC would become a campus that would offer over 129 programs and 1300 courses ranging from how to save lives as a combat medic and corpsman to every type of medical tech training imagin-

able. It was also important to create a campus that would offer enlisted medical personnel other opportunities of enrichment for their future. For example, instructors at the METC would be required to have a minimum of an Associates Degree because the future goal of the METC would be to offer it's soldiers, sailors and airmen the opportunity to earn an Associates Degree.

The location had been determined early on that the METC would be located at Fort Sam Houston, Texas. It was agreed that a walking campus would be created and would include service specific dorms, barracks, and training facilities with plenty of area for assembly and exercise. What would be realized would be a campus of over 2.6 million square feet of education, training and living space on 33 acres.

Equipment from the 5 learning centers would also need to be transferred to the METC where feasible. This would translate into approximately 1.5 million pounds of training instruments, devices and stock being shipped to the METC for training purposes. This does not include the military personnel, government employees and contractors who would move everything they had to make the METC their new home.

When looking at Army, Navy and Air Force models to create the METC it was determined that the highest standard among the services would be adopted. This became known as "the METC way." The adoption of "the METC way" guarantees that personnel of each service will receive the best training, education and learning environment that the military has to offer.

To support a modern campus a complex infrastructure with the latest in IM/IT support would be mandatory. A data center with 24 servers would meet the needs of 400 classrooms and 8500 computers and related systems. The METC portal would offer a single point of entry for all campus activity with 150 wireless access points so students could work from just about anywhere on campus. Knowledge based services, class sessions online, live chat support, pod casting, online syllabuses and assignments as well as a host of other academic and campus services were all consolidated for unprecedented communication between faculty, staff and students 24/7.

As if this undertaking wasn't complex enough it was also mandated that in establishing the METC there could be no cut back in producing and delivering able bodied medics and corpsman to their respective



SAN ANTONIO - Medical Education and Training Center Commandant Rear Adm. William R. Kiser speaks to a crowd of about 300 on the future of military medical training at Fort Sam Houston after officially opening the center with a ribbon-cutting ceremony. (Photo by Steve Elliott)

services in support of war efforts. Collocate from across the Nation but don't affect the throughput. In order to do this the Army, Navy and Air Force had to create a phased timetable for the arrival of equipment and personnel as well as an implementation time line for the start of education and training in June 2010 to be completed by September 2011.

On June 30, 2010 the hard work and ingenuity of Army, Navy and Air Force medical personnel came to fruition at the ribbon cutting ceremony held by the first METC Commandant, Rear Admiral Bob Kiser who officially opened the Medical Education and Training Campus. Admiral Kiser in his opening remarks recognized that the work that had been done to make the METC a reality was much more than just creating an education and training campus.

"When you look at the buildings behind me, I want you to not just see stones and mortar and structures. I'd like you to see the people whose lives will be made better because of what will transpire there. I want you to see 15 years into the future and see the Marine Corporal who will survive to stand and give his daughter away in marriage because there was a Hospital Corpsman, armed with skills learned here... I want you to see an Army or Air Force family eating together—mom, dad, the kids—sharing dinner, and imagine the seat that would have been empty at the dinner table, had there not been a dedicated medic—trained in this place—who brilliantly intervened when the need arose."

Military medical education and training has entered a new era and with it its future. The METC will offer the latest in technol-

ogy, educational resources and training techniques but there is one thing that has not changed and that is the proud heritage of serving in the military medical community as a medic and corpsman. At the ribbon cutting ceremony Admiral Kiser affirmed the METC's commitment to this heritage.

"We in the military are very proud of our heritage. And we should be. Heritage is defined as the enfranchisement of those who have gone before us. The principles of honor, commitment, courage, loyalty, and sacrifice that we hold dear did not start with us. They have been handed down as treasures to be cherished and protected. We at METC will not let that heritage waver; we will not let those treasures be corrupted, because we know their value and their power. We view our mission as a sacred trust. Nothing less."✍

Artist's rendering of METC campus.



Family Photo Album



SAN DIEGO - Hospital Corpsman 3rd Class Silva Torres (left) trains Cmdr. Mark Nguyen (center) and Cmdr. Bharat Patel (right) on the Civil Humanitarian Information Management Expeditionary, which is a mobile PDA program to efficiently and accurately track patients that receive field medical care. Naval Medical Center San Diego hosted the Medical Civic Action Program exercise in preparation of the Pacific Partnership 2010 deployment aboard the USNS Mercy (T-AH 19). (U.S. Navy photo by Mass Communication Specialist 1st Class Anastasia Puscian/Released)

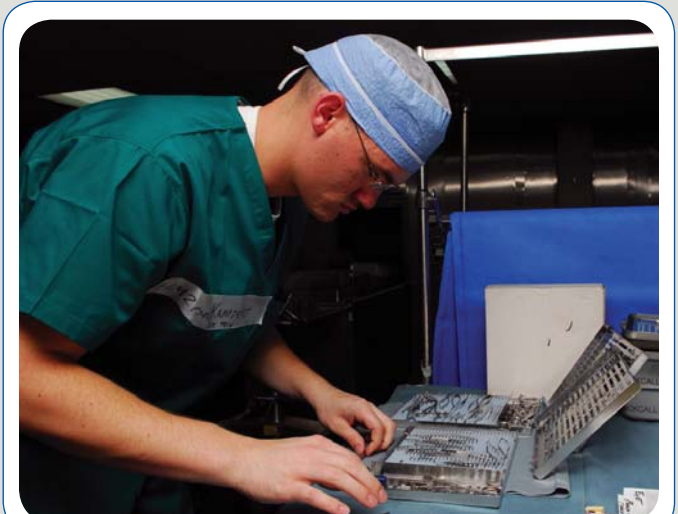
SAN DIEGO – Capt. Frank Michael, commanding officer of the amphibious assault ship USS Boxer (LHD 4) leads a tour group of students from Lyceé Saint Michel, a high school in Solesmes, France. Boxer offered a tour to the students when they were stranded in America when Eyjafjalla erupted in Iceland and canceled their flight home. (U.S. Navy photo by Mass Communications Specialist 2nd Class Jeff Hopkins/Released)



U.S. Navy Hospitalman David T. Thurlkill, with Combat Logistics Regiment 35, 3rd Medical Battalion, takes a patient's blood pressure in the triage area of Kampong Chanang Friendship Clinic during the Cambodia Interoperability Program in Kampong Chanang, Cambodia, May 10, 2010. CIP is an annual joint medical and dental capabilities exercise between the Royal Cambodian Armed Forces and U.S. military intended to promote international cooperation and community relations through humanitarian missions. (DOD photo by Lance Cpl. Alejandro Pera, U.S. Marine Corps/Released)



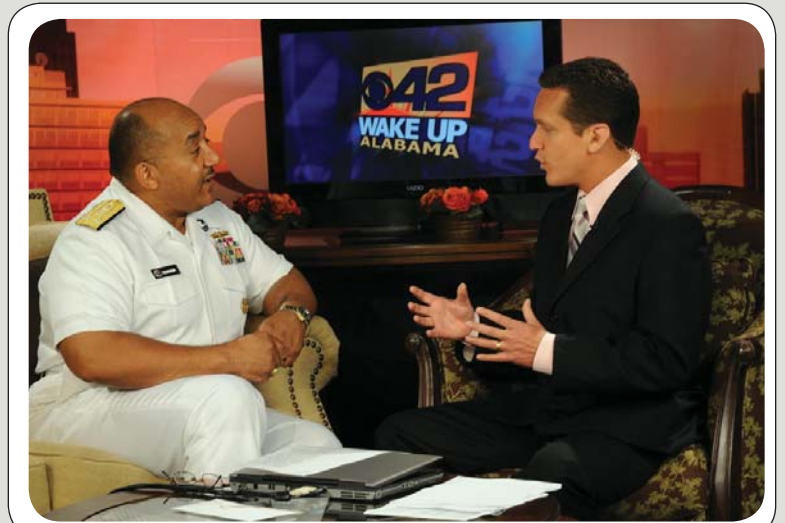
CAMP PENDLETON, Calif.—Service members with 1st Marine Logistics Group participated in the five-day Operational Stress Control and Readiness Program, May 3–7 at Marine Corps Base Camp Pendleton. The course is designed to help Marine and sailors identify and help fellow service members with stress. (Photo by Cpl. Jacob A. Singsank, 1st Marine Logistics Group/Released) See the May 18, 2010 issue of MEDNEWS at navymedicine.med.navy.mil for full story.



USNS MERCY (T-AH 19) - Hospital Corpsman 2nd Class Alan Kampert arranges sterilized surgical tools to be cleaned in an autoclave, which uses steam to sterilize the instruments completely, so they can be used during surgeries held aboard USNS Mercy (T-AH 19) during its visit to Quy Nhon, Vietnam, in support of Pacific Partnership 2010. The fifth in a series of annual U.S. Pacific Fleet humanitarian and civic assistance endeavors, Pacific Partnership 2010 is aimed at strengthening regional partnerships among U.S. government organizations, host nations, partner nations, and international humanitarian and relief organizations. (U.S. Navy photo by Mass Communication Specialist 2nd Class Eddie Harrison/Released)



PACIFIC OCEAN - Cmdr. George Linville, right, surgeon for Commander, Amphibious Squadron 3, makes an incision during the emergency surgery of a Marine aboard the amphibious assault ship USS Peleliu (LHA 5) as Lt. Tamara Kelley assists. Peleliu is the flagship of Peleliu Amphibious Ready Group and is on a scheduled deployment to the western Pacific Ocean. (U.S. Navy photo by Mass Communication Specialist 3rd Class Omar A. Dominguez/Released)



BIRMINGHAM, Ala. - Vice Adm. Adam M. Robinson Jr., Surgeon General of the Navy and Chief of the Navy's Bureau of Medicine and Surgery delivers remarks about Birmingham Navy Week on the CBS 42 "Wake Up Alabama" morning show. This event is one of many events held in conjunction with Birmingham Navy Week. Birmingham Navy Week is one of 20 Navy Weeks planned across America in 2010. Navy Weeks are designed to show Americans the investment they have made in their Navy and increase awareness in cities that do not have a significant Navy presence. (U.S. Navy photo by Mass Communication Specialist 1st Class Joshua Treadwell/Released)



**STEERING A COURSE
WITH THE
AFRICA PARTNERSHIP
STATION**



NOTO GOUREY DIAME - Senegal Lt. Cmdr. Karen Corson, medical liaison officer for Africa Partnership Station (APS) West, escorts a Senegalese woman during a medical outreach project. APS West is an international initiative developed by U.S. Naval Forces Europe-Africa that aims to improve maritime safety and security in Africa. (U.S. Marine Corps photo by 2nd Lt. Nicole P. Teat/Released)

What do you get when you combine medical personnel with the knowledge and skills to operate in one of the most challenging environments with the Navy's most established partnership program?

Simple – you end up with one of the most active and effective medical outreach programs in the Navy – through the Africa Partnership Station (APS) Medical Outreach Program.

Medical and veterinary programs have been an integral part of APS since its inception in 2007. In the last year alone APS Medical/Veterinary Civil Action Program (MED/VETCAPs) have treated and trained thousands of people from Liberia to Sierra Leone to Ghana, to name only a few locations.

“We’ve had a chance to make a difference in these people’s lives,” said Cmdr. Sandra Middleton, a dentist assigned to High Speed Vessel (HSV) 2 Swift for a

medical civil action project (MEDCAP) in Monrovia, Liberia last August.

“It’s challenging, but [APS] is worth it,” said Middleton. “It’s a life changing experience for all [involved].”

Between August 2009 and May 2010 the APS Medical programs brought multiple MED/VETCAPs to Africa, helping to improve the livelihood and communities of Naval Forces Africa (NAVAF) partner countries. Typically coming as part of an APS ship visit – the efforts came with APS Swift and APS Gunston Hall in a wide range of activities during their deployments in Africa.

