



Navy and Marine Corps Medical News



A Public Affairs Publication of the U.S. Navy Bureau of Medicine and Surgery

August 2012

MEDNEWS Items of Interest

August is National Immunization Awareness month, a reminder of the importance of immunization as an integral part of overall health of individuals, families and communities. This month is a good time to pull out your shot records and see if you are up-to-date on your vaccinations. For more information visit: http://www.health.mil/News_And_Multimedia/Special_Features/immunization.aspx

The Navy Dental Corps will celebrate its 100th birthday Aug. 22.

Navy Weeks 2012 - Navy Medicine will be participating in the following 2012 Navy Weeks: Chicago (Aug. 13-20), Buffalo (Sept. 10-17) and Houston (Oct. 22-28).

Find us on Facebook. U.S. Navy Bureau of Medicine and Surgery, follow us on Twitter @ NavyMedicine, read our publications on Issuu, check out our photos on Flickr, watch our videos on YouTube and read our blog on Navy Live.

Did You Know?

Since March 2012, more than 6,500 samples have been tested for synthetic drugs within Navy Medicine. While a relatively minor percentage have come back positive, Sailors and Marines need to know they are putting their careers at risk if they partake in these activities.

NAVY MEDICINE DEPLOYERS BEGIN ROLE-3 KANDAHAR COURSE

By Mass Communication Specialist
1st Class (SW) Bruce Cummins, Navy
Medicine Support Command Public
Affairs

CAMP PENDLETON, Calif. - Nearly 200 active-duty and Reserve Sailors scheduled to deploy to the world's busiest military trauma hospital began the second iteration of a training program July 30 at the Naval Expeditionary Medical Training Institute (NEMTI) here.

The training evolution, designed to integrate and develop them as a medical team, marks only the second time the entire staff of enlisted and commissioned medical professionals and support personnel assigned to a forward-deployed medical facility began pre-deployment training together.

This is an effort NEMTI Officer-In-Charge Capt. Thomas Sawyer, said

supports the current role of U.S. Navy healthcare professionals in contingency operations around the world.

"Navy Medicine has historically been capable of operating in any environment," he said. "A pillar of our training - team training with service members with whom they'll rely on heavily during the deployment - is exercised using high-fidelity simulation, which provides enhanced current skills to be able to do what they do best - save lives."

The NEMTI-sponsored Kandahar Role-3 Hospital course is a two-week program designed to foster teamwork, and build and hone medical skills specific to what U.S. military medical professionals might expect while on deployment to the Role 3 Hospital at Kandahar Airfield in Afghanistan. The course was

See Kandahar, Page 3



U.S. Navy photo by Mass Communication Specialist Bruce Cummins

Capt. Sharon Troxel, a Naval Expeditionary Medical Institute Kandahar Role 3 Course subject matter expert and guest instructor, explains the Focused Abdominal Sonographic Trauma exam to students during a skill stations class at Camp Pendleton, Calif., Aug. 3. The course is a two-week program designed to foster teamwork, and build and hone medical skills specific to what U.S. military medical professionals might expect while on deployment to the Role 3 Hospital at Kandahar Airfield in Afghanistan.

Synthetic drugs, cutting short careers and lives

As the surgeon general of the Navy, I am in awe of the young Sailors and Marines who serve so gallantly. My most solemn days are those when I see a shipmate fall from wounds or illness. I also have the solemn task on occasion to review the case of a vibrant Sailor or Marine who played Russian roulette with synthetic drugs such as "spice" or "bath salts" and lost, costing them their career, future and possibly life.

The issues that keep me up at night are the ones that have the most impact on personnel readiness and our ability to help Sailors and Marines meet their missions. For me, undoubtedly the prevalence and growing popularity of synthetic forms of drugs like marijuana, the most common of which are spice and, in more recent months, bath salts, is one of those issues. These products are enough of a concern in our society that the federal government placed a ban on the sale of these man-made designer compounds earlier this month.

The U.S. military represents a microcosm of our much larger population and in many ways strives to be a reflection of the society we serve, so we share many of the same health and safety issues as the general population, including the increased use of these dangerous and debilitating drugs - which not only affect our service members' health, but also our

readiness as a military force. For nearly a year now, Navy leaders have taken a multitiered approach to combating this escalating issue in our forces, and with our partners in the Naval Criminal Investigative Service, Naval Personnel Command and throughout our naval enterprise, we have made progress in deterring and detecting use.

It is important for Sailors and Marines to know that despite manufacturer claims, we can and are testing for these drugs.

The chemicals found in these drugs are not regulated by the U.S. Food and Drug Administration and no two batches are alike, meaning it is nearly impossible to determine the drug's potency. Most packaging clearly reads, "Not for human consumption," and that is for good reason. Military and civilian health professionals continue to learn more about the negative health effects of synthetic drug use, and the data are alarming.

Bath salts are essentially chemically engineered products meant to stimulate the central nervous system — similar to drugs such as methamphetamine, cocaine and Ecstasy.

