



Navy and Marine Corps Medical News



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MEDNEWS Items of Interest

August marks "Navy Medicine's Focus on Spice." This month highlights the potential adverse health effects and legal ramifications of Spice, synthetic marijuana compounds and other synthetic designer drugs. This issue provides information to help providers advise their patients, and what MTFs should communicate to their personnel in order to provide training and counseling, and increase awareness for all hands.

Navy Weeks 2011

Navy Medicine will be participating in Navy Week San Antonio (Oct. 24-30). For more information on Navy Weeks go to www.NavyWeek.org

Ethics Education Conference will be held at the Smithsonian, Sept. 7, at the Baird Auditorium, Smithsonian National Museum of Natural History. Register early at: <http://bit.ly/ioMY7B>

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Did You Know?

Navy's zero tolerance policy for drug abuse includes possession of substances or designated products that contain synthetic cannabinoid compounds, including Spice.

U.S., Vietnam Establish Formal Military Medical Partnership

From U.S. Navy Bureau of Medicine and Surgery Public Affairs

HANOI, Vietnam - Navy Surgeon General Vice Adm. Adam M. Robinson, Jr. participated in a signing ceremony Aug. 1 with the Vietnamese Ministry of National Defense.

Representing the Office of the Assistant Secretary of Defense for Health Affairs, Robinson signed a Statement of Intent (SOI) on Military Medical Cooperation with Senior Colonel Vu Quoc Binh, director general of the Vietnamese Ministry of National Defense's Military Medical Department. U.S. Embassy Chargé d'Affaires Claire Pierangelo and Vietnam's Deputy Minister of National Defense Lt. Gen. Le Huu Duc witnessed the signing.

The signing ceremony represented

progress on one of the key areas of military cooperation that former Secretary of Defense Robert Gates and Minister of Defense Phung Quang Thanh agreed to pursue in October 2010.

The SOI builds on a long trend of cooperation between the U.S. and Vietnamese militaries and will be the foundation for all future military medical and interagency medical engagements that will include subject matter expert exchanges, workshops, conferences, Medical Civil Action Projects (MEDCAPS), clinical exchanges, and medical research collaboration.

"This is an important day between our two nations," said Pierangelo. "This growing military medical partnership will benefit the U.S. and Vietnam and also

See PARTNERSHIP, Page 3



Photo by Capt. Cappy Surette, U.S. Navy Bureau of Medicine and Surgery Public Affairs

HANOI, Vietnam - The U.S. Navy Surgeon General Vice Adm. Adam M. Robinson Jr., left, signs a statement of intent on military medical cooperation with Sr. Col. Vu Quoc Binh, director general of the Vietnamese Ministry of National Defense's Military Medical Department, building on a long trend of cooperation between the U.S. and Vietnam militaries, Aug. 1.

Navy Medicine Focuses on Spice

This month I'd like to highlight the potential adverse health effects and legal ramifications of Spice, synthetic marijuana compounds and other synthetic designer drugs. The following is provided to help providers advise their patients, and what MTFs should communicate to their personnel in order to provide training and counseling, and increase awareness for all hands.

I strongly urge all Commands and Commanding Officers become fully engaged in synthetic drug abuse prevention, and do everything in their power to increase awareness within their commands of the serious health consequences and legal ramifications if caught using, possessing, manufacturing, promoting, or distributing Spice and other synthetic designer drugs. I truly believe that Spice represents a real and present danger to our Sailors' and Marines' mental and physical health, as well as their military careers.

Navy's zero tolerance policy for drug abuse includes possession of substances or designated products that contain

synthetic cannabinoid compounds, including Spice, fake marijuana or fake pot, herbal incense or potpourri, salvia divinorum, bath salts, Skunk, Genie, Blaze, Dream, Spike 99, Ex-SES, Spark, Fusion, Dark Knight, Yucatan Fire, and K2, among many others.

Navy and Marine Corps personnel who wrongfully possess, use, promote, manufacture, or distribute designer drugs such as Spice and other synthetics mentioned may be subject to punitive action under UCMJ Articles 92 and 112a, adverse administration action, or both.