Members of APS also contributed their medical skills and knowledge in a variety of ways other than just through providing treatment. Training oriented projects, such as the Health Opportunities for People Everywhere (HOPE) project, have been utilized throughout Africa to deliver seminars on various

topics. Project HOPE was used to inform and train nurses and midwives on pre and post natal care, labor and delivery, nutrition and midwifery.

“We need this continuing education in order to serve our patients,” said Wilhelmina W. Jallah, a doctor from the John F. Kennedy (JFK) Memorial Health Center. “The type of cases we deal with—we have to be the number one health care facility in [Monrovia], and we count on the midwives to do some of the things which, in other countries, doctors typically do.”

Sharing similar sentiments in Ghana, Ghanaian Doctor Elise Chamberlain, who works at the Manheam Health Center in Tema, Ghana said “America is giving us a lot of help, they are able to supply us and the community with medicine that is hard to come by or that we are unable to buy because we cannot afford it.”



TUBMANBERG, Liberia – HM2 Lillian A. Ramirez, Naval Hospital Portsmouth, removes bandages from a woman suffering from second degree burns as part of follow-up care to treatment the woman already received from the Navy during a medical civil action project (MEDCAP) here during Africa Partnership Station (APS) Swift's two week port visit to Monrovia. Africa Partnership Station Swift's mission in the country is, in part, a collaborative outreach between the U.S. Military and Liberians to address pressing healthcare needs here in the United States' partner nation. APS is an international initiative under Commander, U.S. Naval Forces Europe-Commander, U.S. Naval Forces Africa which aims to work cooperatively with U.S., European and African partners to enhance maritime safety and security on the African continent. APS provides a unique venue to align maritime engagements by utilizing an international team of expert trainers in a variety of military capacities and civilian fields. (U.S. Navy photo by Mass Communication Specialist 1st Class Dan Meaney/Released)

With a community of 110,000 people, the help is invaluable. While in Tema the APS MEDCAP team treated nearly 200 patients a day with joint staff of 17 Air Force and Navy personnel.

"Every patient here is very thankful for the services we're providing," said Chief Hospital Corpsman (SW) Blake Cooper. "Some of these kids you see running around may have never seen a doctor before, so providing these medical check-ups could have a big impact on their lives."

Over in the town of Noto Gourey Diame in Senegal the same MEDCAP team treated nearly 2,000 patients between April 15-19, where they were paired with a Marine Air Ground Task Force.

For some of the personnel this wasn't the first time they'd been to Africa.

"I've been doing this since 2001," said Lt. Cmdr. Karen Corson, who is on the NAVAF staff as a medical liaison for APS West. "I didn't realize what an impact I was having on people's lives until one day I had an African gentleman come up and tell me he remembered me from a previous mission I'd been on. He told me, 'Because of you, I am a part of the medical community now. We saw the United States truly cared about us.' It was a very humbling thing to hear from someone."

Improving health care isn't the only object of focus in Africa. Sometimes, emergencies rise and require immediate attention and critical care.

"We've seen all different types of cases [in Africa] from an elderly burn victim to a newborn who was found wrapped in plastic and discarded in the grass," said Lt. j. g. Kevin A. LeLacheur of Naval Hospital Jacksonville, Fla. "A collapsed building left a woman with so many broken bones that she was brought to the hospital in a wheelbarrow."

But the people aren't the only ones that require attention. The program's VETCAP aspect brings a diverse and much needed capability to the growing partnerships.

The livestock in many communities also require proper care and breeding programs, some that are already known to citizens of Africa. In Liberia a program titled Republic of Liberia's Central Agricultural Research Institute (CARI), part of the Ministry of Agriculture, is charged with the mission to repopulate the Liberian domestic herds and develop high-yield disease resistant food plants which will thrive in this wet, sultry, subtropical climate.

"If it had four legs, it was eaten," said Staff Sgt. Teresa A. Sipes, an animal care specialist from the U.S. Army South Plains District Veterinary Command and part of the APS veterinary team. "Even now, the country is in the early stages of trying to redevelop their livestock – cows, goats, and sheep. CARI has made a good start on the project."

Sipes was part of a three-person U.S. Army veterinary team assigned to APS

during the HSV Swift visit to Liberia.

The team traveled throughout the country providing care for everything from house pets to livestock. They also found time to help the Ministry of Agriculture learn how to get a fledgling breeding program healthy enough to feed a country.

"They are serious about the care of these animals and repopulating their stock," said Capt. Kellie J. Stewart from Veterinary Command HQ, Fort Sam Houston, San Antonio. "They have a good handle on what they need to do to care for them, so the training was on various treatments for hoof rot, mastitis, a de-worming regimen and nutrition, antibiotics, vitamins and basic husbandry. Their biggest problem is simply getting the medications they need. This portion of Swift's mission in Liberia should really help their project."

APS is an international initiative under Commander, U.S. Naval Forces Europe-Commander, U.S. Naval Forces Africa which aims to work cooperatively with U.S., European and African partners to enhance maritime safety and security on the African continent. APS provides a unique venue to align maritime engagements by utilizing an international team of expert trainers in a variety of military capacities and civilian fields. 🌐

To learn more about Africa Partnership Station visit the APS website at www.c6f.navy.mil/apshome

SEKONDI, Ghana Hospital Corpsman 2nd Class Kisha Wright assigned to the Whidbey Island-class amphibious dock landing ship USS Gunston Hall (LSD 44), paints the outer wall at the Sekondi School for the Deaf during a three-day community outreach project. Gunston Hall is on a scheduled deployment in West Africa in support of Africa Partnership Station (APS) West, an international initiative developed by Naval Forces Europe and Naval Forces Africa, which aims to improve maritime safety and security on the continent of Africa. (U.S. Navy photo by Mass Communication Specialist 2nd Class John Stratton/Released)



MONROVIA, Liberia - U.S. Army veterinarian Capt. Kellie J. Stewart from VETCOM HQ, Fort Sam Houston, San Antonio (right) and Staff Sergeant Teresa A. Sipes from South Plains District Veterinary Command, prepare a dog for minor surgery during Africa Partnership Station Swift two-week port call here. The Soldiers are traveling throughout the country participating in the ship's two-week Medical Civil Action Project (MEDCAP). Africa Partnership Station is an international initiative under Commander, U.S. Naval Forces Europe-Commander, U.S. Naval Forces Africa whose aim is to foster cooperation between U.S., European and African partners as a way to enhance maritime safety and security on the African continent. (U.S. Navy photo by Mass Communication Specialist 1st Class Dan Meaney/Released)

TEMA, Ghana Hospital Corpsman 3rd Class Matthew Coleman gives a Ghanaian woman an eye examination during a medical outreach program at Manhean Health Center as part of Africa Partnership Station (APS) West. APS West is an international initiative developed by Naval Forces Europe and Naval Forces Africa that aims to improve maritime safety and security on the continent of Africa. (U.S. Navy photo by Mass Communication Specialist 1st Class Martine Cuaron/Released)



**PACIFIC
PARTNERSHIP
PROVIDES
HUMANITARIAN
ASSISTANCE
IN
CAMBODIA**



Pacific Partnership 2010 departed Cambodia June 28 after 12 days of working alongside the people of Cambodia to deliver a variety of humanitarian and civic assistance programs ashore and aboard USNS Mercy (T-AH 19).

“The time has flown by quickly and we should all take great pride in everything we have accomplished together in such a short time,” said Pacific Partnership 2010 Mission Commander, Capt. Lisa M. Franchetti. “We have enjoyed a warm and friendly welcome from the Cambodian people, and will long remember the friendships we have made and the inspiring times we have shared during our visit.”

Medical staff, Seabees, non-governmental organizations (NGO), partner nations, and other U.S. government organization personnel not only provided their respective specialties in Sihanoukville, but extended these endeavors into distant regions such as Kampong Cham, Kampong Speu, Kampot, Kandal, Ratanakiri, and Takeo provinces.

In remote areas such as Ratanakiri, more than 300 miles away from Sihanoukville, medical personnel treated more than 700 patients per day for a variety of medical conditions including such diseases as cholera, chronic skin infections, respiratory infections, and malnutrition.

“The crew we had in these areas exceeded my expectations,” said Lt. Cmdr. Sandy Kimmer, officer-in-charge for the remote medical civic action program (MEDCAP) sites her team visited. “The crew included NGO, partner nation, U.S. Public Health Service, and joint service personnel. Even some of the contracted interpreters were physicians, and that was a huge asset.”

Because of the importance of delivering medical care to such a remote location, Cambodian media braved the rugged terrain to Ratanakiri, located near the borders of Vietnam and Laos, to document the work being done and to spread the word.

“Cambodian television, radio, and newspapers were beneficial in getting the word out,” said Kimmer. “A group from the Cambodian Public Health Service was even on-hand to educate the local population about diseases such as malaria and bird flu through skits and other means.”

MEDCAP sites were also located in Kampong Cham, Kampong Speu, Kampot, and Sihanouk provinces. In total, more than 29,000 patients received care at these sites.

Aboard Mercy, medical personnel treated 536 patients and performed 286 surgeries. Even a mother who brought her young son in for corrective urinary tract surgery benefited from an

unexpected opportunity for cataract surgery.

“As the boy was being prepped for surgery, we noticed the mother feeling her way around the ship,” said Australian Navy Lt. Elizabeth Livingstone, an ophthalmologist currently attached to Mercy. “So we decided surgery would benefit the mother and out of both eyes treated, her best eye now has 20/30 vision.”

Various engineering civic action programs (ENCAP) throughout these regions provided a variety of projects including three water wells and two water towers, as well as various renovations to schools and children’s centers. Seabees from Naval Mobile Construction Battalion 11 and Amphibious Construction Battalion 1, along with Australian Defense Force Army engineers from the Second Combat Engineering Regiment, and Royal Cambodian Armed Forces engineers provided a total of about 22,000 man-hours to these projects.

Community service (COMSERV) program volunteers completed 11 different engagements at children’s schools and orphanages accounting for more than 1,700 total volunteer hours.

“One of the common statements I hear from our volunteers after completing a COMSERV project is how much fun they had at the event. The impact of these projects are felt by not only



those we are visiting or helping, but also by the volunteers,” said Lt. Derrick Horne, a chaplain aboard Mercy. “When you can get volunteers of all different backgrounds, experiences, and occupations to stand in a circle with twenty children at a local shelter and do the ‘Hokie Pokie,’ you know the rewards must be great!”

To coincide with the 60th anniversary of diplomatic relations between the U.S. and Cambodia, Mercy was instrumental in repatriating ancient Khmer artifacts to their ancestral homeland. The Governor of Sihanoukville, Spong Sarath, five Buddhist monks, and a crowd of approximately 60 people

gathered on the pier to watch the return of the relics. The artifacts included several Buddhist sculptures from the Angkor period, which spanned from 802 until 1431 A.D.

“As a Cambodian, I was very happy to learn of the return of these artifacts. On behalf of the Cambodian people, I would like to thank the U.S. government for their commitment to the Cambodian people,” said Cambodian Ministry of Culture Director Khim Sarith.

The Japan Maritime Self Defense Force ship JDS Kunisaki (LST 4003) and her embarked medical team and NGOs also joined Mercy during

her visit to Cambodia and provided medical personnel and supported MEDCAPs at the Sihanouk Provincial Hospital and the Andaung Thma elementary school, where on average, more than 800 locals were treated daily during their 10-day participation.

This marks the first time Pacific Partnership has visited Cambodia.