Detrimental effects of the drug, which is also marketed as "plant food" or "herbal incense," include but are not limited to extreme paranoid delusions and hallucinations, anxiety, agitation, aggression, tremors, seizures and dysphoria.

As the leader of the medical community for the Navy and Marine Corps, I cannot emphasize enough to our sailors and Marines that using synthetic drugs really is just like playing Russian roulette with their health, not to mention their career.

Navy and Marine Corps personnel who wrongfully possess, use, promote, manufacture or distribute designer drugs or products containing synthetic cannabinoid compounds such as spice or paraphernalia may be subject to punitive action under Articles 92 and 112a of the Uniform Code of Military Justice, adverse administration action, or both. Consumption of any of these products meets the criteria for drug abuse and is prohibited.

In March, we started screening for spice and more recently for bath salts.



Vice Adm. Matthew L. Nathan
U.S. Navy Surgeon General

We have tested more than 6,500 samples since then and while a relatively minor percentage have come back positive, Sailors and Marines need to know they are putting their careers at risk if they partake in these activities. In the past year alone, hundreds of Sailors were held accountable for use or possession of these products. One-time use is enough for discharge from service.

To deter drug abuse, I have urged all in positions of leadership to be fully engaged in their command's implementation plan to continually communicate and educate all hands as to the Navy's zero-tolerance policy on synthetic designer drugs. Each command's aggressive awareness and education campaign should begin during indoctrination and be reinforced throughout the year. We cannot overcommunicate this issue. Accountability for those who abuse these substances will help deter their abuse.

Given the rise in usage, deterring synthetic drug abuse must be an all-hands effort. But as I mentioned before, this is not just a military issue. I implore everyone to take care when making decisions about using synthetic drugs. It's not healthy. It's not legal. It's not worth it.

I can promise that Navy Medicine will continue to shine a light on this growing concern by delivering sustained, coordinated, aligned and targeted messages throughout the Navy and Marine Corps to ensure every person representing our armed forces is fully informed of the dangers of synthetic drugs, and I encourage my civilian medical counterparts to do the same in their communities.

It is my honor to serve you as the Navy surgeon general.



**Navy and Marine Corps
Medical News**



U.S. Navy Bureau of Medicine and Surgery

Vice Adm. Matthew L. Nathan
U.S. Navy Surgeon General

Capt. Dora Lockwood
Public Affairs Officer

Shoni Pilip-Florea
Deputy Public Affairs Officer

Valerie A. Kremer
MEDNEWS Managing Editor

U.S. Navy Bureau of Medicine and Surgery
7700 Arlington Blvd. Ste. 5122
Falls Church, Va. 22042-5122

Public Affairs Office
p - 703-681-9032

Navy Surgeon General highlights Navy Medicine in Pacific Northwest

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

SEATTLE - The U.S. Navy Surgeon General concluded a three-day visit to the Pacific Northwest region, Aug. 3, which included tours of Navy Medicine facilities and high level engagements with community, athletic and educational leaders.

During his visit to the region, U.S. Navy Surgeon General, Vice Adm. Matthew L. Nathan, toured the medical facilities at Naval Hospital Bremerton and Naval Branch Health Clinic Everett.

While there he met with leadership and conducted all hands calls with the Sailors, staff and officers. He praised their work in supporting and enabling the warfighter and ensuring their readiness to deploy on the sea, above the sea, under the sea or on the battlefield.

“We are in the readiness business,” said Nathan, “and you have incredible worldwide responsibilities. In the Navy we place a tremendous amount of responsibility on our Sailors, and I applaud and appreciate what you do every day. Everywhere a Sailor or Marine goes, Navy Medicine goes with them.”

While in Seattle, Nathan visited the University of Washington School of Medicine. His visit included discussions with Dr. Thomas E. Norris, University of Washington professor and chair of the Department of Family Medicine, and other university leadership.

Norris described the mutual value of the relationship between the Navy and the University of Washington.

“We are so proud of the Naval Hospital Bremerton residency program,” said Norris.

He went on to discuss how much faculty members learn from each other about both military and civilian medicine and the mutually enriching relationships between university faculty, Navy medical leadership and medical school students.

Nathan thanked the university staff for their interest in the



Photo by Doug Stutz

Vice Adm. Matt L. Nathan, U.S. Navy surgeon general and chief, Bureau of Medicine and Surgery tours the Seattle Seahawk Training Facility and confers with Seahawk Team Physician Dr. Stan Herring and the NFL on football concussion awareness and prevention, including legislative efforts.

U.S. Navy and praised their family medicine residency network.

“You have an iconic program here and a very robust relationship with the Navy,” said Nathan, “and we can leverage what systems like yours have to offer.”

The surgeon general also had the opportunity to attend a Seattle Seahawks practice at their training facility in Renton, Wash. There, he met with Dr. Stanley A. Herring, co-director, Seattle Sports Concussion program, and key members of the Seahawks’ staff. The visit included a tour of the training facility and discussions on the prevention and treatment of concussive injury and traumatic brain injury.