-Vice Adm. Adam Robinson, Jr.,
U.S. Navy Surgeon General

Consumption of any of these products to get high meets the criteria for drug abuse as defined by SECNAVINST 5300.28D and OPNAVINST 5350.4D and is prohibited by both instructions. On March 1, 2011 the DEA issued a final rule placing five synthetic compounds used to manufacture spice on the controlled substance list. This action makes the wrongful use, possession, distribution, and introduction of these substances unlawful under 112a, UCMJ.

Spice looks similar to marijuana or oregano and is used for psychoactive and hallucinogenic effect. The product contains organic leaves coated with chemicals. It is not FDA approved for human consumption. Unlike marijuana, the synthetic chemicals in spice-type products are more potent to the brain and other organs because they bind themselves more permanently to receptors. Spice could have multiple unknown chemicals including harmful metal residues, with unknown potency, potentially 5-200 times more potent than THC in marijuana. Users are experimenting with combining different products which can



Vice Adm. Adam M. Robinson, Jr.,
U.S. Navy Surgeon General

“To deter drug abuse, we need to continually communicate and educate all hands as to the Navy’s zero tolerance policy on Spice and other synthetic designer drugs...”

dramatically change or increase effects. Rapid tolerance in some users led to increased dosage and addiction. According to DEA, increase use of Spice and other synthetics has led to a surge in emergency room visits and calls from poison control centers, and some of our hospitals have already treated many Sailors and Marines for spice abuse.

Signs and symptoms onset within 5-10 minutes include relaxation and sedation, marijuana-like effects such as euphoria, giddiness, bloodshot eyes, impaired short-term memory and concentration. There is also a morning after hangover-like effect. Other more serious signs and symptoms that may durate for 8-10 hours may include internal unrest, tremor, panic attacks, rapid heart rate, agitation, insomnia, headache, seizures, diarrhea, nausea, vomiting, and some have reported paranoid hallucinations, confusion, mood disorders, loss of consciousness,

and psychotic symptoms that can last for days and become debilitating.

Please take this issue very seriously. To deter drug abuse,

we need to continually communicate and educate all hands as to the Navy's zero tolerance policy on Spice and other synthetic designer drugs, beginning with INDOC and reinforced throughout the year. Accountability for those who abuse these substances will help deter their abuse. Thank you for everything you do and thank you for your service. It is my honor and privilege to represent you as your Surgeon General.



**Navy and Marine Corps
Medical News**

Navy Bureau of Medicine and Surgery

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CORPSMEN TRAIN WITH SOLDIERS

By Spc. Trisha Pinczes, 138th Public Affairs Detachment, New York Army National Guard

GRAFENWOEHR, Germany - Air hissed between the teeth of Petty Officer 3rd Class Toby League as he maneuvered under a barbed wire fence obstacle as part of Combat Testing Lane 3 during the 2011 U.S. Army Europe Expert Field Medical Badge (EFMB) Standardization and Testing, Aug. 3.

Navy Corpsmen are rarely seen training with U.S. Army Soldiers, however, League and Seaman Corey Keating, both from Naval Support Activity Naples, Italy, are participating in the EFMB in order to further improve the overall standard of care for wounded personnel on the battlefield.

"It broadens your scope," said Keating. "Everyone does their patient assessments and field exams differently so you can pick and choose between different things and build a larger knowledge base."

Working with Soldiers brought about a new way of thinking for the two Sailors participating in this event.

"I didn't know what to expect as a Corpsman out here in a group of Army soldiers," said Keating. "I got to meet a lot of these guys and you hear stories here and there but meeting them and working with them really changes your mind about it."

League, who has two combat deployments under his belt, found he had a lot in common with his fellow Army candidates.

"These guys, a lot of them are combat deployed like myself," he said. "We've seen a lot of different things that



U.S. Army photo by Spc. Trisha Pinczes, 138th Public Affairs Detachment, New York Army National Guard

GRAFENWOEHR, Germany - Naval candidate Petty Officer 3rd Class Toby League straps a casualty onto a litter with the help of staff support as part of Combat Testing Lane 3 for the 2011 U.S. Army Europe Expert Field Medical Badge Standardization and Testing Aug. 3.

we relate to since we've been in a lot of the same places."