Pacific Partnership 2010 is the fifth in a series of annual U.S. Pacific Fleet humanitarian and civic assistance endeavors aimed at strengthening regional partnerships among U.S. government organizations, partner nations, and international humanitarian and relief organizations. *✍*



PREY VEANG, Cambodia - A Cambodian boy walks away with a backpack of hygiene items after visiting a U.S. Navy dentist during a Cooperation Afloat Readiness and Training (CARAT) Cambodia 2010 medical civic action project. CARAT is a series of bilateral exercises held annually in Southeast Asia to strengthen relationships and enhance force readiness. (U.S. Navy photo by Lt. Mike Morley/Released)



SIHANOUKVILLE, Cambodia - Hospital Corpsman 3rd Class Dana Doody pours saline solution on laparotomy sponges during a surgery aboard the Military Sealift Command hospital ship USNS Mercy (T-AH 19). Mercy is in Cambodia supporting Pacific Partnership 2010, the fifth in a series of annual U.S. Pacific Fleet humanitarian and civic assistance endeavors to strengthen regional partnerships. (U.S. Navy photo by Mass Communication Specialist 2nd Class Eddie Harrison/Released)



RATTANAKIRI, Cambodia - U.S. Ambassador to Cambodia, The Honorable Carol Rodley, greets medical patients during her tour of a medical civic action program in Rattanakiri, Cambodia, in support of Pacific Partnership 2010. The Military Sealift Command hospital ship USNS Mercy (T-AH 19) is in Cambodia conducting the fifth in a series of annual U.S. Pacific Fleet humanitarian and civic assistance endeavors to strengthen regional partnerships. (U.S. Navy photo by Mass Communication Specialist 3rd Class Matthew Jackson/Released)



SIHANOUKVILLE, Cambodia - Two young patients play after an examination aboard the Military Sealift Command hospital ship USNS Mercy (T-AH 19). Mercy is in Cambodia participating in Pacific Partnership 2010, the fifth in a series of annual U.S. Pacific Fleet humanitarian and civic assistance endeavors designed to strengthen regional partnerships. (U.S. Army photo by Sgt. Craig Anderson/Released)



SIHANOUKVILLE, Cambodia - Kate Villars, a San Diego Pre-Dental Society volunteer from the University of California embarked aboard the Military Sealift Command hospital ship USNS Mercy (T-AH 19), paints window shutters at the Andaung Thma School during a Pacific Partnership 2010 engineering community service event. Mercy is in Cambodia supporting Pacific Partnership, the fifth in a series of annual U.S. Pacific Fleet humanitarian and civic assistance endeavors to strengthen regional partnerships. (U.S. Army photo by Sgt. Craig Anderson/Released)



SIHANOUKVILLE, Cambodia - Lt. Brad Clove, embarked aboard the Military Sealift Command hospital ship USNS Mercy (T-AH 19), during a Pacific Partnership 2010 community service event at the Goodwill School. Pacific Partnership is the fifth in a series of annual U.S. Pacific Fleet humanitarian and civic assistance endeavors to strengthen regional partnerships. (U.S. Navy photo by Mass Communication Specialist 2nd Class Jon Husman/Released)

"HANOI, Vietnam -- Navy Surgeon General Vice Adm. Adam M. Robinson, Jr. met with Lt. Gen Chu Tien Cuong, Director of the Vietnam Military Medical Department to discuss potential opportunities for enhanced bilateral military medical partnerships during his visit to Hanoi May 27-30, 2010." (Photo by Cmdr. Cappy Surette)



Navy Surgeon General Discusses Opportunities for Military Medical Partnerships with Vietnam

The Navy and Marine Corps top medical officer discussed potential opportunities for enhanced bilateral military medical partnerships with officials of the government of Vietnam May 28 during his visit to the country as part of Pacific Partnership 2010.

Pacific Partnership is an annual U.S. Pacific Fleet-sponsored training and readiness mission that works by, with and through host and partner nations, non-governmental organizations and other U.S. government agencies to execute a variety of humanitarian and civic assistance activities throughout the Pacific Fleet area of responsibility.

Navy Surgeon General Vice Adm. Adam M. Robinson Jr. met with Lt. Gen. Chu Tien Cuong, director of the Vietnam Military Medical Department and Nguyen Quoc Trieu, Vietnam's Minister of Health while visiting Hanoi. During his meetings with the high-ranking Vietnamese health officials, Robinson discussed the value of establishing global partnerships to meet common challenges.

"The United States and Vietnam continue to build an increasingly close relationship in bilateral and regional security issues and we look forward to looking for further opportunities to collaborate in the future in areas of public health research, medical education and other areas," said Robinson. "Expanding our partnerships in these

areas would be of great benefit to our nations and the entire Pacific area."

The United States and Vietnam continue to participate in high-level diplomatic exchanges, taking place both in Vietnam and in the United States — the most recent of which was Prime Minister Nguyen Tan Dung's April visit to the United States to take part in President Obama's Nuclear Security Summit.

"These continued meetings and our growing military-to-military relationships will go a long way to bolstering our already strong relationship with the people of Vietnam," said U.S. Ambassador Michael Michalak. "Our relationship continues to grow across the board, based on friendship, mutual

respect, and cooperation on a wide range of issues and in the long-term interests of both countries."

Robinson's meetings with the leading health officials in Vietnam were productive and several potential areas of military medical collaboration were discussed.

"Medicine is a common language that bridges barriers," said Robinson. "In this uncertain world, the United States and other nations continue to forge greater bonds of trust and cooperation with people and countries around the world to contribute to the common good. We look forward to our further discussions with Vietnam on areas where our medical teams can work together."



HANOI, Vietnam - The Ho Chi Minh Mausoleum is a large memorial to the Vietnamese leaders where Ho read the Declaration of Independence on Sep. 2, 1945, establishing the Democratic Republic of Vietnam. (Photo by Cmdr. Cappy Surette)

NAVY CAPTAIN HITS THE MARK WITH

PRECISE

NEEDLES



Traumatic brain injury, or TBI, comes in different forms based on the severity of the injury. The mildest and most common type of TBI, the concussion, is what primarily affects service members deployed to Afghanistan. These concussions can simply come from a headstrike. Therefore, there is an increased challenge in a high-stress war zone where

service members are at a great risk of being exposed to blasts and other forms of trauma.

The immediate signs of a possible concussion can be a brief alteration of awareness, or sensation; getting your “bell rung,” as one military neurologist put it. The symptoms experienced afterward can be a wide range of complaints: headache, nausea, short-

term memory problems, and dizziness. Generally, concussion-related symptoms improve over hours to days. Because of this, military medical providers believe it is useful to find alternative ways to treat these injuries without systemic medication. In more extreme cases, where symptoms persist over longer periods, “complimentary medicine” becomes an additional



KANDAHAR, Afghanistan – Army Sgt. 1st Class Michael Beaulieu receives acupuncture treatment from Navy Capt. Robert Koffman at the expeditionary hospital aboard Kandahar Airfield. Koffman, a clinical psychiatrist, uses the treatment to help service members with short – or long-term symptoms of traumatic brain injury (TBI). (Photo by Marine Cpl. A.J. Lugo)

resource for the provider and their patients.

Navy Capt. Robert L. Koffman, a clinical psychiatrist, and the officer-in-charge of the Task Force 30th Medical Command (MEDCOM) South's Mobile Care Team, preaches this. He has an atypical method of easing the woes of service members suffering the short – or long-term symptoms of TBI. Working out of a cramped, harshly-lit treatment room in the ROLE-2 expeditionary hospital aboard Kandahar Airfield, Afghanistan, the sharp-eyed captain leads his approach with steady hands, brandishing an unlikely “weapon” – hair-thin, surgical steel needles.

“Acupuncture really is an old practice,” said Capt. Koffman, as he carefully broke the seal of an individually-wrapped acupuncture needle. “But it, too, has a place in the war zone.”

In an area thinly-separated from the conflict just outside its stripped, plywood walls, soft, soothing woodwind melodies set a peaceful, even other-worldly mood, as Capt. Koffman assessed a patient outstretched on the room's sole field cot. He then applied what he called his “Signature Margarita” – six needles carefully placed in “key” locations on his patient's body. A gentle tap and a deft twist left each needle protruding from the skin, nearly

invisible from a short distance away. One in each bare foot. A needle in the webbing between the thumb and index finger of each hand. One pinpointed at the center of the brow line. Finally, a needle at the crown of the patient's head. Koffman placed a reassuring hand on the shoulder of his patient, and then quietly left the room, dimming the lights, and slowly shutting the wooden door behind him, careful not to make too much noise.

“He's doing very well,” said Koffman as he left the patient alone in the treatment room. “His treatment is almost over, and he'll feel like he's had an eight-hour sleep.”

This patient in particular is Army Sgt. 1st Class Michael Beaulieu. After his most recent deployment to Afghanistan out of Ft. Lewis, Washington, Beaulieu has three-and-a-half years of aggregate time served in a combat zone. Those deployments have been burdensome; repeat concussive events have left their mark in the form of what Beaulieu describes as a “constant headache since 2005.” Prior to the acupuncture session, he cautiously entered the treatment room, his hands trembling noticeably as he lifted them to greet his doctor.

“I used to try to hide it,” said Beaulieu, recalling past denial of his injuries

and current condition. “I would tell everyone I had too much coffee.”

The effects of the soldier's repeated traumatic brain injuries were immediately apparent. He spoke intelligently but deliberately, sometimes pausing to recall a forgotten word or memory. Beaulieu's eyes wandered loosely; he often looked down, avoiding eye contact whilst speaking. He described the images that constantly occupy his thoughts. With obviously tired eyes, he remarked on his inability to sleep because of nightmares. Yet he also talked about his initial doubts about seeking treatment.

“I once thought help was for the weak-minded,” said Beaulieu. He did not want to carry the stigma he once believed would be associated with receiving therapy or being prescribed medication.

The prevalence of service members who are willing to risk their symptoms developing into other, more severe conditions, such as post-traumatic stress disorder, is at the foundation of Capt. Koffman's motivation. He recognizes troops have become very cynical about medications, particularly narcotic pain medications. Troops want choices.

“They actually like novelty, trying new things,” noted Koffman. “And if something works, they're going to stick with it. Particularly something that is not going to have side effects.”

Koffman believes a certified acupuncturist like himself is less stigmatizing than someone who offers medication and nothing else. He sees this alternative treatment as a useful assistant to other therapy; a way to draw individuals actually to come seeking care, knowing there is a choice provided for them.

“I think it's very important to provide these individuals, if only for



(Left and opposite) "KANDAHAR, Afghanistan – Navy Capt. Robert Koffman, a clinical psychiatrist, treats Army Sgt. 1st Class Michael Beaulieu with acupuncture needles to help relief stress associated with traumatic brain injury (TBI). (Photo by Marine Cpl. A.J. Lugo)"

a short period of time, calm respite in this chaos of war,” said Capt. Koffman, as he began his way to the closed door behind which lay Beaulieu, resting on his coarse, green government-issued cot. “Hence the music, hence the low lights, hence the ‘soft approach,’ if you will.”

Capt. Koffman entered the treatment room, and turned on the lights, warning Beaulieu to open his eyes only when he felt ready. He began the task of expertly removing the needles from Beaulieu, leaving no physical trace of the acupuncture therapy aside from a tiny speck of crimson between the patient’s eyebrows. Koffman exchanged soft words with his patient, and then stepped outside to allow Beaulieu to take his time as he transitions out of his acupuncture therapy. Not much time passed before he sat up.

“For me, it gives me a moment of relaxation where I don’t have to think about certain things,” spoke Beaulieu, who then paused. He was quiet, lost in a brief moment of introspection, and then resumed. “It’s a moment of peace in a sea of pain. I can actually relax, and get closer to becoming better.” As he laced his boots, and just before standing and exiting the treatment room, Beaulieu had one last insight to offer. “I hope [service members] see that there are other things out there that can help them.”

Capt. Koffman notices an increasing awareness among leadership as well – awareness of the “great utility” in providing this service. “Each of the services now are training military physicians, medical officers, to practice medical acupuncture,” he said. “We’ve trained about 70 doctors in the Navy, and hopefully we will train many more this year.”

