



Navy and Marine Corps Medical News



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June 2011

MEDNEWS Items of Interest:

June marks “Navy Medicine’s Partnerships in Health Diplomacy.” These partnerships translate into a host of new medical advancements in areas like disease prevention, wounded warrior care, and TBI treatment. They allow Navy Medicine to provide hope, comfort, and care to others in need while building trust and cooperation and strengthen relationships with a broader coalition of countries for mutual benefit.

Navy Weeks 2011

Navy Medicine will be participating in Navy Week cities: Chattanooga (June 16-17), Chicago (June 28-30), Los Angeles (July 28-30), and San Antonio (TBD). For more information on Navy Weeks go to www.NavyWeek.org

The National Intrepid Center of Excellence (NICoE) will mark its one-year anniversary June 24.

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

Did You Know...

Navy Medicine’s partnerships extend to countries such as Botswana, Djibouti, Egypt, Vietnam, and Peru where Navy Medicine houses research labs and works directly with host nation military medical counterparts.

Patient relocation exercise tests plan for seamless move to joint medical center

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

BETHESDA, Md. - The National Naval Medical Center and Walter Reed Army Medical Center conducted an inpatient movement rehearsal exercise June 12, 2011, to test all aspects of the inpatient move that is scheduled to occur in August.

The patient move from Walter Reed Army Medical Center (WRAMC), to Bethesda is a key milestone in the Base Realignment Commission (BRAC) mandated consolidation of the U.S. Navy and U.S. Army flagship medical centers in the National Capital Region.

"Planning for today's drill had been ongoing for the past nine months and included more than 100 medical and logistics experts from National Naval Medical Center and Walter Reed Army Military Center," said Navy Capt. David

A. Bitoni, chief of staff for integration and transition, National Naval Medical Center. "Together, the Navy and Army medical team developed an intricate movement plan that we tested today with good results."

"The lessons learned will help ensure we get it right when we move the actual patients this August," Bitoni explained. "It will ensure that we provide a seamless transition for our wounded warriors and their families."

During the exercise, 12 simulated patients were transported via ambulance from WRAMC in northeastern Washington, D.C., to National Naval Medical Center (NNMC) in Bethesda, Md.

Montgomery County Police and Metropolitan Police Departments participated in the exercise to ease the movements through the public roads

See RELOCATION, Page 3



Photo by Mass Communication Specialist 2nd Class Jonathen E. Davis

TUMACO, Colombia - Lt. Cecilia Mendoza, left, and Rev. Juan Garcia, a Roman Catholic priest from the Colombia navy, visit a patient during a tour of the Military Sealift Command hospital ship USNS Comfort (T-AH 20), June 4. Comfort is deployed as part of Continuing Promise 2011, a five-month humanitarian assistance mission to the Caribbean, Central and South America.

Navy Medicine's Partnerships in Health Diplomacy

The 2011 National Military Strategy states that "our military power is most effective when employed in support and in concert with other elements of power as part of whole-of-nation approaches to foreign policy." Navy Medicine plays a vital role in support of this strategic mission. After responding to two tsunamis in six years, two earthquakes in Pakistan and Haiti, and a hurricane in the Gulf Coast, we have proven the necessity of a robust expeditionary military medical force to bring hope and stability to places and people in dire need, which ultimately leads to more peace, security, and prosperity in the broader world. Japan is but the latest reminder of the importance of our ability to partner with others to provide medical surge capabilities.

Medicine is a common language that all countries understand. Wherever we can provide hope, comfort, and care to others in need, and wherever we can partner with other allied nations through military medical partnerships, it behooves us to do so; to build trust and cooperation, and strengthen our relationships with a broader coalition of countries for our mutual benefit, and simply put, it is the right thing to do. These partnerships are translating

into a host of new medical advancements in areas like disease prevention, wounded warrior care, and TBI treatment. Embracing joint, interagency, whole-of-nation, multi-national, and public/private partnerships is where we must go if we are to truly have an enduring impact on global health issues.

