



Navy and Marine Corps Medical News



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

June 2012

MEDNEWS Items of Interest

Men's Health Week takes place June 11-17. For more information visit: www.menshealthmonth.org.

Check out Naval Medical Research Center's new **STEM (Science, Technology, Engineering and Mathematics)** video that highlights the importance of the STEM program within Navy Medicine: <http://youtu.be/pZM5fCnClBM>.

The Navy Hospital Corps' 114th birthday is Sunday, June 17.

Navy Weeks 2012 - Navy Medicine will be participating in the following 2012 Navy Weeks: Boston (June 29-July 6), Chicago (Aug. 13-20) and Buffalo (Sept. 10-17).

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?

Now in its seventh year, Pacific Partnership is an annual U.S. Pacific Fleet humanitarian and civic assistance mission U.S. military personnel, host and partner nations, non-governmental organizations and international agencies designed to build stronger relationships and develop disaster response capabilities throughout the Asia-Pacific region. For more information visit: <http://www.facebook.com/#!/pacificpartnership>.

Pacific Partnership conducts life-changing surgeries in Indonesia

By Mass Communication Specialist 3rd Class Michael Feddersen, Navy Public Affairs Support Element West

SIAU, Indonesia - Patients aboard USNS Mercy (T-AH 19) are preparing to return home June 6, after receiving life-changing surgery, thanks to the Pacific Partnership 2012 mission.

Cmdr. Angela Kemp, head of patient discharge, said nearly 50 patients are ready for the next step in their care once they return home to Manado, Indonesia, after receiving medical treatment aboard the Military Sealift Command hospital ship USNS Mercy.

"The biggest piece of the puzzle, when sending patients home, is the continuation of care," said Kemp. "We want to make sure the patients have all of the medication and supplies they need, as well as the knowledge to make sure they

don't get infection and have a relapse after their surgeries."

Kemp said her team is well aware of the different home life situations people may face, so individual care programs are created for each patient.

"Some of the patients may not have support when they get back to Manado, so we are providing them with support and transportation home if they need it," she said.

Hospital Corpsman 2nd Class Marcel Johnson said some of the patients may need help with the maintenance of their surgeries.

"We provide them with everything they need to know, as well as instructions for people that may need to help them with cleaning their wounds," said Johnson. "Sometimes they have a lot of

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U.S. Navy photo by Mass Communication Specialist 3rd Class Michael Feddersen

Cmdr. Brice Nicholson performs cataract surgery on an Indonesian patient as Indonesian optometry residents observe in an operating room aboard the Military Sealift Command hospital ship USNS Mercy (T-AH 19) during Pacific Partnership 2012, June 1. Now in its seventh year, Pacific Partnership is an annual U.S. Pacific Fleet humanitarian and civic assistance mission that brings 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.

Navy Medicine moves to its new port

We have said goodbye to the hilltop in Foggy Bottom and are settling in at our new port in Falls Church. A move of this nature is not without its challenges and I want to extend my thanks to all those who worked hard to get us here.

Throughout the move we have not missed a beat. Navy Medicine staff has kept the trains running on time – ensuring that our Sailors and Marines continue to receive the highest-quality care and assistance they deserve.

I have already witnessed some of the advantages of our new location. By being located closer to one another, people are seeing others face-to-face, which can be more beneficial than communicating through e-mail. Through advantages like this we will gain efficiencies and leverage by networking our ideas and issues.

The crew that works for BUMED is the best team of military and civilian professionals in the world – no one can match our speed or strength when we get all oars in the water pulling the same way, the same direction.

Despite the change of ports, we are the headquarters for Navy Medicine. This is still the Bureau of Medicine and Surgery of the United States Navy. The decisions, policy, and leadership born here are pivotal to the Navy's and the nation's interest and security. Thanks for serving and leading by example each and every day. As we continue our integral mission, take



U.S. Navy photo by Joshua Wick

Jan Herman, senior historian, U.S. Navy Bureau of Medicine and Surgery, left, shakes hands with Vice Adm. Matthew Nathan, U.S. Navy surgeon general and chief, Navy Bureau of Medicine and Surgery, alongside Deputy Surgeon General, Rear Adm. Michael Mittelman, during BUMED's change of port ceremony last month.

care of those who depend on you (the ship), take care of each other (shipmates), and take care of yourself (self). Ship,

Shipmate, Self - as always I am proud and honored to serve with each and every one of you.