As Sailors, League and Keating faced several difficulties adjusting to the Army requirements.

"The one that I'm really worried about is the land navigation," said League. "We don't really get to do that so much in the Navy, as there's not much land in the ocean."

Keating expects to run into some difficulties when he performs his run-through of the EFMB's Combat Testing Lane 3, which is heavily focused on basic Soldier skills that are not as familiar to medical professionals who work in a naval environment.

"I'm expecting some of the more difficult points to be the extraction from the vehicle," he said. "The radio as well will be hard, because I haven't really dealt with that at all."

While run-throughs and demos of all required tasks are performed several times before testing, the EFMB still remains a serious challenge, regardless of military branch.

"Most of my Marine buddies would probably laugh about this, but [EFMB] is pretty serious," said League. "They push these guys real hard. Just look at the pass fail rate. Only half of these guys are going to make it."

PARTNERSHIPS

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contribute to increasing our health cooperation in the region."

According to Robinson, this historic agreement is the culmination of over three years of diplomatic visits and discussions and begins a bright future regarding the medical opportunities between the two countries.

"This historic bilateral agreement is not about personalities or politics," said Robinson. "Medicine and medical research are universal languages that all countries and cultures understand. Diseases affect us all in the same way. By working together in areas such as infectious disease research, we not only help each other, we help the world meet these global health challenges."

The foundation for this historic agreement began with a

meeting between Robinson and Vietnamese Lt. Gen Chu Tien Cuong, who was then the director of the Military Medical Department of Vietnam, at the annual Association of Military Surgeons of the United States (AMSUS) conference in St. Louis in November 2009. During their initial meeting, they discussed opportunities to increase military medical collaboration between the U.S. and Vietnam. Numerous follow-on diplomatic meetings and discussions followed culminating in the agreement to formalize a military medical partnership.

Robinson participated in the signing ceremony while visiting Hanoi to co-chair a planning conference on bilateral military medical cooperation with the Vietnamese Ministry of Defense. Topics of discussion will include Humanitarian Assistance/ Disaster Response, infectious disease research, aerospace and undersea medicine and more.

Navy Medicine lands in Hollywood

By Valerie A. Kremer, U.S. Navy Bureau of Medicine and Surgery Public Affairs

LOS ANGELES - ABC television shows General Hospital and Grey's Anatomy, and the Oprah Winfrey Network (OWN) hosted Navy Medicine as part of Los Angeles Navy Week, July 28, highlighting Navy Medicine's mission and its family care programs.

Rear Adm. Alton Stocks, commander, Navy Medicine East and Naval Medical Center Portsmouth; was the top medical officer during the visits.

"It was great to have Rear Adm. Stocks come to the set of General Hospital," said Nancy Lee Grahn, who plays Alexis Davis on General Hospital. "We are proud to have Navy Medicine here as part of Los Angeles Navy Week."

During the visit Stocks met with characters and staff, and toured the sets of both shows.

"It was an honor to come to the set of General Hospital and Grey's Anatomy," said Stocks. "It is impressive to see how actors make the medical practice real on television. The actors expressed their appreciation for the care provided by Navy Medicine to our service men and women."

While visiting OWN, Stocks discussed the importance of telling the human side of Navy Medicine on television. He said Navy Medicine programs such as Project FOCUS (Families OverComing Under Stress), Navy Medicine's Oakleaf Club, and the Ombudsman program are prime examples of how Navy Medicine provides garrison care to Sailors, Marines, veterans, and their families.

"Navy Medicine not only provides garrison care, expeditionary care, re-



U.S. Navy photo by Mass Communication Specialist 1st Class Brett Custer

LOS ANGELES - Rear Adm. Alton Stocks, commander, Navy Medicine East and Naval Medical Center Portsmouth, presents a command ball cap to the grandson of Constance Towers who plays Helena Cassadine on the television show 'General Hospital,' July 28. Stocks' visit to the television set took place during Los Angeles Navy Week 2011, one of 21 Navy Weeks being held this year across the country.

search and development, humanitarian assistance/disaster relief missions, but we take care of each other," said Stocks. "The Navy Medicine family is very close knit, and we provide a family to individual augmentees (IAs) who may not have their family at their command and also children of military members whose parents are deployed. This is an important story to tell."