The Navy trains and certifies these practitioners to enable them to go out to forward-operating bases, or anywhere, to treat those who are suffering the effects of traumatic brain injury, and related symptoms and conditions. The nice thing about acupuncture is it is very portable,

and you do not need a fixed facility to lessen someone’s pain, said Koffman.

Capt. Koffman stressed that this idea – his holistic approach to pain management – is to provide options to service members with acute or chronic pain. It

is about empowering service members to take some element of responsibility for self-care, decide for themselves what they want, and work with their medical care providers to design a pain control program that works for their needs.✍



Operation Arctic Care

Alaska boasts some of the world's most difficult terrain, remote and rugged. Moose, caribou, brown bears, black bears, wolves and musk ox roam these millions of acres, where the Yukon and Kuskokwim rivers slowly wind their way through the tundra and empty into the frigid waters of the Bering Sea.

Travel in the region is limited. During the coldest months of the year, rapidly changing weather conditions include freezing rain, ice and subzero temperatures as low as -25. Winds can get as high as 60 miles per hour.

Since 1995, Operation Arctic Care has tested the ability of Navy, Marine Corps, Army, Air Force and Army National Guard members – both active duty and Reserve – to deploy and operate as one team in a harsh environment.

For Navy Reserve medical and dental personnel who participated in this joint medical readiness exercise, a mission in "America's last frontier," is anything but the routine.

The exercise gives the military participants increased readiness and training in working in a joint environment under harsh conditions. It is also a medical outreach, offering no-cost healthcare and veterinary support to underserved native communities across Alaska. Villages do have health clinics, but getting an appointment with a doctor, dentist or other specialist often requires flying to the nearest large city or even as far as Anchorage. A ticket, plus lodging, is expensive for those living at or below poverty level. Veterinary services are practically nonexistent.

Each year, Arctic Care rotates to a different area of the state; Bristol Bay, Kodiak, Bethel, Nome and the inte-

rior locations are among the cities and regions that have benefited from it.

This year, the Air Force Reserve took the lead in planning and conducting Arctic Care, which is sponsored by the Innovative Readiness Training (IRT) program under the Office of the Assistant Secretary of Defense for Reserve Affairs.

"Twenty five Navy medical officers and corpsman participated in the operation, bringing their equipment and expertise to the city of Kotzebue and 11 villages within 100 miles of Kotzebue," said Cmdr. Curtis Brown, Navy Reserve Forces IRT Program Manager. "Kotzebue, with a population of about 3,000, is the largest community above the North American Arctic Circle and located 26 miles above the Arctic circle. The other villages varied in sizes from 200 to approximately 2,000 people."

During the 2-week exercise, Arctic Care teams saw more than 2,900 patients in the 11 villages and Kotzebue. During the project the joint teams of medical, dental, optometry and veterinary personnel providing dental care to more than 1,300 native Alaskans and medical care to include podiatry, school physicals, obstetrics and gynecological care, urgent care, surgical procedures, and education and training to more than 1,600 Alaskans. Optometry services, which included eyeglass fabrication, were provided to more than 1,400 people. Approximately 800 dogs and cats received various forms of veterinary services.

The education and training provided by the joint team included topics such as nutrition and healthy eating, hand washing and infection control, alcohol and drug abuse prevention, tobacco and smoking cessation, bullying

and healthy relationships, self esteem and suicide prevention.

The military members appreciated knowing they were able to help in this way. The people who received the service provided by the Arctic Care team were thankful for the care they received during the two weeks. One patient was so impressed she sent a T-shirt and thank you note to team member Lt. Cmdr. JoAnn Lathon. The patient wrote to thank Lathon for taking time with her and to express her appreciation for great explanations in regards to her medical needs.

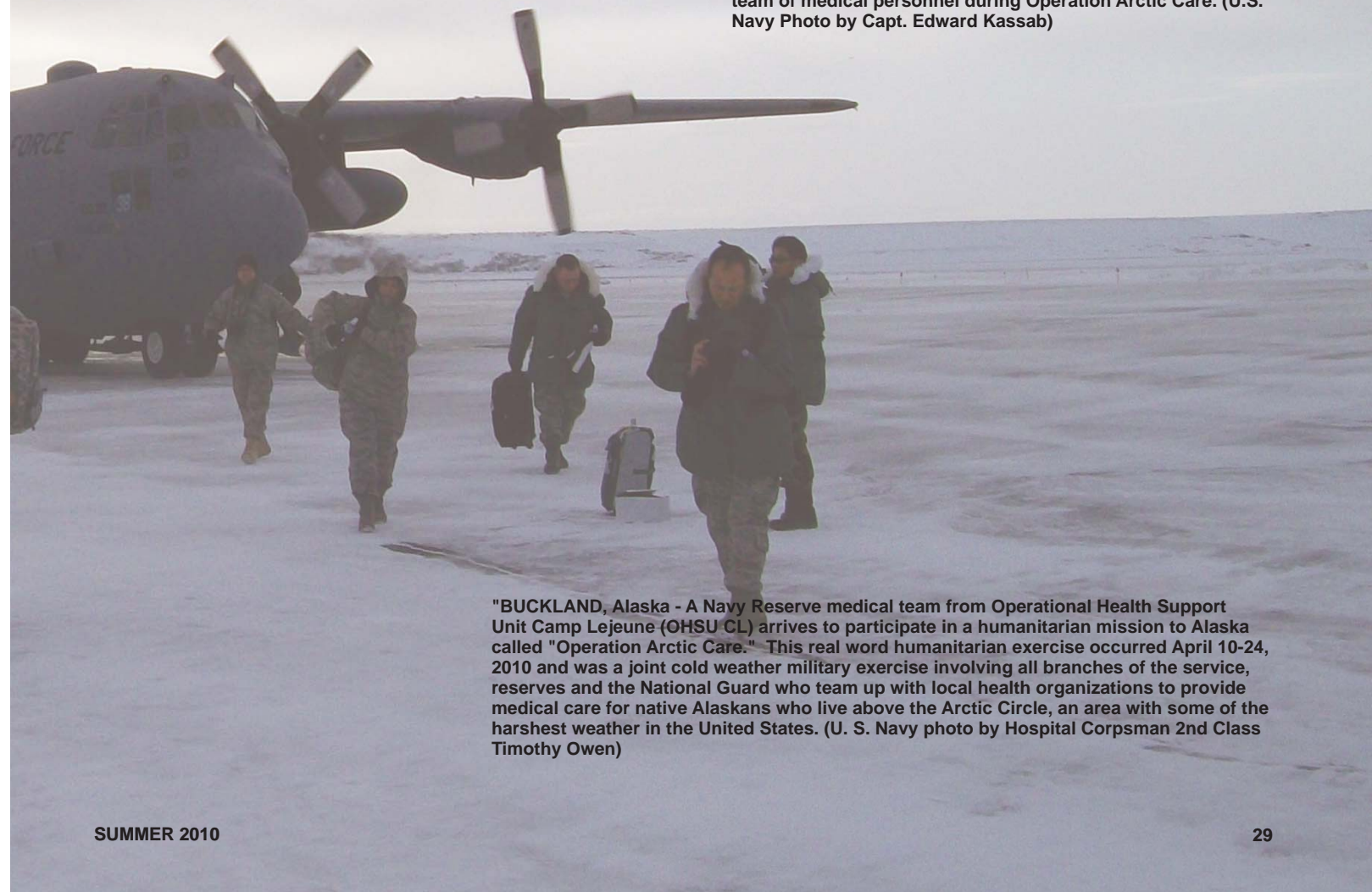
A Global Force For Good



NOORVIK, Alaska - Navy Reserve Lt. j.g. Melanie Marsh assigned to Operational Health Support Unit Detachment B, cares for a three-day old child at a Noorvik, Alaska health clinic. Marsh, a registered nurse, was the only Navy member of the interservice medical team operating at the facility during Operation Arctic Care. The medical team provided physicals, trauma visits and newborn care during the operation. (Photo courtesy of health clinic)



SELAWIK, Alaska - Air Force Lt. Col. Xochitlo Amador and Air Force dental assistant Kisena Seabrook provide dental care to a resident of Selawik, Alaska. Dental and medical care was provided to residents of 11 Alaskan villages by a joint military team of medical personnel during Operation Arctic Care. (U.S. Navy Photo by Capt. Edward Kassab)



"BUCKLAND, Alaska - A Navy Reserve medical team from Operational Health Support Unit Camp Lejeune (OHSU CL) arrives to participate in a humanitarian mission to Alaska called "Operation Arctic Care." This real world humanitarian exercise occurred April 10-24, 2010 and was a joint cold weather military exercise involving all branches of the service, reserves and the National Guard who team up with local health organizations to provide medical care for native Alaskans who live above the Arctic Circle, an area with some of the harshest weather in the United States. (U. S. Navy photo by Hospital Corpsman 2nd Class Timothy Owen)



By Doris Ryan

Vaccine For Tomorrow

Navy Medicine researchers announced a new milestone in the decades-long effort to develop a highly effective malaria vaccine to protect military personnel. The research findings were described at two major scientific meetings, one held Copper Mountain, Co. and the second in Bethesda, Md.

The importance of malaria to the U.S. military was illustrated by the mission-altering evacuation of 43 Marines from the West African country of Liberia in 2003. Five of these Marines required intensive care before they recovered. This past December, tragically, a Navy Seabee also deployed to Liberia died of malaria.

The research team announced they had induced complete protection against malaria in four volunteers immunized with a novel gene-based candidate vaccine designed to prevent infection with the deadly malaria parasite *Plasmodium falciparum*. These findings from a small clinical trial were detailed by principal investigator Cdr. Ilin Chuang in a poster presentation in Colorado and an oral presentation in Maryland. While more research needs to be done to further improve this novel vaccine, these initial results are very promising.

"This is the first time our gene-based vaccine approach has paid off," said Chuang, an investigator in the joint service U.S. Military Malaria Vaccine Program (USMMVP), at the Naval Medical Research Center (NMRC) and Walter Reed Army Institute of Research (WRAIR).

We must develop new weapons in our arsenal, said Chuang. "An effective vaccine would be the best weapon of all. Vaccines offer a 'fire and forget' preventative strategy that provides much less burden to deployed military personnel than the current prevention methods, which consist of drug prophylaxis and the use of insecticides and repellents to deter the mosquito vector," the researcher added.

If one single malaria parasite enters an individual's blood stream after the bite of an infected mosquito and invades a liver cell, the parasite multiplies in five days to produce 30,000-40,000 progeny parasites (merozoites), which are released into the blood when the liver cell ruptures. In the

—Scientists at the naval medical research center announce progress in the development of a malaria vaccine—


blood, each parasite invades a red blood cell and grows over 48 hours to produce 8-24 copies of itself, which are released back into the blood when the red blood cell ruptures. Over the course of one or two weeks, these replicating parasites lead to as many as 1 trillion parasites circulating in the blood stream. This can rapidly cause coma and death. Vaccines are designed to interrupt this destructive life cycle – and to do so during the early liver stages of infection before the damaging blood stages even start.