USNS Comfort is finishing a deployment to South/Central America, and the Caribbean in support of Continuing Promise 2011 and USNS Mercy returned from their Pacific Partnership mission last August after caring for over 210,000 citizens from 13 countries. Our partnerships include also extend to countries such as Botswana, Djibouti, Egypt, Vietnam, and Peru where we house research labs and work directly with our host nation military medical counterparts. These partnerships

"Embracing joint, inter-agency, whole-of-nation, multi-national, and public/private partnerships is where we must go if we are to truly have an enduring impact on global health issues."

provide needed resources and diplomatic tools for the interagency to develop their own initiatives with foreign governments. Our engagement programs include partnerships in undersea and aerospace medicine, vaccine and infectious disease research, environmental health and toxicology, and surgical and reconstructive research, including regenerative medicine. Our forward presence overseas enables us to provide preparedness regarding potential threats – infectious, toxic and environmental – existent on six continents.

Our partnerships also extend to countries such as Botswana, Djibouti, Egypt, Vietnam, and Peru where we house research and development labs and work directly with our host nation military medical counterparts. Our three overseas laboratory commands



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

and their subordinate detachments and field activities have enabled us to provide needed resources and diplomatic tools for the interagency to develop their own initiatives with foreign governments. Our method of providing "shoulder to shoulder" medical science, infectious disease and health hazard support to host nation governments has been repeatedly cited as their best practice model for building more trust, cooperation, and collaboration with us. To that end, we have held extensive international engagements and development relationships in Africa, South America and Southeast Asia-Pacific for over 66 years.

These broad activities represent only a fraction of what Navy Medicine provides in support of our nation's national security, diplomatic, and development missions. They highlight our enhanced and enlarged global footprint of health diplomacy. These partnerships should serve as a model to grow and sustain our own capacity as well as the capacity of interagency programs for the future. As global health diplomats and ambassadors, we are part of our nation's and our Navy's "global force for good." 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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First mobile MRI systems to be sent to Afghanistan theater

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

FORT DETRICK, Md. - Naval Medical Logistics Command (NMLC) announced the award of a contract for two mobile Magnetic Resonance Imaging (MRI) systems to Philips Healthcare June 7, to aid in the diagnosis and treatment of traumatic brain injury of wounded warriors in Afghanistan.

The Navy has been working closely with the Army and Air Force to field an unprecedented MRI capability for deployed forces as part of the overall comprehensive approach to diagnosing and treating concussive injuries.

The procurement of the MRI systems has been a joint initiative between NMLC's technical and operational partners including: Bureau of Medicine and Surgery, U.S. Army Medical Material Agency, Chief of Mobility Command, the Veterans Administration, and the Army's Rapid Equipping Force.

While there is no clinical requirement for MRI systems in battlefield trauma care, they will be informative and may lead to cutting-edge discoveries in the diagnosis, treatment and enhanced follow-up care for wounded personnel with Traumatic Brain Injuries (TBI).

"The acquisition of an MRI system for use in a combat theater is something new and provides some interesting challenges but it's amazing to see those challenges being overcome so quickly," said James B. Poindexter, commanding officer of NMLC. "This is a complex and unprecedented acquisition issue and our team is working hard to field this equipment as soon as possible while ensuring it will do the job we intend it to do, taking care of our men and women in uniform close to the battlefield."

According to Poindexter, the MRI systems destined for Afghanistan are unlike anything commercially available. The units need to be self-contained, requiring that they be designed



Photo by Chief Warrant Officer 4 Seth Rossman

BETHESDA, Md. - Civilian technician, Jose Araujo watches as a patient goes through a Magnetic Resonance Imaging, (MRI) machine at the National Naval Medical Center in Bethesda, Md.

from the ground up to account for the many unique and challenging working environments that will be encountered in combat theater such as vast temperature differences, fine blowing sand and power issues. They must also meet size and weight requirements to be capable of being airlifted into theater.

"We are taking prudent measures to ensure successful deployment of this important equipment by late summer," said Poindexter. "We continue to aggressively address every element involved including engineering, logistical and technical issues."

The contract to build the MRI systems was awarded to Philips after a competitive, best value acquisition process.

"We are honored to help improve access to care by bringing advanced medical technologies to Afghanistan as part of our longstanding efforts to support soldiers and veterans," said Joe Robinson, senior vice president, Government and Enterprise Solutions, Philips Healthcare.