Stocks also discussed his personal experience as a physician in Naval hospitals

around the world and added the importance of telling the story of what Navy Medicine medical personnel do every day. As a global force for good, Navy Medical personnel work tirelessly and passionately to provide world-class care anytime anywhere, noted Stocks.

Navy Weeks are designed to show Americans the investment they make in their Navy and increase awareness in cities that do not have a significant Navy presence.



Expeditionary Medical Care

GHAZNI CITY, Afghanistan - U.S. Navy Petty Officer 1st Class Julia Ceron, a Corpsman from St. Petersburg, Fla., assigned to Ghazni Provincial Reconstruction Team, Task Force White Eagle applies antibiotic ointment and put clean bandages on a young Afghan's wound during a recent mission in Ghazni City. While in the local community, provincial reconstruction team soldiers and sailors reach out to locals to encourage positive relationships with villagers. (Photo by U.S. Army Spc. Jorge Enriquez)

Medical Service Corps celebrates 64th birthday

By U.S. Navy Bureau of Medicine and Surgery Public Affairs

WASHINGTON - The Navy Surgeon General sent a message to the Medical Service Corps in celebration of its birthday Aug. 4.

"Today we celebrate the 64th Birthday of our Medical Service Corps," said Vice Adm. Adam M. Robinson, Jr., Navy surgeon general and chief, Bureau of Medicine and Surgery. "Since its establishment shortly after the conclusion of World War II, the men and women of the Medical Service Corps have served around the world in times of peace and war."

The corps was established under President Harry S. Truman who signed the Army-Navy Medical Service Corps Act on Aug. 4, 1947, to provide a permanent commissioned corps of specialists to complement the existing Medical Department officer corps. Originally comprised of four specialties (Supply and Administration, Medical Allied Sciences, Optometry and Pharmacy), the Navy's Medical Service Corps now has more than 3,200 active duty and reserve officers in 32 specialties.

"The Medical Service Corps is, in a way, the jack of all trades," said Robinson. "It has scientists, researchers, providers, and administrators, all in one corps. In fact, the Medical Service Corps is the most diverse corps in Navy Medicine, comprised of 31 subspecialties. It truly is one corps of many specialties meeting today's needs and tomorrow's challenges."

The corps' readiness mission ensures that service men and women are medically fit and ready to deploy around the world in harm's way while also providing expeditionary medical support to those deployed in conflict zones, according to Robinson. The health benefit mission serves to provide patient and family-centered care for Sailors and Marines and their families.

Medical Service Corps officers serve at sea, on deployments and humanitarian missions, and at clinics, inpatient facilities, and research units around the world, according to Robinson. Their work in times of peace and conflict, have earned the Medical Service Corps a prominent place in the proud



Photo by Valerie A. Kremer, U.S. Navy Bureau of Medicine and Surgery Public Affairs

WASHINGTON - (Left to Right) Capt. Denise Weber the oldest member of the Medical Service Corps; Rear Adm. Michael Mittelman, former director, MSC; Rear Adm. Eleanor Valentine, current director, MSC; and Lt. Jessica Woody, youngest member of the MSC, cut the cake at the Medical Service Corps' 64th birthday ceremony held at BUMED, Aug. 3.

history of the U.S. Navy.

"It is their honor, courage, and commitment that we honor today," said Robinson. "To the over 3,000 active duty and reservist Medical Corps personnel, I thank you for your service and for the sacrifice of you and your families. Happy Birthday, Medical Service Corps!"

Navy's Top Doc Recognized by Japanese Ministry of Defense

By U.S. Navy Bureau of Medicine and Surgery Public Affairs

TOKYO - The Navy Surgeon General was recognized by the Japanese Ministry of Defense Aug. 9 for his work in supporting the Department of the Navy and the Japanese Maritime Self Defense Force (JMSDF) and for his contributions to improving global public health.

In a ceremony held at the Japanese Ministry of Defense headquarters, Japanese Adm. Masahiko Sugimoto, Chief of Staff for Japan's Maritime Self-Defense Force presented Vice Adm. Adam M. Robinson Jr. with a letter of appreciation on behalf of Minister of Defense Toshimi Itazawa. Robinson was the 55th person to receive such an honor in the Ministry of Defense's history.