Throughout the exchange, Nathan and Herring stressed the

See Pacific, Page 3

KANDAHAR

From page 1

initially offered in January 2012 and met with resounding success. Service members previously deploying in support of operations in Africa, Afghanistan and Iraq were either sent individually or in small groups, replacing other personnel with similar specialties or Navy Enlisted Classifications (NECs) on a “one-for-one” basis.

U.S. Navy Bureau of Medicine and Surgery, Navy Medicine Support Command and the operational training leadership, however, recognized the need for additional requirements in the training pipeline, suggesting a course that would allow deploying personnel the opportunity to train together from the inception, fostering a sense of teamwork and unity imperative for the continued success medical personnel have affected in some of the most dangerous areas in the world.

“It is gratifying to watch personnel from all skill levels come together as a

team,” Sawyer said. “We are training both Role 2 and Role 3 deployers during this course. They arrived as individuals and will depart as medical teams ready to perform their specific mission.”

The term “role” describes the tiers in which medical support is organized, with Role 3 describing the capabilities of a theater-level hospital.

The course, designed by NEMTI, was approved by the US Fleet Forces Command, CENTCOM and the former Navy Medicine Support Command in response to deployment requirements and feedback received from previously deployed personnel including past and current commanding officers of the North American Treaty Organization-run Role 3 Kandahar Medical Facility. The course includes a variety of medical training courses.

The curriculum for this course includes JTTS Clinical Practice Guidelines and incorporates concepts of pre-deployment trauma requirements such as tactical combat casualty care. Additional

subjects include ethics, psychiatric disorders, Army working dogs and unexploded ordnance.

Kandahar Role 3 students participate in a lecture/question and answer forum with members from the NMCSW Wounded Warrior Battalion, and the course culminates with a mass casualty drill.

“It is a privilege to serve the Marines,” Sawyer said. “The Wounded Warriors provide a final crescendo that brings the trauma instruction and team building all together.”

Service members completing the Kandahar Role-3 Hospital course will next complete U.S. Central Command military requirements aboard training sites such as Fort Dix, N.J., and Fort Jackson, S.C.

NEMTI, the premier U.S. Navy training facility for expeditionary medicine, reports to the Navy Medicine Operational Training Center (NMOTC) in Pensacola, Fla., and the Medical Education and Training Command in San Antonio, Texas.

Pacific Partnership closes in Cambodia

By Mass Communication Specialist 3rd Class Clay M. Whaley, Pacific Partnership 2012 Public Affairs

SIHANOUKVILLE, Cambodia - Pacific Partnership 2012 (PP12) held a closing ceremony, Aug. 11, finishing the two week mission that took place across four different provinces including Sihanoukville, Kampot, Koh Kong and Phnom Penh, Cambodia.

The ceremony consisted of two key speakers to include William E. Todd, U.S. Ambassador to Cambodia, and Vice Adm. Tea Vinh, of the Kingdom of Cambodia Ministry of Defense.

Cambodia is the last of four-mission ports supported during the four-and-a-half month PP12 deployment aboard the Military Sealift Command hospital ship USNS Mercy (T-AH 19).

PP12 Mission Commander Capt. Jim Morgan said he had a wonderful experience building relationships with the Cambodian locals.

“These relationships are important to have in order to work together to respond to natural disasters. It’s been a pleasure to be in Cambodia and I thank the government and military in Cambodia for inviting us to be here,” he said.

Vice Adm. Tea Vinh said PP12’s visit to Cambodia has been the testimony reflecting the progress and sustainability of friendship and cooperation between Cambodia and the U.S.

Pacific Partnership, an annual U.S. Pacific Fleet humanitarian and civic assistance mission now in its seventh year, brings



Photo by Kristopher Radder

Hospital Corpsman 2nd Class Jason Smith shows a group of Cambodian medical students how to make a temporary splint aboard the Military Sealift Command hospital ship USNS Mercy (T-AH 19) during Pacific Partnership 2012, Aug. 4. Cambodia is the final mission port for Pacific Partnership 2012.

together U.S. military personnel, host and partner nations, non-government organizations and international agencies to build stronger relationships and develop disaster response capabilities throughout the Asia-Pacific region.



Photo by Mass Communication Specialist 2nd Class Jessica L. Tournez

Building Relationships

Peter Harsch, right, explains the process of building custom-fit prosthetic limbs to U.S. Ambassador to Georgia John R. Bass in the prosthetics laboratory at Naval Medical Center San Diego's Comprehensive Combat and Complex Casualty Care facility, July 31. Following his tour of the facility, Bass visited a group of Georgian Armed Forces service members who are being treated for combat injuries at the center.

PACIFIC

From page 3

importance of increased emphasis on concussion awareness, medical research, and development of initiatives to prevent concussive injury on both the battlefield and the athletic field.

“There are mutual benefits in exchanging information and learning from one another,” said Herring.

Nathan described the efforts Navy Medicine continues to work in the prevention of concussive injury and traumatic brain injury treatment.