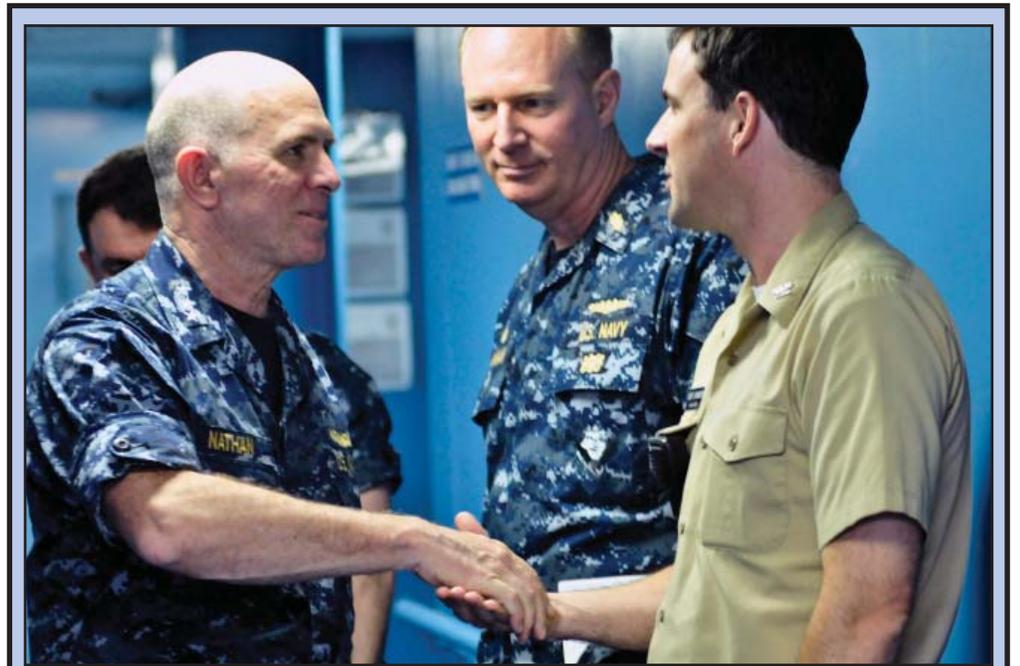


Photo by Kristopher Radder

Vice Adm. Matthew L. Nathan, U.S. Navy surgeon general and chief, Bureau of Medicine and Surgery, presents his command coin to Capt. Jonathan Olmsted, the civil service master aboard Military Sealift Command hospital ship USNS Mercy (T-AH 19), May 22. Nathan visited the Pacific Partnership 2012 crew embarked aboard Mercy and conducted an all-hands call where he emphasized the importance of building relationships in the Asia-Pacific Region.



**Navy and Marine Corps
Medical News**



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Navy Medicine's top financial leaders discuss transactional excellence

By Valerie A. Kremer, U.S. Navy
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LANSDOWNE, Va. - Navy Medicine's top financial management leaders and personnel came together for the annual Navy Medicine Audit Readiness Training Symposium at the National Conference Center, June 4-6.

Vice Adm. Matthew Nathan, U.S. Navy surgeon general, and chief, U.S. Navy Bureau of Medicine and Surgery, was the keynote speaker during the symposium.

"After 10 years of war, we are coming into a one of the greatest fiscal challenges the Department of Defense has ever seen," said Nathan. "When you take a look at what Navy Medicine costs as opposed to the other services, divided by our beneficiaries, we are the most economical service. We give the Department of Defense, medically, the most bang for its buck. You should be proud of that."

The theme for this year's conference was "Transactional Excellence." During the event, the attendees explored the interdependencies that exist between the three communities of resources, logistics, and analytics, and how to best utilize relationships to achieve audit readiness.

"The goal of the symposium is to give participants tools to improve business practices, to better working relationships, to prepare for financial statement audit, and to ensure that Navy Medicine continues to provide world-class care," said Joseph Marshall, deputy chief for resource, management/comptroller, U.S. Navy Bureau of Medicine and Surgery.

Marshall noted to the attendees the importance of standard operating proce-



U.S. Navy photo by Valerie A. Kremer

dures within the Navy Medicine enterprise and how they could use the SOPs to teach their fellow co-workers. During his remarks, Nathan addressed the importance work Navy Medicine's financial management and resource team does each day to guide the Navy Medicine enterprise.