Robinson was recognized for his contributions in improving the exchange and interoperability between medical

commands of the Navy and JMSDF both in Japan and abroad. He was also thanked for his work during earthquake relief efforts, developing an extern program for JMSDF medical officers at U.S. Naval Hospitals in Japan and for his medical support to JMSDF personnel deployed to Djibouti.

"Thank you on behalf of the Japanese people for all your support following the earthquake," said Sugimoto. "Your medical support during your tour as the U.S. Navy's Surgeon General has helped not only the people of Japan, but the world."

Robinson said he was especially honored given his close ties with Japan following several tours in the country, in-

cluding serving aboard the aircraft carrier USS Midway (CV 41) and at U.S. Naval Hospital Yokosuka.

"I am very honored to receive this recognition on behalf of the men and women of Navy Medicine," said Robinson. "I appreciate the true camaraderie, collegiality and friendship that exists between Navy Medicine, the U.S. Navy and the Japanese Maritime Self Defense Force.

The relationship we have with [the] JMSDF medical team has benefited both nations greatly and we look forward to our continued partnership."

"The relationship we have with the JMSDF medical team has benefited both nations greatly and we look forward to our continued partnership."

-Vice Adm. Adam Robinson, Jr.,
U.S. Navy Surgeon General

Navy scientist receives top award at Pentagon

Courtesy story

SILVER SPRING, Md. – Assistant Secretary of the Navy for Research, Development and Acquisition (ASN RDA), Sean Stackley recognized a distinguished group for their achievements, professionalism and technical excellence during a ceremony July 15 at the Pentagon honoring the 2010 Dr. Delores M. Etter Top Scientists and Engineers of the Year Award winners.

Cmdr. Patrick Blair, respiratory diseases research department head at the Naval Health Research Center (NHRC), San Diego, was recognized for his contribution in the early recognition and response to the 2009-2010 A/H1N1 (swine) influenza pandemic.

“These naval scientists and engineers are visionary thinkers and innovative problem solvers,” said Rear Adm. Nevin Carr, chief of naval research, and keynote speaker for the event. “Today, we honor their achievements as shining examples of what bright, hard working people can do to deliver significant advanced capabilities for ships, aircraft, submarines and expeditionary forces.”

Blair was recognized for his contributions in the early recognition and response to the H1N1 pandemic. Blair and his colleagues reported the first two cases of H1N1 in April 2009 as part of a collaborative effort with the Centers for Disease Control (CDC) to conduct surveillance along the U.S.-Mexico border. Influenza sequence information and isolates were shared with CDC and the NHRC isolated virus ultimately became the seed strain in the 2009-2010 H1N1 vaccine. NHRC was

“These naval scientists and engineers are visionary thinkers and innovative problem solvers.”

- Rear Adm. Nevin Carr,
chief of naval research

awarded the CDC Reference Laboratory of the Year Award for this work.

“I am pleased to share in the 2010 Delores M. Etter Science Award,” said Blair.

“I am well cognizant that this honor is a reflection of the diligence and hard work the NHRC laboratory and administrative team bring each day to our mission to achieve Force Protection.”

NHRC is considered a key surveillance and diagnostics center for San Diego’s

fleet concentration area and for the entire southwestern United States. The laboratory conducts surveillance of respiratory pathogens for all DoD training activities, Pacific rim Navy and Marine Corps stations, and on over 20 large-deck U.S. Navy ships. Their work contributes directly to force health protection by defining critical respiratory pathogen threats and directing appropriate intervention strategies. The laboratory’s work in diagnoses, training, outbreak response and clinical trial development for novel therapeutics has brought great credit to the Navy, and provides a clear public health benefit to service members and their families around the world.



Courtesy photo

SILVER SPRING, Md. - (Left to right) Sean J. Stackley, Assistant Secretary of the Navy (Research, Development and Acquisition); Cmdr. Patrick J. Blair, MSC, USN, Naval Health Research Center; Dr. Delores M. Etter former Assistant Secretary of the Navy (Research, Development and Acquisition, Nov 2005 – Nov 2007) during a ceremony at the Pentagon honoring Blair as the 2010 Dr. Delores M. Etter Top Scientist and Engineers of the Year Award winner.