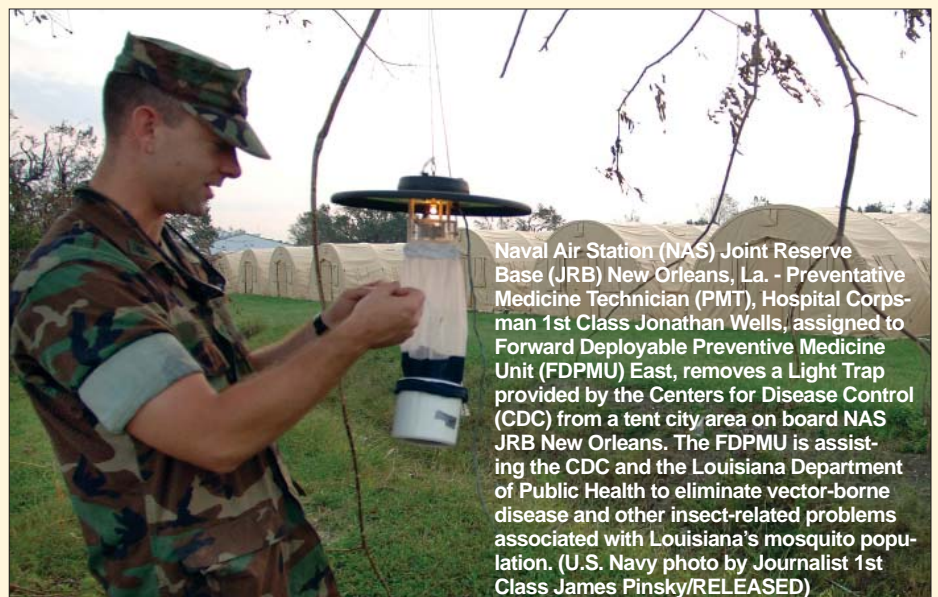
"In our trial, four of fifteen volunteers were completely protected – by far the best result to date for a gene-based vaccine," said Chuang. In the current trial, USMMVP investigators combined two adenovirus vectors, each containing the genes for a different malaria protein. The adenovirus vectors are designed to carry the malaria genes (DNA) into the muscle cells of the body, where the malaria genes are used as templates to express the malaria proteins, which in turn induce a strong immune response.

"One of the interesting things about our vaccine is that antibodies do not seem to be

involved in protection, unlike most other vaccines," said Capt. Tom Richie, the director of the Navy Component of the USMMVP, who leads the adenovirus vaccine development effort. "The adenovirus-vectored, gene-based approach rather induces killer T-cells cells," he said. "These killer T-cells cells detect the infected liver cells, and destroy these cells as well as the parasite harbored within. The next step will be to increase the number of malaria genes in the vaccine. We hope that adding genes will increase the level of protection to 80 percent or more of immunized volunteers, from the current level of 27 percent. Our goal is to develop a vaccine against malaria that protects 80 percent of vaccinated Sailors and Marines against infection for a minimum of six months."

A war fighter with malaria can be incapacitated for one to three weeks and some malaria infections can rapidly become life threatening if not promptly diagnosed and treated. In addition, war fighters can be exposed to more than one malaria species in today's complex military operations.

"People who get malaria are typically very sick with high fevers, shaking chills, and flu-like illness," said Richie. "Although malaria can be a deadly disease, severe illness and death from malaria can be prevented if protective measures are taken, such as drugs and insect repellents." 



Naval Air Station (NAS) Joint Reserve Base (JRB) New Orleans, La. - Preventative Medicine Technician (PMT), Hospital Corpsman 1st Class Jonathan Wells, assigned to Forward Deployable Preventive Medicine Unit (FDPMU) East, removes a Light Trap provided by the Centers for Disease Control (CDC) from a tent city area on board NAS JRB New Orleans. The FDPMU is assisting the CDC and the Louisiana Department of Public Health to eliminate vector-borne disease and other insect-related problems associated with Louisiana's mosquito population. (U.S. Navy photo by Journalist 1st Class James Pinsky/RELEASED)

Naval Medical Research Unit No. 3

June 20, 2010, marked the one year anniversary of the Damanhour Population Based Surveillance Project, in Damanhour, a city of 700,000, in the Nile Delta. This project is a partnership with the Egyptian Ministry of Health and U.S. Naval Medical Research Unit No. 3 (NAMRU-3), with the collaboration of the Department of Defense's Global Emerging Infection Surveillance and Response System (DOD-GEIS), the Centers for Disease Control and Prevention (CDC), and the International Emerging Infections Program (IEIP) in Egypt. These organizations have united to strengthen Damanhour district's overall capacity to identify and control infectious diseases.


Established in 2009, the Damanhour project was created to identify all patients in the district with distinct severe infections, to include acute respiratory infection, acute infectious neurological disease, acute febrile illness, acute diarrheal infection, and tuberculosis.

—Egyptians Collaborate on Public Health Initiative—

NAMRU-3's Ms. Lisa Peters, MPH, explained, "We wanted to develop an integrated system in which we could detect different disease syndromes through the use of laboratory diagnostics and clinical information. Ultimately, we intend to visit all hospitals, select health units, and private clinics with patients presenting with any of the stated syndromes and find the causes."

The project blueprint was designed as a dual-phase system. The first phase involved training sessions conducted by NAMRU-3 epidemiologists for the designated surveillance team which was composed of a social worker, nursing staff, laboratory technicians, and an IEIP official. The next phase strategically placed social workers in predetermined health offices to interview prospective patients meeting symptom-based enrollment criteria. The nursing staff then obtained samples via naso-pharyngeal swabs or blood, and forwarded them to

the laboratory for identification/diagnostics. IEIP officials then recorded results in the surveillance database, which were later compiled and analyzed for disease occurrence.

Capt. Robin Wilkening, NAMRU-3 Commanding Officer expressed, "The progress in public health surveillance and diagnostic capability that has resulted from the Damanhour partnership after just one year is awe-inspiring, and is a credit to the skill, enthusiasm, and whole-hearted dedication of all team members. From this outstanding collaboration will spring other accomplishments that will benefit the health of the citizens of Damanhour, Egypt, and the region." Dr. Adel Mansour, Damanhour IEIP site coordinator also stated, "The surveillance project has proved a great success. Our staff is now able to confirm positive results on cerebral spinal fluid (CSF) cultures, which have been linked to *Streptococcus pneumoniae*; something never before accomplished. This has resulted in improved patient treatment options." 



DAMANHOUR, EGYPT - Lisa Peters of U.S. Naval Medical Research Unit THREE (NAMRU-3) commemorated the one year anniversary of the Damanhour Population Based Surveillance Project in 700,000 person city located on the Nile Delta. The project is a partnership with the Egyptian Ministry of Health and U.S. Interagency to strengthen Damanhour district's overall capacity to identify and control infectious diseases.



Closing the Loop

By Bill Love

—Naval Health Clinic Corpus Christi focusing on patient and family centered care by improving referral reconciliation—

Naval Health Clinic Corpus Christi enhanced its patient care by streamlining the referral reconciliation process with a performance improvement strategy that accelerates capture and posting of legible referral results in patients' electronic medical records.

Clinic primary care managers refer patients to network providers for specialty care, but were limited to paper processing that made tracking and measurable metrics difficult.

"Elimination of the paper process and initiatives leading to electronic results contribute to increased continuity of care," stated Lt. Lonetta Canales, NC, medical management department head. "Every result posted in the patient's electronic record transfers from one duty station to another, making results available to all MTF primary care and specialty care providers."


Team Corpus Christi now performs 100 percent review, reconciliation or closure of all initial network referrals and provides a disposition for each. The total number of closed referrals is at 98 percent. Setting up the process was straightforward. It involved constructing a 5-step plan that closes the loop within 10 weeks by submitting the referral; tracking and obtaining "evaluate only" results within 10 days and "evaluate and treat" results within 30 days; converting results into a PDF file; posting results in the initial patient encounter; and finally notifying provider for automatic sign-off on the note. This efficient electronic process improves patient continuity of care because the paperless environment reduces document-

filing person-hours, and network healthcare professionals can provide clear, legible electronic follow-up that facilitates expeditious patient's electronic medical records filing.

"Providers are pleased to know that radiology results are a click away," said Patricia Prewit, referral reconciliation specialist. "By using the Network Radiology Portal, providers are able to read reports as well as review films from their PCs'."

The clinic's medical management team goes the extra mile by training key personnel in daily clinic operations; networking with other facilities to expand web portal ac-

cess for fast results; monitoring an alert system, notifying providers of unused referrals 14 days prior to administrative closing date; and tracking daily urgent care and emergent care for clinic nurses to follow-up on patient's medical necessities.

Dedicated to patient and family centered care, Naval Health Clinic Corpus Christi's referral resulting initiatives improve continuity of care and conserve valuable resources. They are sustainable in healthcare settings and they ensure providers have the necessary clinical information without having to request on the spot results. 



Lt. Lonetta Canales, NC, medical management department head, and Patricia Prewit (right), referral reconciliation specialist, discuss the referral reconciliation process that has significantly improved patient continuity of care at Naval Health Clinic Corpus Christi. The poster, 'Closing the Loop' that Prewit is pointing at was shown at the Health Innovations Program 2010 Military Health Systems Conference recently and has been selected to be presented at the American Academy of Ambulatory Care Nursing (AAACN) conference in May. (U. S. Navy photo by Bill W. Love/Released)

The ICE Age Has Come to NMC Portsmouth

Patients now have a new way to provide feedback about the care they receive at Naval Medical Center Portsmouth. Six DOD Interactive Customer Evaluation kiosks were recently installed throughout the medical center, joining four ICE kiosks already in place at the branch medical clinics.

The kiosks are formatted similarly to an ATM, and allow patients to rate the care they have received during their visit to the hospital or other services offered, like restaurants in the Food Court or the credit union. It is sort of an online comment card. The kiosks feature a touch-screen menu where users can find the business or service they would like to comment on, and then either fill out a brief questionnaire about their experience or put it in their own words. The comments and ratings are evaluated and the suggestions help the medical center improve customer service and care.

Robert Van Natta, customer service training specialist and ICE administrator, said the kiosks are a useful resource for patients while, “allowing the ability for the department to dialogue with the customer through the customer evaluation program.”

“With the information we gather, we can do some tracking and trending,” Van Natta continued, “allowing us to assess a situation and market ourselves for improvement from within.”

ICE kiosk installation began Mar. 16 and patients have responded positively. The machines are simple to operate, and by placing them in convenient locations, patients can quickly let the hospital know if its care and services are meeting their needs.

“Just on the first day, 20 people utilized the machines,” said Cmdr. Pam Stout, customer service department head. “Their comments have resulted in positive action, and therefore, positive results.”

In addition to the ICE kiosks, two Joint Services One-stop kiosks were also installed at the medical center. These kiosks access web-based information and applications pertinent to NMCP, such as the command home page, information about the local area and allowing beneficiaries to update information in the Defense Enrollment Eligibility Reporting System. The One-stop kiosk is particularly helpful to service members who are unable to get on the computer network because they are in transit or on temporary duty.

The touch screen allows users to choose which task they want to complete or pages to access, ranging from checking the local forecast, viewing the medical center’s Plan of the Day or requesting a medication refill through the pharmacy.

CTMCS(SW) Samantha Blackwall used the One-stop kiosk to provide feedback about her visit to the medical center. “I like this system much better than the

paper comment cards of the past,” she said. “It is a much more efficient system that is very easy to use and very effective. I would rather provide a comment through this system than take the time to fill out a paper card.”

Stout said since the kiosks have been in place, the Customer Service Department has implemented performance improvement initiatives following comments from patients. At branch medical clinic Oceana, recent information gathered from the kiosks was sent to the customer service representative. The data gathered provided information needed to report on hand washing practices within the clinic while giving leadership timely data on service quality.

Besides providing long-term data gathering, such information helps customer service by allowing managers to monitor the satisfaction levels of services provided through reports and customer comments.



CTMCS(SW) Samantha Blackwall uses the One-stop kiosk at NMC Portsmouth to provide feedback about her visit. The machine is one of two recently installed at the medical center. (U.S. Navy photo by Mass Communications Specialist 2nd Class William Heimbuch)

Navy Medicine Puts a FOCUS on Building Family Resiliency

Wartime deployment takes a toll on both the service member and family members on the homefront with multiple deployments often compounding existing stress. Post-traumatic stress, other mental health conditions, and physical injuries in a military parent are likely to disrupt family roles, sources of care, and instrumental support.

To meet this challenge, Navy Medicine developed Project FOCUS (Families OverComing Under Stress) to serve the growing need of military families and children.