"You're here as people who are basically going to steer us into open water and off of the shoals, fiscally and from a resource standpoint," said Nathan. "You're here to see and learn best practices. You're here to understand the lineman and to come

together to achieve greatness. I thank you for the work you do on a daily basis."

In his closing remarks, Nathan highlighted the Navy's global mission of being forward deployed to provide a power projection and deterrence role while also being ready to respond to humanitarian assistance and disaster response requirements.

"Our motto is a global force for good," said Nathan. "We build our Navy for war; we operate our Navy for peace. When the world dials 9-1-1 it is not to make an appointment."

PARTNERSHIP

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questions for us, but we make sure to answer every one of them, so they understand what they need to do to heal properly."

Lt. j.g. Louella Van Ostol, a post-operation nurse, said patients are excited and eager to get home to show their changes, which are often dramatic.

"They are very excited about the surgeries they have received," said Van Ostol. "They want to see their families and show what the surgeries have done for them. In one example Nursia Langi, who had a large tumor over her eye when she arrived, saw herself for the first time in nearly a year through that same eye.

"She is extremely excited to go home and be able to see clearly again. She kept thanking us for what we have done and how much better her life is going to be, now that she is able to see clearly again," said Van Ostol.

Langi said she was very surprised when she saw herself in the mirror.

"I couldn't believe it was gone," she said. "I used to get headaches and feel dizzy because of the tumor, but now that it is gone, I no longer have to worry about that."

Van Ostol said many of the patients did not think they could be operated on in the first place.

"They thought it was a miracle we were able to operate on them," she said. "We are just happy we were able to help and send them back home to live, hopefully, better lives."

Surgeons aboard Mercy are expecting to receive another group of patients for surgery upon arrival in Manado.

Now in its seventh year, Pacific Partnership is an annual U.S. Pacific Fleet humanitarian and civic assistance mission U.S. military personnel, host and partner nations, non-governmental organizations and international agencies designed to build stronger relationships and develop disaster response capabilities throughout the Asia-Pacific region.

Navy Entomology Center staff instructs international students

By Lt. Ryan Larson, Navy Entomology Center of Excellence Public Affairs

GAINSEVILLE, Fla. - Entomologists and preventive medicine technicians (PMTs) from the Navy Entomology Center of Excellence (NECE) instructed 25 international students during the University of Florida Emerging Pathogens Institute's annual Certificate in Emerging Infectious Disease Research (CEIDR) program May 21-22.

Students enrolled in the program travelled from 13 countries to complete 20 days of intensive public health training in Gainesville, Fla.

"[During this program] students learn about numerous epidemiological, laboratory, and entomological approaches to infectious disease control," said Dr. Gregory Gray, professor, chair of University of Florida's Department of Environmental and Global Health, and retired Medical Corps captain. "They learn quite a bit about such infectious diseases and are introduced to modern food production techniques to reduce food-borne illnesses. Multiple resources are also provided to better equip them to do their public health or research jobs."

The CEIDR program is designed to bolster international public health efforts by facilitating advanced training available to international public health practitioners. In doing so, this course nurtures the development of sustainable epidemiologic research capacity and promoting collaborations between international and U.S. laboratories.

"We share with them some laboratory techniques during their training but a major benefit from the certificate program is the professional networking that occurs afterwards," Gray said. "After meeting and becoming friends with other researchers from across the world Certificate trainees often share laboratory approaches to disease problems for a number of years afterwards."

Potential students are generally nominated by U.S. government sponsors such as the Department of Defense Global Emerging Infections Surveillance and Response System, Centers for Disease Control and Prevention, U.S. Depart-



Photo by Dr. Gregory Gray

Vince Smith (left) and Engineman 1st Class Raul Pomalescordero (right) of the Navy Entomology Center of Excellence demonstrate mosquito control techniques to 25 international students during the Certificate in Emerging Infectious Disease Research Program hosted by University of Florida, Emerging Pathogen's Institute, May 22.

ment of State, United States Agency for International Development and the Fogarty International Center. However, this program is open to anyone providing independent support to his/her studies.

This year marks the second time NECE instructors were requested by the University of Florida, Emerging Pathogens Institute to support this course. Students were able draw on the many years of firsthand vector control experience that is a result of NECE's unique mission.