RELOCATION

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without the interruption of traffic signals. The rehearsal was scheduled for Sunday to minimize travel time, mitigate adverse impact on the local communities and ensure uninterrupted patient care at both medical centers.

The ambulances, which carried medical staff posing as wounded warriors to add a sense of realism to the exercise, were directed to one of two receiving sites upon arrival at NNMCC. NNMCC staff reviewed the simulated patients' status and provided them with identification bands before transporting them directly to their designated unit.

The goal was to move patients from different units and transport them approximately every three to five minutes.

"The reason for alternating between units is an attempt to prevent both the sending and receiving units from being overtaxed at any one time," said Bitoni. "The majority of patients will be moved individually by ambulance. Depending on the acuity and special needs of each patient, some may be accompanied by a nurse and/or a provider."

The movement plan includes guidance for patient families who will be able to travel via shuttle from WRAMC to NNMCC, or use reserved parking on the NNMCC campus if they opt to use their personal vehicles.

"The relocation of WRAMC inpatients to the NNMCC campus is an important milestone in the BRAC timeline," said Navy Capt. Mike Malanoski, commanding officer, Naval Support Activity Bethesda. "While this event will

be an tremendous undertaking, our Navy and Army staffs are well prepared to ensure that we leave no wounded warrior or family member behind during this unprecedented consolidation of two flagship medical centers."

"Today's exercise will help us be even more prepared to ensure we provide the most seamless transition for our wounded warriors and continued world class care and support for them for years to come," he said.

The 2005 Base Realignment and Closure recommendations, released May 13, 2005, require realigning and moving staff and resources at WRAMC to modern health-care facilities now under construction at NNMCC and Fort Belvoir, Va., by Sept. 15, 2011. The recommendations became law Nov. 9, 2005.

Navy Surgeon General discusses advances in TBI treatments

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

SAN FRANCISCO, Calif. - The top medical officer for the U.S. Navy and Marine Corps discussed military medical research advancements in the areas of traumatic brain injury and post traumatic stress at the 8th Annual World Congress on Brain, Spinal Cord Mapping & Image Guided Therapy, June 8.

The annual medical conference is a multi-disciplinary forum designed to facilitate cross-disciplinary sharing of technological and medical advances and scientific discovery.

During his keynote address, Navy Surgeon General Vice Adm. Adam M. Robinson Jr, stated that military medical advancements coupled with enhanced medical training and trauma experience during ten years of war have led to a 97 percent survival rate for coalition casualties; the lowest mortality rate amongst trauma victims coming out of any war in history.

"When Sailors and Marines in the fight are hurt, we apply all of our training and resources to provide rapid evacuation and care, and this is done in partnership with our sister services," said Robinson. "If a warrior can arrive with life in him or her, there is a good chance we can keep them alive. This is a huge advancement since the days of Vietnam and even Desert Storm."

Due to the nature of wounds in Iraq and Afghanistan, Robinson made traumatic brain injury and psychological health treatment his top research priority to best support both operational forces and home-based families during his tenure as Navy Surgeon General and Chief of the Navy Bureau of Medicine and Surgery.

"Our focused research has yielded tremendous results in combat casualty care in mild to severe TBI and post traumatic stress, as well as areas like wound management, wound repair and reconstruction, extremity and internal hemorrhage control and phantom limb pain in amputees," said Robinson.

Robinson told the audience that a key element of healing



Photo by Capt. Cappy Surette, Navy Bureau of Medicine and Surgery7 Surgery Public Affairs

SAN FRANCISCO, Calif. - Vice Adm. Adam M. Robinson, Navy Surgeon General, speaks to scientists about traumatic brain injury at the 8th Annual World Congress on Brain, Spinal Cord Mapping and Image Guided Therapy, June 8.

wounded warriors in body, mind, and spirit starts with care near the point of injury such as the Navy's Concussion Restoration Care Center located at Camp Leatherneck in Kandahar, Afghanistan, the first of its kind facility that brings concussion specialists to the front lines.

Since opening, the center has seen hundreds of personnel and the Navy has since expanded its capability to include first ever Navy neurologist assigned to Kandahar to help support this mission.