FOCUS is a family-centered resiliency training program based on evidence-based interventions that enhances understanding, psychological health, and developmental outcomes for highly stressed children and families. In January 2009, the BUMED Family Programs Division was setup under the Deployment Health Directorate in the Wounded, Ill, and Injured Warrior Support Command of BUMED and now oversees FOCUS training.

“Project FOCUS is unprecedented within Department of Defense medical commands,” said Kirsten Woodward, director of Family Programs Division, Bureau of Medicine and Surgery (BUMED). “A family programs division has never been established,” Woodward added. “It has responded to the importance of family readiness and preparedness through unprecedented programming that Navy Medicine has to offer.”

FOCUS is an 8-week, skill-based, trainer-led, intervention that addresses difficulties that families may have when facing the challenges of multiple deployments and parental combat related psychological and physical health problems.

The program provides structured activities to bridge gaps in shared family understanding that may follow stressful experiences and separations. FOCUS uses family training techniques to highlight areas of strength and resilience in the family and promote family growth to help address daily challenges.

Today, there are nearly 2 million American children with a parent serving in the military and approximately 900,000 children with one or both parents deployed multiple times. Continued and repetitive deployments can have a psychological impact on family functioning according to research. In the past five years there has been an increase in both inpatient and outpatient behavioral health admissions for children.

“For the kids, learning ‘hands on’ with different skills and activities [was significant]. The feeling ther-

момeter was great. For the adults having a place to talk with someone about challenges/issues going on is important,” a FOCUS family member said.

In both group and individual family service settings, family members are taught skills to improve emotional regulation, problem solving, goal setting, and communication.

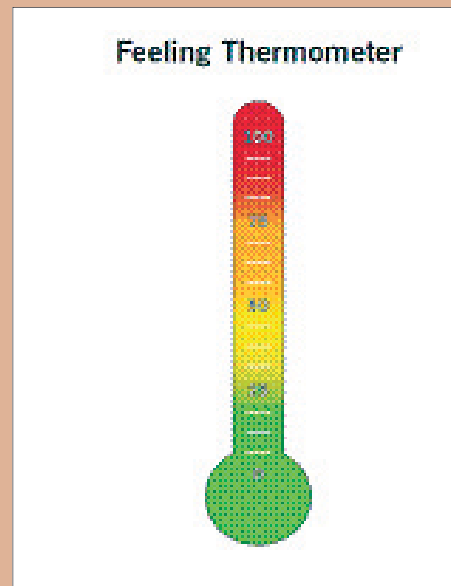
“The trainer’s ability to help each of us see situations from each other’s vantage points as parents, teenagers, and children [was helpful]. I feel we gained valuable insights and tools – and ended up with more acceptable expectations and understanding,” added another FOCUS family participant.

Notably, program participation has resulted in statistically significant increases in family and child positive coping and significant reductions in parent and child distress over time, suggesting longer-term benefits for military family wellness.

In June 2009, the Office of the Secretary of Defense Child and Family Policy determined FOCUS as a best practice program and requested the support of BUMED to expand to select Army and Air Force sites for services. To date over 97,000 service members, spouses, children and community providers have received services on FOCUS.

“Navy Medicine will continue to embrace all the services through Project FOCUS with expansion to other Navy Medicine locations to support psychological health,” said Woodward. “Integration with Navy line perspective is being developed.”

For more information visit: www.focusproject.org.



The feeling thermometer is used to measure how each family member is feeling during FOCUS family sessions and also used at home as a tool to communicate their feelings.

Naval Hospital Jacksonville Meeting The Challenge

Balancing ever-increasing operational and humanitarian missions while providing premiere healthcare on the homefront is a challenge but its one Navy Medicine is ready to meet. Navy Surgeon General Vice Adm. Adam M. Robinson stated before a Congressional DOD appropriations subcommittee in April, "I am proud to say that we are responding to this demand with more flexibility and agility than ever before."

One Medical Treatment Facility (MTF) that has a handle on "flexibility and agility" is Naval Hospital Jacksonville, Fla. (NH Jax). The hospital and its six Naval Branch Health Clinics (NBHCs) have led Navy Medicine in deployment support over the last couple of years, routinely operating with 12 to 15 percent of active duty staff deployed. Back home, the hospital and its NBHCs have continued providing outstanding care for an eligible Florida and Georgia beneficiary population of 1.8 million.

Medical personnel tasking comes to NH Jax from field commands in theater via the U.S. Fleet Forces Command, the Navy Bureau of Medicine and Surgery (BUMED) and Navy Medicine East (NME). Mission needs are targeted, considering available manning at the various NME hospitals and by specialties required while ensuring individual facilities are not over-taxed.

Still, NH Jax is often the facility of choice because of the command's track record of meeting the mission while continuing quality care at home. Under the leadership of Commanding Officer Capt. Bruce Gillingham and the hospital's Executive Steering Committee, the hospital has reinforced the staff's commitment to patient care and undergone a renaissance over the last two years. They've focused on patient safety, quality care, accessibility, continuity of care and academic excellence. Meanwhile, the hospital has overseen a major construction project, with updating of vital patient care areas, including: the Maternal Infant Unit

(where 80 to 100 babies are born every month); new state-of-the-art surgical suites; and a physical and occupational therapy unit which will enable the hospital to provide better care to wounded warriors and others.

The missions have been frequent and varied. Since August 2008 more than 600 personnel have been deployed, with a combined total of more than 90,000 days in action. Currently (May 25), about 100 staff are deployed as Individual Augmentees (IAs) in Iraq, Afghanistan, Kuwait, Djibouti and Bahrain. In many of these locations they are embedded with Marines on the front lines. NH Jax is preparing to provide medical personnel to U.S. Navy training commands as they prepare for annual summer surge requirements from Camp Pendleton, Calif., to Mozambique. The hospital continually sends 60-person teams to provide medi-

cal care at the Guantanamo Bay, Cuba detainee facility. Beyond this, the hospital has supported humanitarian assistance and disaster relief missions.

Cmdr. Donna Sporrer, NH Jax, Plans, Operations and Medical Intelligence officer, described the deployment process starting with a hospital staff member receiving orders, up until he or she puts boots on the ground in the war zone. "Our members, when they arrive at their initial training site, have all their requirements already met. We've realized a 100 percent training acceptance rate and no one is sent back. This is due to the pre-deployment scrutiny we do." Having all documentation in order is vital. This includes medical readiness compliance (currently 80 percent in full medical readiness), administrative issues such as current passports and zero balance government credit cards, and legal arrange-



Surgeon General of the Navy Vice Adm. Adam M. Robinson, Jr. addresses more than 300 area health care providers at Naval Hospital Jacksonville's 2009 Patient Safety Symposium on the topic of building a "Culture of Patient-Centered Medical Care." Featured speakers were John Nance, author of "Why Hospitals Should Fly" and Heidi King, director DOD Patient Safety Program. The second Patient Safety Symposium is scheduled for July 16, featuring Peter Pronovost, MD, PHD, of Johns Hopkins University and co-author of "Safe Patients, Smart Hospitals." (Photo by HM1(SW) Michael Morgan)



Taking care of those our service members love most is central to NH Jax's mission. Each year the hospital delivers about 1,200 babies. Coupling the hospital's new MIU facility and excellent personalized care assures new parents they are in great hands. State-of-the-art enhancements include wireless infant security systems, laptop computers and LodgeNet, an in-room edutainment television service. The hospital is also designated a "Baby Friendly" facility denoting, breast feeding friendly, and offers classes covering all stages of the baby's formative years. (Photo by HM3 (SW) Michael Morgan)

ments such as wills, powers of attorney, insurance, etc.

"The initial training site covers basic medical and administrative readiness and it's where they work out such things as uniform issues," Sporrer said. "They're there a week or two, depending on where they are deploying to and then they're off to other training sites for region and mission essential training requirements. That can last up to two months, depending on mission requirements."

Once in theater, NH Jax makes sure that deployed staff members and their families are not alone.

NH Jax Command IA Coordinator (CIAC) Chief Culinary Specialist Ariel B. Aranzaso, explained the extent to which he and other key deployment support personnel look after the hospital's deployed staff. Aranzaso meets all of their family members at the pre-deployment briefings and lets them know he is a resource.

"I remain in constant communication with deployed members. Aranzaso said, "I send out an e-mail monthly to all our deployed people to remind them I am here for them and they can contact me for help with absolutely anything." Aranzaso helps them resolve any and all problems or helps them contact someone who can.

"Problems I've dealt with range from big financial issues to seemingly small

everyday issues such as getting family members to doctors appointments." He said. Aranzaso recently worked an issue with a surgeon whose wife had delivered a baby and was having difficulty navigating TRICARE on her own. He even helped chase down a resource for a Sailor who wanted a better pet care facility for his dog. Aranzaso took care of them all through multiple phone calls, e-mails and even personally offering to drive the new mom to the Health Benefits office. Aranzaso has hundreds of deployed service members on his contact list and he ensures they are in compliance with mandatory Post Deployment Physical Readiness Assessments, contacting the service members or their chain of command if assessments aren't done on time. He said the hospital's compliance average is generally 95 to 98 percent.

Deployment support is just one of Aranzaso's jobs. "It's demanding," he said, "but helping a family who has a member deployed makes me feel good inside. I don't want them to put up with additional stress."

The hospital is often tapped for humanitarian missions. NH Jax volunteers proudly joined other governmental and non-governmental medical volunteers in Operation Continuing Promise '09, bringing Navy medicine to Latin America and the Caribbean. Volunteers

are already expressing interest in the 2010 cruise. Naval Hospital Jacksonville (NH Jax) Pharmacy Technician HM3 Shanisha Fitch deployed aboard the USS Kearsarge (LHD 3) on the 2009 mission with three other NH Jax staff members. She recalled working long hours in sweltering, rudimentary and difficult healthcare environments. Still, Fitch said, "I'd love to go back on the next deployment... just for the experience and being able to help people."

Disaster relief mobilization is a strong point for NH Jax. The hospital responded within hours to the Haiti earthquake disaster. A rapid response team was in the air headed to NH Guantanamo Bay, Cuba just hours after the disaster struck. That team provided surgical and trauma care for American casualties medically evacuated from Port-Au-Prince. They brought with them vitally needed blood and medical supplies. As Operation Unified Response ramped up, 44 NH Jax medical and support staff joined hundreds of Navy Medicine personnel aboard the USNS Comfort as it steamed to assist. All the while, the hospital's Material Management and Laboratory Departments were helping ship a steady supply of medical supplies to the Comfort and other Navy platforms on scene.

Ophthalmologist Capt. Terence McGee, who headed the NH Jax USNS Comfort team, said, "I feel very fortunate to have been able to play some small role in the relief effort for Haiti. Every one of us is leaving with deeply personal memories that will be with us life-long. I am very proud of the role Jacksonville Sailors played in this effort."

At the center of Navy Medicine is Force Health Protection, defined by Admiral Robinson as "the men and women of Navy Medicine engaged in all aspects of expeditionary medical operations in support of our war fighters." He said, "The continuum of care we provide includes all dimensions of physical and psychological well-being."

A critical component of Force Health Protection at NH Jax is its Deployment Health Center. According to Tracy Hejmanowski, PhD, hospital staff performs a Pre-Deployment Health Readiness Assessment (PDHRA) on service members shipping out, and two Post Deployment

Assessments with service members after their return. This includes both physical and mental health evaluations and any necessary follow-up care. The PDHRA process is individualized to each service member's in-theater experiences, which can range from a Hospital Corpsman who serves with the Marine Corps on patrol in Iraq or Afghanistan, to a physician or nurse who cares for detainees in a security setting. The physical and mental health challenges they face can be very different.

HM1 (FMF) Kevin James McGarry, of NBHC Key West, Fla., served as an IA embedded with a Marine Battalion in Afghanistan in 2009. In the classic role of the "Devil Doc," McGarry patrolled in enemy territory with his Marine unit. They were often under intense enemy attack, both on patrol and in the Forward Operating Base (FOB). At one point the FOB was attacked by 40 Taliban firing rocket propelled grenades (RPGs), heavy machine guns, and small arms fire from an adjacent compound. McGarry's unit suffered a 10 percent casualty rate, with about 90 Marines wounded in action and 10 killed in action, including one Hospital Corpsman, HM3 Anthony C. Garcia, a pharmacy technician.