4 • MEDNEWS • August 2012

“We share similar excitement and challenges for our Sailors and Marines as you do for your athletes,” said Nathan. “The dialogue and cross pollination that we share is essential to improved care for both our warriors and your athletes, and I am encouraged by this opportunity to share information.”

In a fitting finale of his Pacific Northwest visit, the U.S. Navy’s Surgeon General and Cmdr. Douglas Stephens, officer in charge of the Branch Health Clinic Everett, commemorated the birthday of the Medical Services Corp with a cake-cutting ceremony. The Medical Services Corp has become an indispensable

component of Navy Medicine, serving 31 specialties ranging from clinical providers to scientists, to health care providers. The Medical Services Corp will celebrate its 65th birthday Aug. 4.

Speaking to assembled Sailors, Nathan commended the work they do every day in supporting the Navy’s maritime strategy.

“This is my first visit to this clinic, and I am impressed by what I’ve seen,” said Nathan. “I do not take for granted what you do every day, especially in today’s all-volunteer force. I am proud to serve with such an outstanding group of professionals. Keep up the tremendous work.”

Navy Medicine meets world-class leaders during Milwaukee Navy Week

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

MILWAUKEE - Navy medicine leadership met with top health care, educational, and athletic leaders to discuss shared initiatives in research and development, wounded warrior care, and energy initiatives as part of Milwaukee Navy Week, Aug. 7-11.

Rear Adm. Margaret Rykowski, deputy fleet surgeon, U.S. Fleet Forces Command, and deputy director, Navy Nurse Corps, reserve component, was the senior medical officer representing Navy Medicine during Milwaukee Navy Week.

"It is a pleasure to be back in Milwaukee, which has a rich heritage of supporting the military," said Rykowski. "The Navy truly is a 'Global Force for Good' and Milwaukee Navy Week provides a wonderful opportunity to show the people of Milwaukee and Wisconsin what their Navy does, how we take care of our dedicated men and women in uniform, and the possibilities for those looking to pursue a career in the Navy."

Out of the nearly 330,000 active duty Sailors across the Navy, 1,200 come from Wisconsin, nearly 700 reserve Sailors hail from Wisconsin and more than 6,000 retired Navy men and women are currently living in the state of Wisconsin, Rykowski noted.

During a meeting at the Clement Zablocki Veterans Affairs Medical Center, Rykowski met with leadership and staff and discussed the similarities between the Patient Aligned Care Team (PACT) and Navy Medicine's Medical Home Port model. In both models, the patient is assigned a team of health care professionals who takes care of the patient's continuum and coordination of care.

"In nursing and in medicine it is our job to educate patients and look at their goals and needs," said Deborah Hagen, division manager for primary care, and coordinator, PACT program. "It is wonderful to learn how the Medical Home Port model in Navy Medicine is similarly working in fulfilling patients' goals as well."



Photo by Valerie A. Kremer

Deputy Fleet Surgeon, U. S. Fleet Forces Command and Deputy Director, Navy Nurse Corps, Reserve Component, Rear Adm. Margaret Rykowski receives a tour of GE Healthcare during the Navy's commemoration of the Bicentennial of the War of 1812 in Milwaukee. This celebration coincides with Milwaukee Navy Week, one of 15 signature events planned across America in 2012.

During her presentation, Rykowski highlighted Navy Medicine's critical role in the maritime strategy with regards to the use of smart power through humanitarian assistance/disaster response missions.

"Navy Medicine plays a vital role in the execution of the maritime strategy: forward presence, deterrence, sea control, power projection, and maritime security, because no ship, submarine, aircraft or other Navy asset deploys without the support of Navy Medicine," said Rykowski. "In addition, Navy Medicine projects and executes 'smart power', the maritime strategy's final priority, through its most visible role in humanitarian assistance/disaster relief (HA/DR) missions."

Rykowski also met with the Milwaukee Bucks basketball team medical staff and toured their training facility during her visit to discuss similarities between the care provided for players and service members.

"It was a pleasure having Rear Adm.

Rykowski visit the Milwaukee Bucks during Milwaukee Navy Week," said Marc Boff, head athletic trainer, Milwaukee Bucks. "It was great to learn about the similarities regarding injury prevention and treatment between our players and service members."

Other events during the week included a visit with A.O. Smith, GE Healthcare, AIDS Resource Center of Wisconsin, the University of Wisconsin-Milwaukee Chancellor, and the Milwaukee Kiwanis Club, to name a few.

Milwaukee Navy Week (Aug. 6-13) is one of 15 Navy weeks across the country this year. 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. The week-long event also commemorates the Bicentennial of the War of 1812, hosting service members from the U.S. Navy, Marine Corps, Coast Guard and Royal Canadian Navy.