"Many of our wounded warriors are walking, talking, and leading productive lives today because of the research and medical advancements we have worked on together, and because of our transition/reintegration and resiliency programs we have created for them and their families," said Robinson. "The world class care we provide today is a direct result of the razor sharp focus we have placed on translational research advancements for our wounded warriors."

Continuing Promise 2011

TUMACO, Colombia - Hospital Corpsman 2nd Class Antonio Carranza, from Santa Ana, Calif., conducts a subject matter expert exchange on CPR procedures with Colombian marines at Escuela Max Seidel during a Continuing Promise 2011 community service project, June 6. Continuing Promise is a five-month humanitarian assistance mission to the Caribbean, Central and South America.



Photo by Mass Communication Specialist 2nd Class Eric C. Treiter

Navy Medicine continues medical partnership with Laos

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

VIENTIANE, Laos. U.S. Naval Medical Research Unit Two - Pacific (NAMRU-2) and the Lao Ministry of Health and National Center for Laboratory and Epidemiology (NCLE) signed a Letter of Intent June 7, aimed at strengthening the country's laboratory diagnostic capabilities.

"We are excited to continue building our global healthcare partnerships and especially to expand on the long-standing collaboration we share with Laos," said U.S. Pacific Command Surgeon Rear Adm. Michael H. Mittelman. "It is through these efforts that together we can help maintain stability and security in the region through health engagement and continue to contribute to the health and security for people all over the world."

The existing partnership was expanded to support the diagnostic capabilities for the identification of human

and zoonotic pathogens, technical exchanges, and electronic disease outbreak detection and reporting capabilities.

The letter extends NAMRU-2's collaboration with the Laos for the next five years and was signed by the Chief of Cabinet of the Ministry of Public Health, Dr. Nao Boutta and the NAMRU-2 Commanding Officer, Navy Capt. Gail L. Hathaway.

The planned activities between NCLE and NAMRU-2 build upon more than fifteen years of successful collaboration between these two organizations, dating back to 1994.

"NAMRU-2 has played an important role in strengthening laboratory capabilities and communication infrastructure to support infectious disease outbreak surveillance and response capabilities and reporting," according to a statement released last week by the U.S. Embassy in Laos.

NAMRU-2 and NCLE intend to continue cooperation to strengthen infectious disease surveillance and laboratory

capacity in the Lao People's Democratic Republic in the interest of national and regional public health.

Under the Letter of Intent, NAMRU-2 will provide technical consultation, material support, and technology transfers on mutually agreed terms, and training assistance in the conduct of epidemiological research studies and electronic disease surveillance and reporting systems, to include the Early Warning Outbreak Recognition System.

This cooperation is part of a growing comprehensive partnership between the U.S. and Laos to address public health requirements and capacity development in the health sector in Laos.

Navy Medicine is a global healthcare network of 63,000 Navy Medical personnel around the world who provide high quality health care to more than one million eligible beneficiaries. Navy Medicine personnel deploy with Sailors and Marines worldwide, providing critical mission support aboard ship, in the air, under the sea and on the battlefield.

World's undersea med specialists train during Bold Monarch

Chief Mass Communication Specialist (SW/AW) Katt Whittenberger,
Expeditionary Combat Camera

HOS SHOOTING STAR, at Sea - Undersea medical professionals from the U.S., France, Israel, Australia, Singapore, Canada and England trained together in the Mediterranean Sea during the NATO exercise Bold Monarch 2011, May 31, the world's largest submarine rescue exercise.

This 12-day exercise supports interoperability between submarines and submarine rescue units world-wide. For the U.S. element participating, Tuesday focused on being able to respond to medical emergencies on submarines.

"Exercises like this are vital to test our systems by ensuring our training and equipment are ready to perform during a real-world submarine rescue," said Lt. Cmdr. Jeffrey Gertner, Deep Submergence Unit (DSU) Submarine Escape and Rescue Medical Officer

He organized an intermediate level mass casualty drill including many illnesses commonly faced during a submarine collision or other accident. In this scenario, the submarine had a damaged hull, which increased the pressure of the boat. This could cause multiple types of injuries, the symptoms of which can take days to develop.