"NECE's mission focuses on reducing the incidence of human disease transmitted by blood feeding arthropods in any area of the world," said NECE officer-in-charge Cmdr. Eric Hoffman. "This is accomplished through developing and evaluating novel tools and techniques through collaboration with world-class organizations and establishing comprehensive control programs, whenever and wherever needed."

Hoffman also said that NECE's involvement in the program - along with supporting local training opportunities - maintains a distinct advantage for potential efforts in years to come.

"The certificate program is able to draw on our experience and knowledge to train international public health professionals in creating effective and

sustainable vector control programs when they return home," said Hoffman. "Being able to participate in the Certificate Program is certainly advantageous to us by creating opportunity to cultivate professional relationships which may lead to future collaborations."

Eight NECE personnel lectured on several subjects including mosquito surveillance methods, mosquito identification, chemical and equipment control of ticks and mosquitoes.

To familiarize the class with vector surveillance and control equipment, NECE staff performed several equipment demonstrations, including instruction on the role of spaces sprays followed by a demonstration of the proper use of thermal fog and truck mounted sprayers. Students were also provided the opportunity to operate a hydraulic sprayer as well as a backpack sprayer configured for both liquid and granular formulations.

The certificate program covered a wider scope of public health to include communicable diseases that have serious impacts on human health and national economies, an experience which could ultimately build global public health personnel's capacity to respond to emerging infectious diseases such as SARS and avian influenza virus.

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



Navy Surgeon General explores future of military health care

From Navy Bureau of Medicine and Surgery Public Affairs

ALEXANDRIA, Va. - The top military and civilian health care executives in the Navy met June 7-8 to chart the course in the future of military healthcare for the U.S. Navy, Marine Corps and their families.

The two-day workshop was led by Navy Surgeon General Vice Adm. Matthew L. Nathan at the Center of Naval Analyses at the Mark Center here with the goal of setting a course for the future of healthcare for the naval forces beyond the current conflicts.

"We live in dynamic times," said Nathan. "We must concentrate on bringing more value and jointness while maintaining the high state of medical readiness for our naval forces that our nation demands. When the world dials 9-1-1, it is not to make an appointment."

In an effort to meet that call today and into the future, the military and civilian executive leadership of Navy Medicine explored the challenges and opportunities facing military healthcare in an era of greater fiscal constraints and strategic change.

The goal of the meeting was to set strategic priorities and goals for Navy Medicine to meet in the next 5-10 years. The vision of the Naval medical community is to bring value-based healthcare to all aspects of the nation's maritime forces, ensuring first-rate medical readiness for globally dispersed naval forces and creating an enterprise-wide emphasis on jointness.

"It is often difficult to define what "jointness" really means," said Rear Adm. Bob Kiser, commander, Military Education and Training Campus. "This is the perfect time to have this discussion and show that using the term "jointness" is not just lip service from Navy Medicine. Our leaders are ready to make our mark on this issue, open the doors and commit to rethinking and really engaging on how to achieve this."

Nathan emphasized the need for Navy Medicine leaders to come together and create a common vision.

"We need to harvest your expertise and I expect you all to work together as we work on the central themes of value, jointness and readiness," said Nathan. "But as you do this, always remember Navy Medicine is about so much more than just that. We need to be constantly asking ourselves the tough questions. How are we going to position ourselves to continue to meet the needs of our warfighters? The only way we're going to do that is by focusing on synergy, alignment and keeping our eyes on the environment we're operating in."

In an effort to meet these goals, senior leaders were divided into individual goal teams with specific timelines and clear objectives to developing strategies to achieve success in the key focus areas identified.

"So often you leave these senior level meetings having had great discussions and a true meeting of the minds, but not much else," said Rear Adm. Valentin, commander, Navy Medicine Support

Command. "What is so different about this meeting and what I believe will act as a critical change catalyst for Navy Medicine is that the Surgeon General has assigned us homework with clear guidelines and together we will be engaging in our goal teams and will have aligned, measurable proposals in place by the next time we come together."

The leadership will reconvene this fall to brief the plans and solidify the way forward.

"This meeting has been a tremendous leap forward in positioning ourselves to meet emerging challenges that may await us over the horizon," said Joe Marshall, deputy chief of the Bureau of Medicine and Surgery for resource management. "This plan will be far-reaching but includes engagement down to the deck plate level. We are definitely on the high road with this strategy-to-task approach."