View more Navy Medicine photos online at:
www.flickr.com/photos/navymedicine/



Pain management team broadens access to care in Bremerton

By Douglas H Stutz, Naval Hospital Bremerton Public Affairs

BREMERTON, Wash. - Naval Hospital Bremerton hosted members of the Navy Comprehensive Pain Management Program (NCPMP) for a fact-finding, brainstorming collaboration visit Aug. 8 and 9.

"The pain management team was here to meet and gather information on program capabilities we have at NHB," said Cmdr.

Brendan Melody, NHB Director of Administration.

"We all want to know how to implement better methodology with our stakeholders in all of our departments and clinics to help our beneficiaries."

According to Capt. Ivan Lesnik, Navy Medicine West NCPMP lead, the general objectives for this U.S. Navy Bureau of Medicine and Surgery initiative program are to aid in the restoration of function and relief of pain by broadening access to evidence-based, standardized, multimod-

al, and interdisciplinary pain care across Navy Medicine, ensuring treatment efficacy through practice guidelines, education, and analysis of treatment outcomes.

"There is a crisis in effectiveness in handling pain," explained Lesnik. "The number one issue from beneficiaries and active duty personnel is about pain. Pain is the most common complaint. Its loss of function and it impacts quality of life. We have used the tools that we have but that's not enough."

**--Capt. Ivan Lesnik
Navy Medicine West NCPMP lead**

Assistant Secretary of Defense for Health Affairs memorandum requiring standardized, comprehensive, multidisciplinary pain management in the Military Health System.

"This is really about pushing our care to the deck plates, especially improving access to care with a big emphasis on restoring function and capability," said Lesnik. "Anything that erodes readi-

ness is a deterrent. The major pain areas continue to be the lower back, joint and shoulder pain for the junior and senior enlisted personnel."

Lesnik attests that chronic pain is at a current state where it is a disease and economic burden to the entire country.

"From the utilization of care standpoint, the most common office visit complaint is chronic pain, which is directly associated with loss of function, quality of life and workdays," said Lesnik. "Chronic pain impairs readiness and is a common medical evacuation cause."

Lesnik notes that special emphasis will be placed on improving quality of life and functionality, decreasing pain, increasing patient satisfaction, reducing pain-related costs, lessening limited-duty days, and improving access to care for complex acute, high-risk acute and chronic pain patients.

"The vision is readiness through restoration of function and relief of pain," said Lesnik. "Navy Medicine's solution at our military treatment facilities, hospitals and clinics is to have multidisciplinary pain care teams that we call R4 Pain teams. R4 is reference to readiness, restoration of function, relief of pain and research."

"Chronic pain impairs readiness and is a common medical evacuation cause."

NHCCC 'fights the bite' to help prevent mosquito-borne illnesses

By Bill W. Love, Naval Health Clinic Corpus Christi, Public Affairs

CORPUS CHRISTI, Texas - Public Health Services (PHS) at Naval Health Clinic Corpus Christi (NHCCC) Aug. 7, described on-base monitoring of West Nile virus (WNV) and recommendations for reducing mosquito bites.

"Our 'Fight the Bite' approach to the prevention of mosquito-borne illnesses begins with a vigilant surveillance program conducted by our staff in Preventive Medicine (PREVMED). This basic surveillance consists of trapping mosquitoes around the base in order to identify the number, species, and gender of the local mosquito population," said Dr. M. Rony Francois, NHCCC director, PHS and public health emergency officer.

Although the Texas Department of State Health Services reports a higher than usual number of human West Nile virus cases in Texas this year due to the warm winter and recent rains, PREVMED is proactively performing year-round inspections on-base.

"Mosquito surveillance serves as a sentinel for human disease, because if you are finding West Nile virus in the mosquito population during trapping, guess what, it's just a matter of time before it shows up in humans," added Francois.

PREVMED maintains traps located throughout family housing and at the nearby Childhood Development Center, and one of its representatives described the process.



Photo by Bill W. Love

Hospital Corpsman 3rd Class Taylor Boynton, a preventive medicine representative at the Naval health clinic at Naval Air Station Corpus Christi, collects pond water for mosquito traps located in base family housing. Clinic preventive medicine staff monitor the on base mosquito population year-round, focusing on the summer months when the insects are more abundant and there is an increased chance of acquiring mosquito-borne illnesses.

"We've had a lot of complaints about mosquitoes this summer because they like the humidity and the heat," said Hospital Corpsman 3rd Class (FMF) Taylor Boynton, while he mixed a

USS Emory S. Land conducts medical evacuation

By Mass Communications Specialist 2nd Class Jared X. Aldape, USS Emory S. Land Public Affairs

USS EMORY S LAND, At Sea - USS Emory S. Land (AS 39) conducted an emergency medical evacuation (MEDEVAC) for a crewmember Aug. 7.

At approximately 12:00 p.m., the crewmember, who had suffered a heart attack, was lowered by stretcher into a tug boat arranged by the Glenn Marine Group of Malaysia, a ship's husbandry group who is a sub contractor of On Call International, the medical support group for Military Sealift Command abroad.

Lt. Shalimar Enright, Land's undersea medical officer, assisted the transfer of the patient and returned to the Land via Navy fast boat provided by the Royal Malaysian Navy (RMN).