"The big challenge is to triage and treat without a transfer under pressure system or hyperbaric chamber," said Cmdr. Dr. Yoav Yanir, Israeli Naval Medical Institute Commanding



Photo by Mass Communication Specialist 2nd Class Ricardo J. Reyes

MEDITERRANEAN SEA - Medical personnel from various countries discuss proper medical treatment for an unconscious victim during a medical exercise on board HOS Shooting Star as part of Bold Monarch 2011, May 31. Participants and observers from more than 25 countries take part in NATO exercise Bold Monarch 2011, the world's largest submarine rescue exercise.

Officer. "This type of exercise is valuable in working together through a language barrier, as well as protocol and routine barrier. It shows how important a pre-briefing is, and that discussion needs to continue throughout the course of treatment."

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Navy Surgeon General honors Hospital Corps' 113th birthday

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

WASHINGTON - The Navy Surgeon General sent a message to the Navy Hospital Corps in celebration of its birthday, June 15.

"Today we celebrate the 113th Birthday of our Hospital Corps.," said Vice Adm. Adam M. Robinson, Jr., Navy surgeon general and chief, Bureau of Medicine and Surgery. "Hospital Corpsmen deploy with Sailors and Marines worldwide, in wartime and in peacetime. From Khe Sanh to Kandahar, Iwo Jima to the Chosin Reservoir, the Hospital Corps has always been in the fight and on the battlefield."

With the Spanish-American War looming, Congress passed a bill authorizing establishment of the U.S. Navy Hospital Corps, signed into law by President William McKinley on June 15, 1898. Since then, our Services have often heard the call "Corpsman Up!" a call which has been answered in every major battle since the Corps' founding, according to Robinson.

Robinson acknowledged the Navy Hospital Corps' dual mission at home and abroad—providing the same quality of care to service members and their families in military treatment facilities at home as well as overseas.



Photo by Paul Dillard, Bureau of Medicine and Surgery Public Affairs

WASHINGTON - FORCE Laura Martinez, the oldest member of the Hospital Corps, and Hospital Corpsman 2nd Class Christopher P. Stills, the youngest member of the Corps cut the cake for the Hospital Corps 113th birthday held at the Bureau of Medicine and Surgery.

"It is no accident that the Navy and Marine Corps is experiencing the lowest battle mortality and non-battle injury rates in the history of armed conflict," said Robinson. "This is due in large part to our exceptional Corpsmen and their training."

Today, more than 20,000 active duty and Reserve Navy Hospital Corpsmen

serve with both the Navy and the Marine Corps throughout the world. The Hospital Corps is the largest rating in the Navy and the most decorated in the U.S. Twenty naval ships alone have been named after Hospital Corpsmen. Their personal sacrifices and valor in peace and combat, have earned them a prominent place in the proud history of the U.S. Navy, according to Robinson.

"It is their honor, courage, and commitment that we honor today," said Robinson. "As the Hospital Corpsmen Pledge states, "the care of the sick and injured...is a privilege and a sacred trust." Today we honor and celebrate that sacred trust to ensure our Nation has a medically ready, fit, and fighting force; and that those who've served our Nation, along with their families, can always count on the Hospital Corps to help provide quality and compassionate patient and family - centered health care."

Robinson oversees a global health-care network of 63,000 Navy Medical personnel around the world who provide high quality health care to more than one million eligible beneficiaries. Navy Medicine personnel deploy with Sailors and Marines worldwide, providing critical mission support aboard ship, in the air, under the sea and on the battlefield.

UNDERSEA

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More than 2,000 personnel and 20 ships have gathered off the coast of Spain, bringing with them rescue forces equipped with a range of sophisticated debris clearance, diver assisted gear and submarine rescue systems (SRS) for this exercise. With more than 40 nations operating submarines, the compatibility between assets and standardization of procedures in submarine rescue is exceedingly important.

"In the unlikely event of an emergency, we can work with our allies to respond appropriately, and having a standardized script helps cut through the language barrier. Exercises like this gives

us a way to interact with militaries we may not normally interact with since we're primarily a humanitarian unit," said Commander Deep Submergence Unit Cmdr. David Lemly, who brought his almost 50/50 mix of active and reserve Sailors, as well as their one-of-a-kind equipment, from their home port of San Diego to Spain for this exercise.