Got News?

If you'd like to submit an article or have an idea for one, contact MEDNEWS at 202-762-3160 or

Valerie.Kremer@med.navy.mil

Naval research lab investigates spacial disorientation

By Naval Medical Research Unit Dayton Public Affairs

DAYTON, Ohio - Establishing orientation in one's environment is necessary to perform virtually all aspects of normal behavior, so it is not surprising that spatial disorientation (SD) poses a significant hazard during physically and cognitively demanding activities such as aviation. The Naval Safety Center cites this cognitive threat as the principal contributing factor in class A aviation mishaps.

Recognizing the need to develop countermeasures for SD, the Naval Medical Research Unit-Dayton (NAMRU-Dayton), in collaboration with the University of Dayton Research Institute (UDRI), is pursuing innovative research aimed at advancing our understanding of the human brain's spatial orientation system.

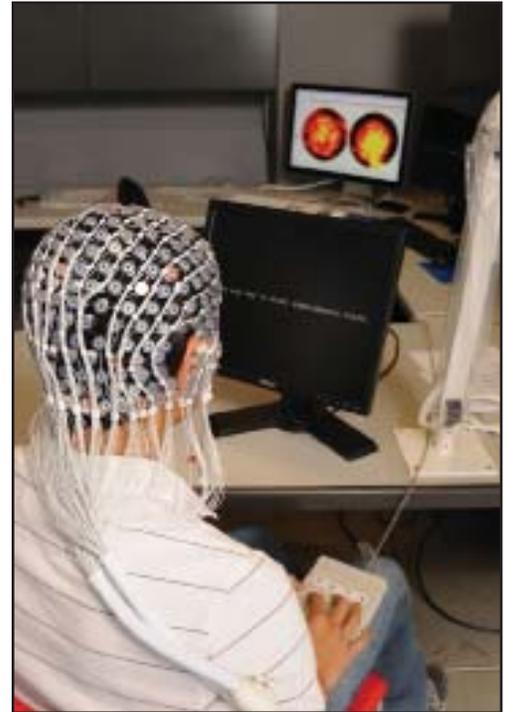
Previous laboratory research established the existence of a network of specialized neurons within specific brain regions that integrates visual and vestibular (motion) signals, creating an "anatomical spatial display" that operates much like a compass and perhaps a gyroscope, orienting an animal to its position within an environment. In humans, a recent clinical

study utilizing functional magnetic resonance imaging (fMRI) techniques found similar neural processes in participants engaged in a simulated spatial awareness task. However, fMRI imaging requires participants to remain physically motionless, which limits our interpretation of how humans process spatial awareness and SD in real world/operational settings.

To overcome this limitation, a novel project is underway at NAMRU-Dayton that incorporates recording neural activity with simultaneous subject motion in human participants.

Recently, NAMRU-Dayton researchers, led by Dr. Richard Arnold and Lt. Stephen Eggan, met with UDRI scientists and engineers to begin integrating UDRI's advanced 256-channel dense-array electroencephalography (dEEG) technology with NAMRU-Dayton's unique Visual Vestibular Sphere Device (VVSD). Unlike standard EEG technology, which measures gross neuroelectrical activity at the scalp, dEEG provides high-resolution neuroelectrical signals that can be reconstructed in three-dimensional space and localized to specific anatomical brain structures.

Additionally, dEEG allows for par-



Courtesy photo

A subject testing the advanced 256-channel dense-array electroencephalography (dEEG) technology in the University of Dayton Research Institute (UDRI) Human Factors Group lab.

participant motion during recording, overcoming the limitation of fMRI. NAMRU-Dayton's VVSD will introduce combinations of visual tracking tasks and participant motion during recording, allowing researchers to distinguish between visual and motion influences on spatial processing.

Findings from this collaborative research could identify techniques for future applied NAMRU-Dayton research designed to measure SD during flight simulations and will lay the groundwork for developing future methods of detecting SD and countermeasures to reduce the risk of aviation-related SD mishaps.