"Although it was an unfortunate occurrence, this MEDEVAC served to demonstrate the strong ties between the U.S. and Malaysian navies," said Enright. "We worked together in a safe and effective manner, and we were able to save a shipmate's life in the process".

The patient was transported ashore in Malaysia where he will receive emergency medical treatment.

"We had great support from our operational chain of command in quickly coordinating this medical evacuation," said Capt. Paul Savage, Land's commanding officer. "The mission was a success because of the team efforts of our embassy team



Courtesy photo

USS Emory S. Land (AS 39) conducted an emergency medical evacuation (MEDEVAC) for a crewmember Aug. 7.

in Malaysia and our Navy's good relationship with the Royal Malaysian Navy."

Land, homeported in Diego Garcia, is underway in the South China Sea and on an extended deployment conducting coordinated tended moorings and afloat maintenance in the U.S. 7th fleet area of operations.

To learn more about USS Emory S. Land (AS 39), visit www.as39.navy.mil or www.facebook.com/emorysland.

Okinawa Naval hospital opens doors to students

By Lance Cpl. Brianna Turner, III Marine Expeditionary Force / Marine Corps Installations Pacific

OKINAWA, Japan - Students of AmerAsian School of Okinawa and Kubasaki High School visited the U.S. Naval Hospital Okinawa at Camp Lester to participate in the science, service, medicine and mentoring program July 23-27.

The program, also known as S2M2, is designed to provide learning opportunities to high school students interested in pursuing a career in science or medicine.

"This program has been in the U.S. since 2007, but this is the first time we have done it here," said Navy Lt. So Y. Newton, the head of staff education and training at U.S. Naval Hospital Okinawa.

Newton began planning for implementation of this program at the hospital about two months ago.

"I have always wanted an opportunity like this for my students," said Midori Thayer, the principal and founder of AmerAsian School of Okinawa. "The hospital reached out and asked if I would like to participate, and I was so excited to bring them here."

During the weeklong summer program, the students toured the operating room, cast room and research lab. They also learned about the pharmacy, pre-

ventive medicine and cardiopulmonary resuscitation.

"I think this program is fantastic," said Lt. Cmdr. Emeka Ofobike, the head of the orthopedics department at the hospital. "The students get to come into the hospital, see what the medical field entails, and experience a lot of hands-on training."

"The students have never had such a big opportunity," said Midori.

While the students toured the hospital, they had the chance to experience having a cast firsthand.

"We actually sent the children home with a cast on their arm," said Newton. "Many of the students were excited to play with the casts, but they don't realize how tedious it really is to have a broken bone. We placed a cast on each one of the children's dominant arm, so they could experience what it is like when something as simple as combing their hair or brushing their teeth becomes difficult."

The orthopedic technicians removed the casts from the children's arms the next day.

This is the first time the program has been brought to this hospital, but will not likely be the last.

"If everything goes well, we hope to have more training during winter break," said Newton. "Hopefully we can expand it to (other) schools."

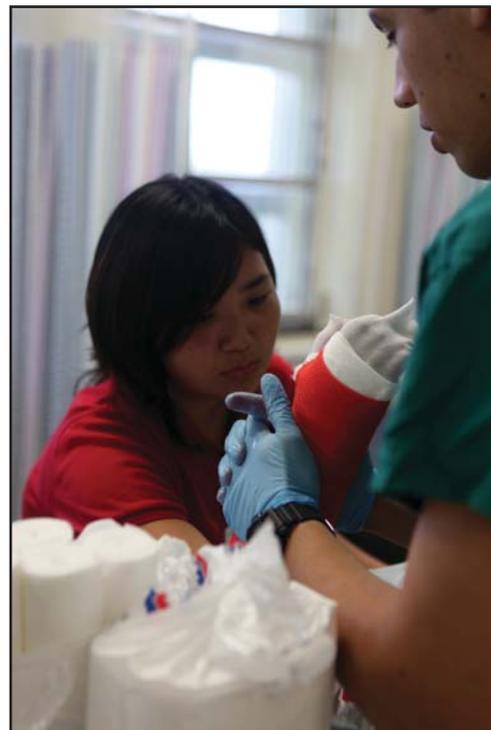


Photo by Lance Cpl. Brianna Turner

Navy Petty Officer 3rd Class Marco Brown places a cast on Erica Jones during the science, service, medicine and mentoring program at U.S. Naval Hospital Okinawa at Camp Lester July 23. Jones is a student of AmerAsian School of Okinawa, and Brown is an orthopedic technician with the hospital.

ARMY MEDALS PRESENTED TO CORPSMEN

By Pfc. Anne K. Henry, Marine Corps Bases Japan

CAMP CASEY, Republic of Korea — Three U.S. Navy hospital corpsmen with 12th Marines were awarded the Army Achievement Medal Aug. 7 at Camp Casey Army Garrison, Republic of Korea, during Korean Marine Exchange Program 12-7.