Bold Monarch will culminate with a 48-hour scenario involving the rescue of more than 150 personnel from multiple ships. Aircraft from Italy will deliver divers from the Italy, Russia, and the United Kingdom via parachutes to provide first response. The medical professionals will respond to multiple mass casualty scenarios. Rescue systems from multiple countries will recover trapped sailors.

Got News? If you'd like to submit an article or have an idea for one, contact MEDNEWS at 202-762-3160, fax 202-762-1705 or Valerie.Kremer@med.navy.mil.

Navy entomologist directs care for 11,000 Papua New Guineans

By Mass Communication Specialist 1st Class R. David Valdez, Pacific Partnership 2011 Public Affairs

LAE, Papua New Guinea – After 13 days of working with local medical, dental, and engineering professionals in Papua New Guinea, Pacific Partnership 2011 concluded its mission and got underway aboard amphibious transport dock ship USS Cleveland (LPD 7).

Cmdr. Michael Smith, operations department head for Navy Environmental Preventive Medicine Unit 5 (NEPMU-5) in San Diego, directed medical care for 11,000 Papua New Guineans. NEPMU-5 is a subordinate activity of the Navy and Marine Corps Public Health Center and Navy Medicine Support Command.

"The Papua New Guinea mission was designed to provide as much basic health care as possible," said Smith, who was deployed as the director of medical operations for Pacific Partnership. "We worked with the Papua New Guineans to engage in meaningful, on-the-job, subject matter expert exchanges that are sustainable after we depart."

Medical personnel working with Pacific Partnership routinely treated over 1,000 patients a day. The team dispensed over 9,000 prescriptions and provided people with over 6,000 pairs of glasses.

"We have a very good group," Smith said. "All of the countries participating in the mission, from the U.S. and Australia to Spain and France, gelled together very well and



Royal Australian Navy photo by Leading Seaman Imagery Specialist Helen Frank

LAE, Papua New Guinea - Lt. Arthur Kalfus, a dentist embarked aboard the amphibious transport dock ship USS Cleveland (LPD 7), checks a baby's teeth at Huas Clare Crisis Centre for Children during a Pacific Partnership 2011 community service project, May 21.

achieved the peak of efficiency."

Smith further explained how the culture of interoperability contributed to the success of the medical mission. While the majority of the participants are military, regardless of what

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Naval School San Diego holds disestablishment ceremony

By Mass Communication Specialist 1st Class (SW) Arthur N. De La Cruz, Navy Medicine Support Command

SAN DIEGO - The Naval School of Health Sciences San Diego officially marked the end of over 80 years of training Hospital Corpsmen in San Diego during a May 25 disestablishment ceremony held at the school house on the Naval Medical Center San Diego campus.

NSHS San Diego will relocate to Fort Sam Houston, Texas, and become part of the Tri-service Medical Education and Training Campus (METC) as part of the 2005 Base Closure and Realignment Commission (BRAC) initiative. The consolidation of Navy, Army and Air Force medical enlisted training is the largest consolidation of service training in Department of Defense (DOD) history, making METC world's largest military medical education and training institution.

"Today marks the end of an era, so

we pause to recognize the rich legacy of your past, reflect on your accomplishments, and highlight your future legacy at METC in Fort Sam Houston, Texas," said Rear Adm. Eleanor Valentin, commander of Navy Medicine Support Command and the ceremony keynote speaker. "Each of you will leave a legacy in the form of the Hospital Corpsmen you have trained. Your legacy is and will be training those who ensure the medical readiness of the greatest naval force in the world."

Navy enlisted medical training history in San Diego began in 1928 when the West Coast Hospital Corps School moved from Naval Training Station San Francisco to San Diego in 1928. The school was closed from 1932-1935 and since has resided in several locations. Advanced classes were taught at Hospital Corps School until the school's evolved mission resulted in the formal recognition of the Naval School of Health Sciences on July 1, 1974.