Looking back at his experiences, McGarry suggested, "The battlefield conditions found in supporting the war on terrorism make it imperative for IAs, including pharmacy technicians, to obtain additional training in casualty treatment in order to improve their ability to save lives."

One place NH Jax tries to give hospital corpsmen headed to the battlefield such training is the Tactical Combat Casualty Care (TCCC) course. Completion of the course is mandatory for all hospital personnel ordered to the war zone. Complete with moats, climbing walls, barbed wire belly crawl areas and bunkers; it is a daunting experience for a new Hospital Corpsman to drag a 150 lb., mannequin through the course, scramble for cover, and keep their "patient" alive.

NH Jax staff is adept at filling the gaps while their shipmates are deployed. To minimize patient care disruption, staff have embraced initiatives to support proper patient hand-offs, continuity of care, better manage provider case loads,



Ophthalmologist Capt. Terence McGee aboard the USNS Comfort during relief efforts to Haiti with a special friend he made there as he provided care to the hundreds treated aboard the hospital ship. (Photo courtesy Capt. Terence McGee)

minimize patient no-show rates, and backfill with reservists and contractors when necessary. They also have fostered great support from local TRICARE network resources.

In an enterprise-wide renaissance, Commanding Officer Capt. Bruce Gillingham and the Executive Steering Council have focused staff on quality of care and patient safety.

Perhaps the most significant change in the hospital's culture is the command-wide implementation of TeamSTEPPS® tools and techniques in every facet of operations. TeamSTEPPS® recognizes that all voices on the team are important, even those of the most junior personnel. It focuses on "what is right," not "who is right." This is realizing results in the hospital's operating room, labor deck and emergency room. And it is improving care coordination and collaboration in the outpatient areas. Results include a 54 percent reduction in variation in the ICU, an 8-fold reduction in variation in Pap specimens (from 8 percent to less than 1 percent), zero falls in Physical/Occupational Therapy with 100 percent risk assessment, and a 33 percent increase in clinic staff compliance with medication reconciliation.

Great strides have been made in health promotion, training, and sound business practices. For instance, in 2009 the hospital and BHCs served 2,877 pa-

tients with a quit rate of 20.35 percent for 12 months and with the hospital campuses becoming "Tobacco Free" zones on January 1, 2010, even better quit rates are expected. When it comes to making dollars count, the Third Party Collections team collected \$7 million in FY09 from patient's civilian sector insurance providers. This was used to buy new state-of-the-art equipment for the hospital and NBHC patient care areas said Lt. Beth Hawks, Fiscal Department head.

All this adds up to happier, healthier patients and family members. Customer satisfaction rates are up. The hospital is "in the green" for both Navy Medicine's Monitor and Interactive Customer Evaluation (ICE) patient satisfaction surveys. An incredible 92.5 percent of 1,600 patients reported on their Monitor survey that they were satisfied and 88 percent of 1,200 ICE survey patients were satisfied.

These are both record highs for NH Jax and are the best among the Navy Medicine's five family practice teaching hospitals. The hospital now aims to be the first MTF to reach 95 percent.

Supporting the war fighter, enhancing the culture of care at home and abroad, and happy patients are accomplishments of which any hospital can be proud. NH Jax is on course to a bright future. ☺



By MCI(SW) Arthur N. De La Cruz

NMSC VI Earns Distinction At DOD VI Awards

Navy Medicine Support Command's (NMSC) Visual Information Directorate (VI) received several awards for its military video productions at the 2008-2009 Department of Defense Visual Information Production Awards ceremony at the Defense Information School (DINFOS) in Fort Meade, Md.

The DOD VI awards recognize effective, purposeful use of the production medium to include achievement of communication objectives and appropriate use of potentially powerful, and relatively inexpensive, information and training tools the productions are intended to represent. Visual information products compete in four categories:

Training, Recruitment, Internal/Public Information and Documentaries. NMSC's VI placed first in Training, Recruitment and Internal Public Information; and also placed second in Internal Public Information. VI also received two special category awards: the Creativity Award and the VI Crystal Award for Excellence, which goes to the video of the year – or the video production that earned the most points.



THE AWARDS ARE AS FOLLOWS:

TRAINING:

1st Place: "Navy Medical Public Affairs, Telling Our Story"

INTERNAL/PUBLIC INFORMATION:

1st Place: "Military Medicine: A Bridge to the Future"

2nd Place: "Bethesda Hospital's Emergency Preparedness"

RECRUITMENT:

1st Place: Special Amphibious Reconnaissance Corpsman (SARC)

CREATIVITY AWARD:

"Race – Code for Survival"

AND THE CRYSTAL AWARD FOR EXCELLENCE (PRODUCTION OF THE YEAR):

"Navy Medical Public Affairs, Telling Our Story"




All of VI's first place productions will next be entered in the International Military Video Production Competition this fall in Rome, Italy.

"The team was excited and really appreciated being recognized at this level," said VI's Audiovisual Production Department Head, Mr. Michael C. Allen. "It's an exceptional distinction considering that we were competing with so many talented people. This remarkable achievement is great motivation for us to strive to do even better work as we get underway with new projects for Navy Medicine."

A regular VI customer, Mr. Larry Coffey, said he was not surprised to learn that VI was recognized.

"VI dominated the DOD awards because they are the best. They have produced several products for me in the last couple of years," said Coffey, NMSC public affairs officer. "They've done video projects, graphic arts projects, photographic projects. Every job they have produced for me has been superior. The best part about VI is when I request a job, I am always surprised by the final product because it's always so much better than what I anticipated."

VI's mission is to plan, control, staff, manage and execute all aspects of visual information programs in direct support of Navy Medicine's medical and dental imaging requirements. The VI staff also provides technical expertise in video, print and abstract productions. NMSC's VI is based at the National Naval Medical Center (NNMC) at Bethesda, Md., and is a remote site of Jacksonville, Fla.-based NMSC.

"The recognition at the DOD VI Production Awards was over the top with NMSC VI taking first place in three categories, and then also winning the Crystal Award of Excellence for the Video Production of the year – it's just amazing," said Visual Information Directorate Director Mr. Jack Lewin. "When I think about the products we create for Navy Medicine, the fact that our VI team continues to raise the benchmark for quality is a testament to the dedication and professionalism of the entire VI staff." 



Navy Medicine Support Command's Visual Information Directorate representatives (from left) Mr. Chris Bodily, Mr. Emre Tufekcioglu, Mr. Jeff Johnson and Mr. Tom Webster stand with four of the awards VI earned at the 2008-2009 Department of Defense Visual Information Production Awards ceremony held at the Defense Information School (DINFOS) in Fort Meade, Md. (Photo by MCI(SW) Arthur N. De La Cruz)

Corpsman Headed To Capitol Hill

The Office of the Attending Physician of the United States Congress (OAP) has selected Hospital Corpsman 1st Class Kendal Johnson, of Naval Hospital Camp Pendleton (NHCP), Calif., for its staff.

Last year, Johnson attended a brief at NHCP by the OAP. They were looking for a laboratory technician and a radiology technician and at the conclusion of the brief, he decided to apply and was interviewed the same day.

Johnson, an advanced x-ray technician (NEC 8452) and field medical service technician (NEC 8404), has been in the Navy for more than 12 years. He has been stationed at NHCP since March 2005 and has deployed to Iraq twice and once to Haiti.

The Office of the Attending Physician of the United States Congress is responsible for providing medical care for representatives, senators, their staff, visitors and security forces. The OAP was created when the House passed a resolution on Dec. 5, 1928, directing the Secretary of the Navy to assign a medical officer to provide healthcare for Representatives.


Johnson's supervisor, Chief Petty Officer Everett Coleman, the leading chief petty officer of the Emergency Dept. and Pediatrics Dept., said he believes Johnson will excel at his next assignment. "I think it's a great opportunity for him," said Coleman. "He's done a great job here and I'm not surprised at all that he was selected for a position like this."

"I would like to thank everyone in the command for supporting me," said Johnson. "I was shocked when I heard I was selected but at the same time I'm honored and excited to go to Washington." ✍

For more information contact the local Command Career Counselor.



Petty Officer 1st Class Kendal Johnson, a hospital corpsman and the leading petty officer of the Naval Hospital Camp Pendleton Emergency Department. Johnson was recently selected for a unique assignment to the Office of the Attending Physician of the United States Congress. U.S. Navy photo Petty by Officer 1st Class Michael R. McCormick



Inaugural Joint Service Warrior Games



COLORADO SPRINGS, Colo. - Lt. Melanie Monts de Oca, a Navy competitor, dives off a platform while practicing for her upcoming swimming competitions. Monts de Oca is one of nearly 200 wounded, ill or injured personnel from all service branches participating in the inaugural Warrior Games at the U.S. Olympic Training Center in Colorado Springs, Colo. (U.S. Navy photo by Mass Communication Specialist 1st Class R. Jason Brunson/Released)



COLORADO SPRINGS, Colo. - Navy veteran, Heisman trophy winner and NFL Hall of Fame quarterback Roger Staubach lights the torch at the inaugural Warrior Games at the Olympic Training Center in Colorado Springs, Col. The athletes are wounded, ill and injured personnel from all service branches and will compete against one another in archery, cycling, track and field, swimming, shooting, sitting volleyball and wheelchair basketball. (U.S. Navy photo by Mass Communication Specialist 1st Class R. Jason Brunson/Released)

Wounded, ill and injured service members assigned to Naval Medical Center San Diego (NMCS D) participated in the inaugural joint-service Warrior Games at the U.S. Olympic Training Center, Colorado Springs, Colo.

One Sailor, two Marines and seven Soldiers assigned to NMCS D's wounded warrior service member units competed among 200 athletes from each military branch of service. The participants took part in shooting, shot put, swimming, sitting volleyball, wheelchair basketball, cycling, track and field, discus, archery and 'Ultimate Warrior' events. The Ultimate Warrior is a pentathlon in which the contestants compete in five different track and field events to find the most talented athlete.

Navy Petty Officer 1st Class Jim D. Castaneda, Marines Lance Cpl. Michael D. Pride and Pfc. Jesse J. Schag, and Soldiers Sgt. 1st Class

Jacque Keeslar, Sgt. Daniel Biskey, Spc. Rashaun McDowell, Spc. Michael Ortiz, Spc. Uriel Urias, Spc. Ernesto Oroscoobar and Spc. Kyle Vojtas, competed for the winning spot in their respective events.

The Warrior games, hosted by the U.S. Olympic Committee's (USOC) Paralympics Military Program, provides an opportunity for wounded, ill and injured service members to participate in competitive sports against members of other branches of service. Participants will challenge themselves mentally and physically to overcome upper body injuries, lower body injuries, spinal cord injuries, traumatic brain injuries, and post-traumatic stress, in pursuit of victory.

Staff Sgt. Troy Treadway, a squad leader at the NMCS D Army Warrior Transition Unit coordinated training. He ensured his Soldiers had the equipment they needed and kept them focused and motivated to be competitive in the Warrior Games.



Bureau of Medicine and Surgery Force Master Chief Laura Martinez and other fans cheer for the Navy sitting volleyball team during their first preliminary game against Army at the inaugural Warrior Games at the U.S. Olympic Training Center in Colorado Springs, Colo. Martinez is extremely proud of the Navy team, "They are doing a great job and showing true spirit." (U.S. Navy photo by Mass Communication Specialist 1st Class R. Jason Brunson/Released)

“I see them in physical therapy and in the gym and I know they are going to be fierce competitors. I am extremely proud of my guys.

They were well prepared and NMCSD has provided them with great resources to get them ready,” said Treadway.