Hospital Corpsman 2nd Class Geoffrey Ward and Hospitalmen Mario Gallon and Zachory Myers, attached to 12th Marine Regiment, 3rd Marine Division, III Marine Expeditionary Force, received the medals for rendering medical assistance to U.S. Army soldiers involved in a Humvee rollover.

“The Humvee went off the road and tumbled over the side,” said Senior Chief Petty Officer Reese D. Ritter, the senior enlisted medical advisor with the regiment. “The soldiers made their way back up the road the corpsmen saw them and provided medical assistance.”

The soldiers were at Nightmare Range, Republic of Korea, in support of a ROK and U.S. Marines’ bilateral live-fire training event when their vehicle rolled over.

The training the corpsmen received earlier during KMEP 12-7 turned out to be critical, as the training scenario presented itself in real life.

“I am very glad the two soldiers are doing well,” said Ward. “We saw one soldier on the road, and he looked pretty shaken up. We could tell he needed help, so we gave him medical care and evacuated him. We were just doing our jobs.”

The medals were presented by U.S. Army Lt. Col. Jeremy P. McGuire, the commanding officer of 1st Battalion, 15th Field Artillery Regiment, 2nd Infantry Division.



By Pfc. Anne K. Henry

U.S. Army Lt. Col. Jeremy P. McGuire, left, presents an Army Achievement Medal citation to Hospital Corpsman 2nd Class Geoffrey Ward at Camp Casey Army Garrison Aug. 7 during Korean Marine Exchange Program 12-7. McGuire is the commander of 1st Battalion, 15th Field Artillery Regiment, 2nd Infantry Division. Ward is with 12th Marine Regiment, 3rd Marine Division, III Marine Expeditionary Force.

“This is the first time I’ve presented the Army Achievement Medal since taking command of the battalion, and I’m presenting it to sailors from the Navy,” said McGuire. “That’s something that you don’t see very often, but I’m grateful for their assistance and glad to be awarding them.”

PREVENT

From page 6

batch of stagnant pond water with grass and dried rabbit food.

After pouring the mixture into rubberized tubs outfitted with fan-powered traps, mosquitoes attracted to their new environment are captured when they are sucked up into the net covering.

When summer began in June, on-base residents had to contend with swarms of mosquitoes.

“I think our high point was 76 mosquitoes in one trap about a month ago,” said Boynton. “When we find 20 mosquitoes in a trap that is extremely high.”

After the insects are trapped and collected, Boynton says that a brief stint in the freezer immobilizes them for further study under the microscope. The team

then sorts out all of the males and gathers the females for supplementary analysis by the veterinarian.

“Our team works closely with Army Capt. Crystal Lindaberry, officer in charge, Naval Air Station Corpus Christi Veterinary Services,” said Francois. “She facilitates the provision of additional testing on appropriate specimens in San Antonio.”

“The other important aspect of our preventive strategy is to educate every family about useful precautions that help to reduce the risk of mosquito bites,” he added.

When you are outdoors, use insect repellent containing an EPA-registered active ingredient. Follow the directions on the package.

Many mosquitoes are most active at dusk and dawn. Be sure to use insect

repellent and wear long sleeves and pants at these times or consider staying indoors during these hours.

Make sure you have good screens on your windows and doors to keep mosquitoes out.

Get rid of mosquito breeding sites by emptying standing water from flower pots, buckets and barrels. Change the water in pet dishes and replace the water in bird baths weekly. Drill holes in tire swings so water drains out. And keep children’s wading pools empty and on their sides when they are not in use.

“Currently, the mainstay of treatment for West Nile virus infection is supportive. Therefore, the preventive activities remain the essential elements of our strategy for reducing morbidity and mortality from this disease,” said Francois.



Got News?

If you’d like to submit an article or have an idea for one, contact MEDNEWS at 703-681-9032 or Valerie.Kremer@med.navy.mil

To keep up with Navy
Medicine news and daily
updates follow us on...



NAMRU-3 supports multinational force, observers in the Sinai

From NAMRU-3 Public Affairs

CAIRO - A team from the U.S. Naval Medical Research Unit No. 3 (NAMRU-3) in Cairo, Egypt provided vector biology and preventive medicine guidance to the Multinational Force and Observers (MFO) in the Sinai in May. The team included NAMRU-3 vector biology laboratory technician Noha Watany and Capt. Jesse Monestersky, who provided vector biology and preventive medicine guidance when the team visited six remote sites for vector assessment.

At the request of the MFO's preventive medicine unit, the assistance visit focused on improving MFO Sinai vector surveillance, reporting, and vector control. The joint MFO preventive medicine unit and NAMRU-3 team assisted with identification and control of the filth fly, sand fly, and mosquito vectors, which can transmit diseases to soldiers or are of high nuisance importance. The team set up traps and instructed the preventive medicine staff on collection and processing of the specimens to be sent to NAMRU-3. Training was conducted on sand fly trapping and processing and leishmaniasis.