Photo by Mass Communication Specialist 1st Class Anastasia Puscian

SAN DIEGO - Sailors and civilians bow their heads as Capt. Robert McClanahan, chaplain at Naval Medical Center San Diego, reads the Benediction during the disestablishment ceremony for the Naval School of Health Sciences, San Diego, May 25.

Conference heralds Navy Medicine, Smithsonian partnership

By Paul R. Dillard, Navy Bureau of Medicine and Surgery Public Affairs

WASHINGTON - Navy Medicine co-sponsored a conference on pastoral care in communities of health with the Smithsonian Institution Office of Sponsored Projects at the National Museum of American History in Washington, D.C., June 14.

The topic of the conference included the importance of pastoral care and academic theology to healthcare leadership and healthcare institutions.

The conference was part of a broader series of collaborative ethics education conferences first initiated by the Navy Medicine Institute and the Smithsonian Institution in 2008. The annual series is only one of many efforts under the major scope of activities covered by a 2011 memorandum of understanding between Navy Medicine and the Smithsonian.

"This agreement links the Navy Medicine Institute with the outstanding academic depth, opportunities and visions that are part of the ongoing gift of the Smithsonian," said Dr. Edward Gabriele, special assistant to the Navy Surgeon General for Ethics and Professional Integrity and deputy vice chancellor, Navy Medicine Institute.

The developing partnership between Navy Medicine and the Smithsonian led

to the publication of the Journal of Healthcare, Science and the Humanities. The journal is a scholarly forum for academic and professional discussions and analyses regarding healthcare, medicine, the health sciences, research, and the medical humanities.

Some of the other achievements and successes made possible by the memo-

"This agreement links the Navy Medicine Institute with the outstanding academic depth, opportunities and visions that are part of the ongoing gift of the Smithsonian."

- Dr. Edward Gabriele, Special Assistant to the Navy Surgeon General for Ethics and Professional Integrity.

randum of understanding include the acquisition of preservation technologies and exhibit possibilities for Navy Medicine historical collections, as well as grants and contracting potentials.

Two new developments under the partnership include the establishment of the new Abraham Lincoln Center for the Study and Service of Wounded Warrior Care and the International Partnership for Global Health, said Gabriele.

"The International Partnership for Global Health is a program for establishing new partnerships around the

world for educational and research opportunities in support of Humanitarian Assistance," said Gabriele. "The Abraham Lincoln Center would be a new concept in development to assist work already being done by the Navy, Army and Air Force, as well as the VA and Health and Human Services by promoting public-private partnerships."

Creating public-private partnerships is recognized today is of utmost value by federal, academic, and private sector executives. Educators in particular realize this since it demonstrates a clear "buy in" and thereby promotes the highest rate of cultural success in education, explained Gabriele.

"The growing relationship between the Smithsonian and Navy Medicine is something that I'm delighted to see happen," said Scott Robinson, director, Office of Sponsored Projects Smithsonian Institution. "It bodes well for future collaboration in a variety of areas including research, outreach and public programs."

The next conference presented by Navy Medicine and the Smithsonian will be held Sept. 7, at the National History Museum and is entitled "In Service of the Public Trust: Re-imagining Leadership in a Post-9/11 World."

Conference admission is free and open to all, but space is limited and registration beforehand is recommended.

ENTOMOLOGIST

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nation they come from, the non-governmental organizations (NGOs) working as a part of the Pacific Partnership team are just as important as their military counterparts.

"Project Hope, World Vets, and the other NGOs are a great asset, and they bring something different to the table," Smith continued. "They don't accept anything as impossible."

Smith also spoke about the expertise of the Australian Defense Force, which has been a part of the PP 11 mission since the planning stages of the deployment.

"The Australians know this area," he said. "They know the diseases, the people, and the cultures. They have a lot of enthusiasm for this mission. I think it's kind of like our Army counterparts here. They are a little outside of their comfort zone, but they end up thriving in an unfamiliar environment like a U.S. Navy ship."

The Pacific Partnership medical, dental, and veterinary team, together with the engineering team, worked together in a variety of locations, completing three main engineering projects, treating 124 animals, delivering 45 pallets of donated goods, and finishing 10 community service projects conducted in and around Lae. The engineering team was made up of U.S. Navy Seabees and Australian Sappers, and worked with Papua New Guinean engineers.

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