Vojtas competed in the 50-meter backstroke and the 150-meter freestyle swimming events. “My wife Kelli is a swimmer and she has been coaching me and pushed me pretty hard to get me ready. We started training quite a

while ago, so when we found out about the games, she and I kicked the intensity of our training up.

I admit that I was nervous, but I know that my wife and my chain [of command] are supporting me,” said Vojtas.

Marines, Pride and Shag assigned to Wounded Warrior Battalion West (WWBn-W) competed alongside 11 other WWBn-W Marines for two of the 50 positions available for the All-Marine Team at the Warrior Games.



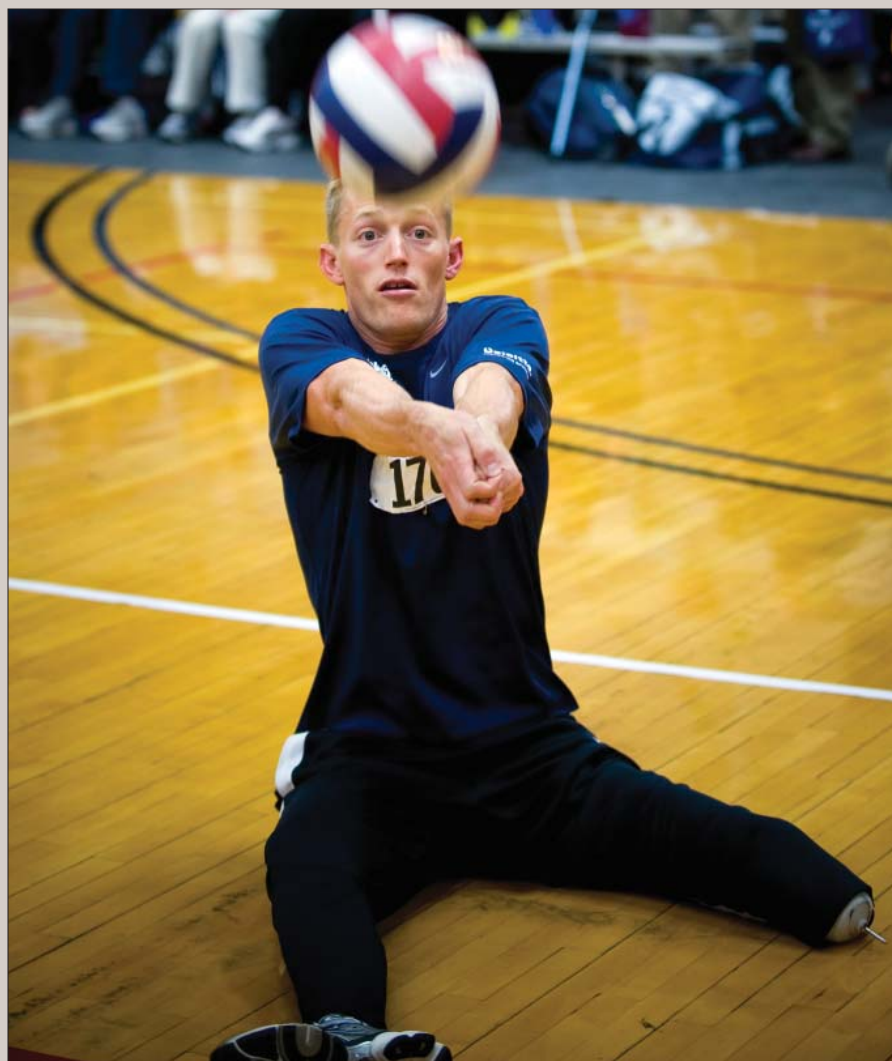
Sailors warm up before a preliminary wheelchair basketball game against an Air Force team at the inaugural Warrior Games at the U.S. Olympic Training Center in Colorado Springs, Colo. Nearly 200 personnel from all military branches competed against one another in archery, cycling, track and field, swimming, shooting, sitting volleyball and wheelchair basketball during the event. (U.S. Navy photo by Mass Communication Specialist 1st Class R. Jason Brunson/Released)

“The fact that they overcame their respective physical injuries is an achievement in and of itself, but that achievement is truly recognized when the wounded warrior not only is physically able to perform in an athletic event of his or her choice, but is actually competitive,” said Lt. Col. Keith M. Fuller, Officer In Charge of Marine WWBn-W. “I am so proud of how it has boosted their confidence and morale and how they are a positive example for other wounded warriors that will come after them.”

The Warrior Games will be an annual event to celebrate the achievement and abilities of wounded, ill and injured service members while building camaraderie and raising awareness for adaptive sports. It also provides the opportunity for service members to qualify for the U.S. Paralympics.🔗

For more information about Warrior Games visit:

http://www.defense.gov/home/features/2010/0410_warriorgames/index.html



COLORADO SPRINGS, Colo. - Parachute Rigger 3rd Class Michael Johnston bump-passes the ball to a teammate during a sitting volleyball game against the Army team at the inaugural Warrior Games at the U.S. Olympic Training Center in Colorado Springs, Colo. Nearly 200 wounded, ill or injured personnel from all service branches will compete in archery, cycling, track and field, swimming, shooting, sitting volleyball and wheelchair basketball. (U.S. Navy photo by Mass Communication Specialist 1st Class R. Jason Brunson/Released)



LOOKING BACK AT THE NAVY MEDICAL SCIENCE GROUP'S AFRICA EXPEDITION OF 1948

In 1947, a 26-year old explorer-to-be named Wendell Phillips entered the office of the Navy Surgeon General with hopes of eliciting the help of a single medical officer for an expedition through the African continent. (1) Owing perhaps to his personal charm and communication skills, or as some have said his ability to capture his given audience in a web of long range plans, Phillips left the meeting with a \$58,000 research contract and a team of nine medical officers, enlisted laboratory technicians, and civilian specialists. The Phillips/UC Berkeley expedition now had a new partner in the Bureau of Medicine and Surgery (BUMED). And the largest U.S. lead scientific expedition of the African continent was born.

For the Navy Medical Department, the African Continent offered a veritable "Lost World" of opportunity to investigate parasitic diseases. Commanded by tropical medical specialist CDR Julius Amberson, MC, (of the Naval Medical School, in Bethesda, MD) the Navy team of scientists (collectively known as the "Navy Medical Science Group") included a host of eminent parasitologists, and zoologists who could travel the rugged terrain and delve into the vast, yet-fully explored territory of indigenous fauna. While the Berkeley team focused on uncovering Africa's archeological and paleontological wonders, the Navy Medical Science Group sleuthed the mysteries of ecto- and endo-parasites and the diseases that they transmit.

To be sure, the scope of the expeditionary mission was unparalleled. The expedition commenced in Port Said, Egypt, on Feb. 17, 1948, and traveled via a car-

van of jeeps through Upper Egypt and Nubia (Cairo to Khartoum) and down the Sudan Road (Khartoum to Nairobi). From April to August, the expedition teams established a base of operations in Nairobi from where group members traveled throughout Kenya, Uganda, and the eastern Belgian Congo.(2) In late August, the Navy Medical Science Group continued down the Great North Road (through Tanganyika, Northern Rhodesia, Southern Rhodesia, and Transvaal) and arrived in Capetown on Oct. 19, 1948—a total of about nine months, and some 19, 660 miles traveled.

In Sudan, Navy Medical Science group assisted local doctors with laparotomies on natives suffering from *Echinococcus granulosus* (aka, hyper tape worm). They collected blood samples from patients suffering from African sleeping sickness, amoebic dysentery, blood filaria, dengue fever, elephantiasis, hook worm, leprosy, malaria, podocniosis (aka, "mossy" foot), relapsing fever, schistosomiasis and yellow fever and sent specimens to the Naval Medical School and Naval Medical Research Institute (NMRI) in Bethesda, Md., for study. In Kenya, the team had gone in search of the elusive Elephant Shrew (named for its elephantine proboscis). It was determined that these tiny mouse-like creatures carried a strain of malaria very similar to human strain and studying them could unlock a treatment for the dreaded disease.(3) In the Congo, CDR Amberson and his team photographed tsetse flies (large blood sucking flies known to transmit Sleeping Sickness), and collected planorbis snails (vector of schistosomiasis). All along the way, the team traveled through villages observ-

ing tropical diseases as well as providing smallpox vaccinations, administering chloroquine to malarial cases, and treating everything from fractures, hernias and obstetrical cases to pneumonia.

As a legacy, the Navy Medical Science Group expedition went far to cast the light on the "Dark Continent" while earning an honored place in the history of modern exploration. Today, the Navy Medical Research Unit (#3) in Cairo Egypt continues the proud tradition of the Navy's "safari scientists" while serving as one of the premier medical laboratory and teaching institutions on the African Continent.

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1. Phillips also walked into the offices of General James Doolittle (then Vice President of Shell Oil Company), and within sixty seconds convinced the oil titan to allot 50,000 gallons of oil for the African Expedition.
2. The Navy Medicine Science Group severed their ties with Wendell Phillips on 7 July 1948 after a long standing disagreement.
3. One hundred and four elephant shrews were collected and sent to the NMRI. At NMRI scientists determined that it had a peculiar cyclic course that it ultimately had little value for treatment of human malaria; however, it did shed light on the "taxonomic and evolutionary" status of malaria parasites. ☞

Passage to Freedom September 1954



Cmdr. Julius Amberson, MC, USNR, supervises the distribution of clean sheets and blankets at the evacuation point in Haiphong as part of "Operation Passage to Freedom." As a result of the 1954 Geneva Accords, which ended the war between France and the Communist Viet Minh, the people of Vietnam could decide where they wished to settle. Few in the south chose to go north, but with the collapse of French rule, hundreds of thousands of refugees streamed south to escape the Communists. In a massive humanitarian operation, Navy ships evacuated over 860,000 refugees to South Vietnam. Navy physicians and hospital corpsmen were charged with providing medical care for the refugees, many of whom were already very debilitated by their ordeal. As the refugees were brought to Haiphong—the port from which they would embark for South Vietnam—the Navy set up temporary camps for them complete with tents, potable water, food, and medical care. Preventive medicine teams worked diligently to control the rodent and insect population, spray for malarial mosquitoes, and purify water. Men, women, and children were vaccinated, deloused, and treated for their illnesses. When they boarded transports and LSTs for the journey south, Navy medical personnel accompanied them, dressing their wounds and handling fractures, fevers, and delivering an average of four babies per trip.



Approximately 7,400 U.S. Navy staff members and students from Training Support Center, Recruit Training Command, Hospital Corps School and tenant commands at Naval Station Great Lakes, Ill., pose for a photo recreation at the naval station June 14, 2010, of the "Living Flag" photo originally shot in 1917. The photo recreation was staged as part of National Flag Day. (DoD photo by Chief Gas Turbine Electrician David C. Smith, U.S. Navy/Released)



INAUGURAL ARMED FORCES PUBLIC HEALTH CONFERENCE

Date: March 18-25, 2011

Location: Hampton Roads Convention Center, Hampton VA.

Theme: "Public Health in a Joint Environment"

POC: Ms. Maureen Villari, (757) 953-0771, maureen.villari@med.navy.mil

Mr. Hugh Cox, (757) 953-0969, hugh.cox@med.navy.mil



BIRMINGHAM, Ala. - Ahmad Ward, Head of Education at Birmingham Civil Rights Institute, talks to Vice Adm. Adam M. Robinson Jr., Surgeon General of the Navy and Chief of the Navy Bureau of Medicine and Surgery about the timeline of the civil rights movement during a tour of the Institute. This event is one of many events held in conjunction with Birmingham Navy Week. Birmingham Navy Week is one of 20 Navy Weeks planned across America in 2010. Navy Weeks are designed to show Americans the investment they have made in their Navy and increase awareness in cities that do not have a significant Navy presence. (U.S. Navy photo by Mass Communication Specialist 2nd Class Lewis S. Hunsaker/Released)

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