Naval Medical Research Unit Dayton's Visual Vestibular Sphere Device (VVSD) will be used to produce spatial orientation stimuli. The VVSD will introduce combinations of visual tracking tasks and participant motion during recording, allowing researchers to distinguish between visual and motion influences on spatial processing.



Courtesy photo

Navy Reserves critical to NATO Role 3 mission in Kandahar

By Capt. Mike McCarten, commanding officer of the NATO Role 3 Multinational Medical Unit, Kandahar, Afghanistan. McCarten is a U.S. Navy family physician and aerospace medicine specialist.

I command the NATO trauma hospital south of Kandahar City, the NATO Role 3 Multinational Medical Unit (MMU) staffed with 225 men and women from Navy Medicine. To them, the scenes in the hospital trauma bays are familiar: crowds of emergency room doctors and nurses, surgeons and technicians all feverishly attending to a fallen Soldier or Marine. I was caught off guard one day when, rather than our trauma docs running the show, our pediatric intensivist, Capt. Jon Woods, was at the head of the bed. Except for Dr. Woods, the crew was wearing blue operating room gowns and masks, indicating this was a case of infection rather than trauma. Heading up the crew with Dr. Woods was Lt. Dana Phillips, a reserve component (RC) Nurse Corps officer from Newark, N.J.

The patient that day was a very ill 8-year-old Afghan girl with pneumonia and meningitis. As work on the child proceeded she went into cardiac arrest without warning.

In his typically calm voice, Dr. Woods said "please start chest compressions." As the team began compressions, Lt. Phillips asked a hospital corpsman to "go to the intensive care unit (ICU) and get help" in an equally calm voice. Within minutes

three ICU nurses arrived, each stepping in to assume control of crucial tasks: managing the airway, starting another IV, drawing blood, administering the meds, etc. What unfolded over the next 20 minutes was the most professionally managed pediatric code I've witnessed in my 30-year medical career. It was readily apparent to me that Dr. Woods knew exactly what to do with each turn of events. It was equally apparent that each of the assembled nurses was similarly adept in their professions as each step of the way required more and more sophisticated interventions. As the resuscitated child was wheeled to the ICU, I realized that all three ICU nurses were, like Lt. Phillips, from the RC: Capt. Mary Daack from Meriden, Kan., Capt. Todd Bahl

from Snohomish, Wash. and Cmdr. Julie Wetmore from Lincoln, Ill.

The role of the RC in Kandahar cannot be overestimated. One third of our hospital staff, including 80 percent of the nursing staff, is from the RC. Every corps of Navy Medicine has been represented on the Role 3 staff by RC members. The RC comes to deployment with a seasoned set of skills, each with tremendous depth of experience and maturity and each with a 'can do' attitude that significantly contributes to our outstanding success. It is no exaggeration to say we can't do this without the RC.

For more information about practicing medicine with the Navy Reserve, visit <http://www.navyreserve.com/careers/healthcare.html>



Courtesy photo

KANDAHAR, Afghanistan - (From left to right) Cmdr. Julie Wetmore, Lt. Dana Phillips, Capt. Mary Daack and Capt. Todd Bahl are just some of the Navy reserve component nurses serving at the NATO Role 3 hospital in Kandahar, Afghanistan.

Macklin Symposium Autism and the Military Child

WHEN: Sept. 13-14, 2011, 8:00am to 5:00pm

WHERE: The Renaissance Portsmouth Hotel and Waterfront Conference Center, 425 Water Street, Portsmouth, VA 23708.

WHAT: A multi-disciplinary two-day training symposium on autism spectrum disorders (ASDs). Topics address current knowledge and future directions in the care and treatment of children with ASDs, with specific emphasis on the needs of military children.

WHO SHOULD ATTEND: Anyone interested in autism spectrum disorders including: military family members, educators, physicians, etc.

REGISTRATION DEADLINE: Aug. 15, 2011

COST: There is no fee for this training; however, registration is required. Lunch is on your own.

POC: (757) 953-7379 or Glenda.Lewis-Fleming@med.navy.mil, <http://www.med.navy.mil/sites/nmcp/pages/autism2011.aspx>

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