"Ms. Noha had studied the sites before the visit and knew the issues she'd meet, making the visit extremely productive," said Capt. Hinnerichs, deputy of Force Preventive Medicine.

The MFO also requested clinical support for healthcare providers at South and

North Camp clinics on diarrheal disease, occupational medicine, and principles of mass casualty. Monestersky provided training to South Camp clinic staff on infectious diarrhea and an introduction to occupational medicine, including a discussion on threats posed by open pit burning. He also provided a lecture on mass casualty to MFO North Clinic staff.

The NAMRU-3 team was able to provide highly relevant and needed support to address the mosquito problem in the South Camp area.

"This visit paved the way for future collaboration and operational support to MFO on pest control (filth flies, mosquitoes, sand flies) and for entomology research with joint collaboration between MFO PrevMed and NAMRU-3 Vector Biology," said Hinnerichs.

Future work is planned to include novel methods of sand fly control, including Ivermectin impregnated rodent food pellets and fungal application into rodent burrows, and potential diarrheal study collaboration.



Courtesy photo

Noha Watany (left), Capt. Hinnerichs (center), Multinational Force and observers PrevMed staff, and the Colombian contingent gather after the Center for Disease Control's light trap demonstration.



Courtesy photo

Noha Watany, NAMRU-3 vector biology laboratory technician and Sgt. First Class Ishmael in the Multinational Force and Observers's preventive medicine laboratory.



Courtesy photo

Multinational Force and Observers' Capt. Hinnerichs and NAMRU-3's Noha Watany check filth fly trapping devices in the Sinai.

USNS Mercy: Amplifying the Quality of Life

**By Maj. Cameron Jamieson,
Australian Army, Combined Media
Bureau, USNS Mercy (T-AH 19)**

A profoundly deaf Cambodian man can hear the world around him thanks to the help of the U.S. Navy-led Pacific Partnership 2012 mission and Williams Sound.

Twenty-seven-year-old Cambodian man Lorn Siiha [Editor's Note: Siiha is his first name] has had his quality of life amplified to an exciting new level thanks to the gift of a product that was not in his own means to obtain.

Siiha was born with practically no hearing and has led a silent life, communicating via sign language.

With the help of Cambodian non-profit organisation M'Lop Tapang the young man is learning how to be a waiter at the charity's Sandan Restaurant, which runs a hospitality vocational training program.

Siiha's life changing-moment found its genesis when the restaurant manager approached two Australian military nurses serving on Pacific Partnership who were dining at the restaurant.

The manager wanted to know if Siiha could be tested onboard the USNS Mercy, the massive hospital ship that serves as the floating base for the Pacific Partnership mission.

He was hopeful the multinational team could provide Siiha with a hearing aid of some description to help him be more situationally aware of his surroundings and perhaps learn to talk.

The nurses decided to approach their U.S. Navy commanders with the proposal of having Siiha tested for the one remaining Williams Sound Pocket Talker Pro hearing amplifier, one of two donated by the U.S. company.

Permission was granted and on the appointed day Siiha and his friend, a self-taught sign language translator, boarded a ferry for the short ride to the Mercy and a chance for assisted hearing.

U.S. Navy audiologist Lt. Amanda Boudreaux met with Siiha on arrival and took him to the ship's audiometric testing booth to see what hearing the man still had.

"We determined that he had a mild to severe hearing loss in one ear and a mild to profound loss in the other ear," said Boudreaux. "There was enough hear-

ing ability for him to be able to use an amplifier, so we gave him our last one. It was really exciting to be able to help this young man to understand a bit more of what's going on in his world."

For Siiha it was a life-changing moment.

"I can hear a little bit of what's going on around me now," he said via his sign language translator. "It's so much better than before, I'm very grateful to everyone for making this happen."

Now that Siiha can hear his surround-

ings he can try to learn how to speak for the first time.

For Lt. Rebecca Linich, one of the two Australian nurses who first heard Siiha's story, a chance meeting at a restaurant has led to a standout moment for her deployment.

"It feels very satisfying, it feels like I've made a difference to someone," said Linich. "I thought organizing this would be too difficult, but it wasn't. Everyone saw the bigger picture and wanted to help, and now we've changed a person's life."



Photo by Maj. Cameron Jamieson

U.S. Navy audiologist Lt. Amanda Boudreaux fits hearing impaired Cambodian man Lorn Siiha with a free hearing amplifier, one of only two donated to the ship by Williams Sound in the U.S. Siiha can now hear enough to give him situational awareness. Siiha's plight was brought to the attention of the U.S. Navy doctors by two ADF nurses. The event took place during Pacific Partnership 2012's mission stop in Sihanoukville, Cambodia.



Photo by Maj. Cameron Jamieson

Hearing impaired Cambodian man Lorn Siiha sits in an audio testing booth aboard the U.S. Navy hospital ship USNS Mercy for tests to ascertain his suitability for a hearing amplifier. U.S. Navy audiologist Lt. Amanda Boudreaux is conducting the test.