According to Rear Adm. Thomas Beeman, a reservist who is the President and Chief Executive Officer of Lancaster General Health in Lancaster, Pa., this initiative will also lay the foundation for healthcare for reservists in the future as it approaches strategic planning from a business perspective.

"While keeping in mind our unique mission, we are developing a plan that is affordable, flexible and responsive to our various communities," said Beeman. "By testing our strategies against potential scenarios, Navy Medicine is poised to be both flexible and immediate in its response to various exigencies."



Courtesy photo

Expeditionary Medicine

Royal Thai Navy medics and U.S. Navy hospital corpsmen and Coast Guard health services technicians prepare a patient for medical evacuation helicopter transport during a humanitarian assistance and disaster response training exercise for Cooperation Afloat Readiness and Training (CARAT) Thailand 2012, May 18. CARAT is a series of bilateral exercises held annually in Southeast Asia to strengthen relationships and enhance force readiness.

Portsmouth to be initial site for new integrated electronic health record

By Rebecca A. Perron, Naval Medical Center Portsmouth Public Affairs

PORTSMOUTH, Va. - On the heels of the Defense and Veterans Affairs departments' announcement that Naval Medical Center Portsmouth would be among the first military treatment facilities to roll out the Integrated Electronic Health Record, the director of the DoD/VA Interagency Program Office, visited NMCP June 1.

It is the next step in making patients' medical records accessible electronically anytime, anywhere, so doctors can see a patient's complete history at a glance. But first, much preparation must be done.

During the visit, which focused on the pilot program, Dr. Barclay P. Butler met with NMCP's Command Executive Board. He discussed with the command's leadership the steps necessary over the next two years to implement the record,

which will be accessible by any DoD or VA medical facility.

"The meeting was the kickoff in terms of opening the discussion and us getting engaged and preparing for this," said Cmdr. Rick McCarthy, NMCP's chief information officer. "The joint

DoD/VA initiative is the future for both of the organizations, and to be one of the first to be piloting it in 2014 is a big opportunity for us."

The record would include health data from what the inter-agency program office is calling service members' "first salute to their final honors"

and is part of the president's Virtual Lifetime Electronic Record initiative. Once completed, the DoD/VA iEHR will be the largest integrated network in the world, and will combine 254 EHR systems, 153 from the VA and 101 from the DoD.

"The main thrust is the capable continuity of clinical care the patient receives,

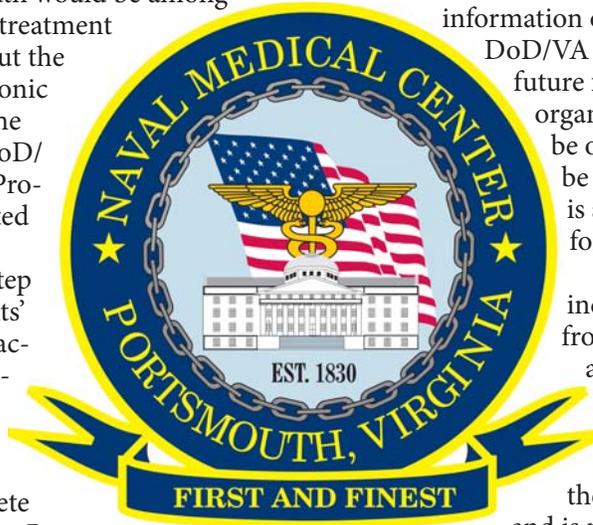
not only when they first raise their hand, but throughout their service and when they leave us," Butler explained. "This is a way to bring together that single record and provide the best care, a value-based proposition that is owed to the beneficiary."

According to Butler, NMCP and other nearby military treatment facilities were selected for the pilot program for a couple of reasons.

"This area is one of two sites selected; San Antonio is the other," Butler said. "The main reason we picked the area is it has a significant Navy concentration and Army, Air Force and Veterans Affairs concentration as well. We will be able to address all of the stakeholders because they are all represented in this area. The Richmond Polytrauma Rehabilitation Center is included as well."

NMCP was also selected because of its ambitious staff and clinical capabilities.

"We've made the right choice because the command climate is tremendously forward leaning," Butler said. "The staff is engaged and excited, and it's a command that is not only capable of a higher degree of clinical capabilities, but is technically capable. When we bring those together, we can improve patient care."



NAVMISSA course hones success for new project managers

From Navy Medical Information Systems Support Activity Public Affairs

SAN ANTONIO - Navy Medicine Information Systems Support Activity (NAVMISSA) has developed a Project Management (PM) Fundamentals course to start new project managers on a uniform path to success.

The course introduces active duty officers, civilian personnel, and contractors to the basic processes, documentation, tools, and techniques they will use to manage projects at NAVMISSA.

"NAVMISSA is committed to providing the Navy Medicine community with the highest quality project management and Information Technology services," said Lt. Cmdr. Andrew Wilson, NAVMISSA Program Management Office director. "Well-trained PMs who are versed in industry best practices are critical to NAVMISSA accomplishing its mission. New medical, nursing, and medical services officers assigned to NAVMISSA must quickly develop the skills and learn the processes they will need to manage Navy Medicine Information Technology (IT) projects competently."

The PM Fundamentals course is a 15-hour, instructor-led course, based on the Project Management Institute's (PMI) Project Management Body of Knowledge (PMBOK®) and NAVMISSA's standardized project management processes.

The NAVMISSA PM Fundamentals course is not only help-

ing NAVMISSA personnel, but is also assisting other Department of Defense organizations. By leveraging technology such as Defense Connect Online, NAVMISSA is able to provide PM Fundamentals training across the globe.

Lt. Cmdr. Dan Maley, NAVMISSA director of administration attests that NAVMISSA is also using certified Project Management Professionals (PMPs) from within (the command) as training teachers to help cut down on expenditures. PMPs from supervisors to frontline project managers and project management consultants are now sharing their unique project management experiences while teaching the course's nine modules. These PMPs bring real-life project management experience into the classroom to help students connect PM concepts with their daily work activities and future PM responsibilities.

"Well planned and managed projects efficiently and effectively improve Navy Medicine IT capabilities," said Dan Quaderer, NAVMISSA program manager and PM Fundamentals course developer. "The NAVMISSA PM Fundamentals course drives value back to the Navy Medicine Enterprise by enabling PM success while maintaining a cost effective model for training delivery."

If you would like more information on NAVMISSA's PM Fundamental course please contact the NAVMISSA PMO at navmissa.pmo@med.navy.mil.

Corpsmen rescue wounded Marine during firefight

By Cpl. Kenneth Jasik, Regimental Combat Team 6

MUSA QA'LEH DISTRICT, Afghanistan – When the Marines reached the hilltop, they knew it was going to be a rough day.

They had already taken fire, and they were patrolling in an area that coalition forces had rarely been since the decade-long war began.

At the top of the hill, the Marines took fire from insurgents when one of their brothers was wounded.

Hospital Corpman 3rd Class Eduardo D. Estrada, Golf Company, 2nd Battalion, 5th Marine Regiment, along with two other corpsmen, helped save the life of 1st Lt. Michael Rhoads, a forward observer, who was shot in the torso, April 15.

The Marine was wounded during Operation Lariat, a mission to cut off insurgent supply routes. The Marines were going to investigate suspicious compounds, but started taking fire when they got near the village.

“Right before they called ‘corpsman up,’ the insurgents started walking shots on us, and they started impacting about three feet from us,” said Estrada, 24, from Tucson, Ariz. “At the time, I was thinking ‘I really want to get out of here.’”

Navy Surgeon General honors Hospital Corps' 114th birthday

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

FALLS CHURCH, Va. - The Navy Surgeon General sent a message to the Navy Hospital Corps June 15 in recognition of its birthday this Sunday, June 17.

“On behalf of Navy Medicine and a grateful nation, I extend our sincere thanks and heartfelt congratulations to the men and women of the Hospital Corps, as you celebrate your 114th anniversary,” said Vice Adm. Matthew L. Nathan, U.S. Navy Surgeon General and chief, U.S. Navy Bureau of Medicine and Surgery. “No Marine has ever taken a hill without his corpsman by his side. As Sailors and Marines deploy in harm’s way, they take solace in knowing that “Doc” is beside them.”

With the Spanish-American War looming, the Hospital Corps was founded June 17, 1898, as Congress passed a bill, signed into law by President William McKinley, authorizing its establishment. Since then, services have often heard the call “Corpsman Up,” a call which has been answered from the Spanish-American War to the War in Afghanistan since its founding, according to Nathan.

Today, more than 26,000 active duty



U.S. Marine Corps photo by Sgt. Daniel Schroeder

A UH-60 Black Hawk medevac helicopter, like the one used to evacuate Marine 1st Lt. Michael Rhoads, performs a dust landing near Camp Dwyer, Afghanistan, April 5.

Rhoads, who was hit by a bullet ricochet in the shoulder, was under the treatment of two other corpsmen when Estrada reached him. Petty Officer 3rd Class Nathan K. Bracey and Petty Officer 2nd Class Shan Datugan were the first on the scene.

“When they called for the corpsman, I was right there, and we pulled him off the line,” said Bracey, 24, from Athens, Texas. “He was in shock already. When I saw the entrance wound, I applied an occlusive dressing (an air-tight bandage) and another one to the exit wound on his back.”

The corpsmen applied the bandages with the relentless crack of rounds overhead.

After applying an airtight bandage to Rhoads’ damaged chest cavity, the three corpsmen saw his vital signs drop and knew there was more work to do.

“In the second assessment, we saw his skin was pale, cool and clammy,” said Estrada. “We stuck him with a

needle once, and a small amount of blood came out. That was when we knew he had a hemopneumothorax.”

Still under enemy fire, the corpsmen needed to empty

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and reserve corpsmen around the world deploy with Sailors and Marines, providing life-saving care and critical mission support aboard ship, in the air, and on the battlefield.

“We are currently experiencing the lowest battle mortality and non-battle injury rates in the history of armed conflict due in large part to our exceptional corpsmen and their training,” said Nathan. “This is unprecedented and something that you should all be proud of.”

The Hospital Corps is the largest rating in the Navy and the most decorated in the United States. Twenty naval ships alone have been named after hospital corpsmen, according to Nathan.

“Today we honor the courage, commitment, and sacrifice of the Hospital Corps,” said Nathan. “We honor your bravery in battle, and your compassion during our global humanitarian assistance/disaster response efforts. Your willingness to help those in need leaves an indelible impression on the United States and across the globe. Your superb performance throughout our medical treatment facilities has ensured our nation has a medically ready, fit and fighting force, as well as quality and compassionate patient and family-centered health care.”



U.S. Navy photo by Joshua Wick

Hospital Corpsman 2nd Class Guadalupe Gutierrez, the youngest member of the Navy Hospital Corps at the Navy Bureau of Medicine and Surgery, left, and Hospital Corpsman Master Chief, Christopher Santee, right, the oldest member of the Hospital Corps at BUMED, cut the cake at the Hospital Corps’ 114th birthday ceremony at the U.S. Navy Bureau of Medicine and Surgery’s headquarters, Falls Church, Va., June 14.

Navy officer receives award from Japanese government

By Brian Davis, Naval Hospital Okinawa Public Affairs

OKINAWA, Japan—The Government of Japan (GOJ) recognized Lt. Carl R. Blaesing, head of the U. S. Naval Hospital (USNH) Okinawa Preventive Medicine Department, for his work in conducting plant quarantine inspections of vessels and military equipment entering U. S. military ports in Okinawa. Kenji Tanaka, director of the Japan Ministry of Agriculture, Forestry and Fisheries Naha Plant Quarantine Station presented a certificate of appreciation to Blaesing in a ceremony May 23 at USNH Okinawa.

The ceremony marked the first time the GOJ has ever officially recognized a member of the USNH Okinawa staff for environmental collaboration with local officials.

During his tour of duty Blaesing, an environmental health officer, led the team of Navy preventive medicine officers and technicians responsible for inspecting ships and equipment arriving in Okinawa from the U. S. or returning from deployment. The team conducts bow-to-stern inspections on every ship to ensure that the vessels and their cargo are free of soil, bugs and flora not native to Okinawa.

Tanaka said that Japanese law prohibits import of soil from abroad because of

the potential of introducing agricultural pests. Ships entering Japanese ports are not allowed to offload equipment and supplies or disembark passengers and crew until they have passed a thorough plant quarantine inspection.

According to Blaesing, the USNH Okinawa Consolidated Preventive Medicine Unit acts on behalf of GOJ to conduct the inspections, which are critical to prevent the introduction of an invasive species that could severely Okinawa's economy or agriculture.

"They depend on us to make sure no foreign organisms come onto the island which can be harmful to their environment," said Blaesing.

"Under the Status of Forces Agreement (SOFA) it is our responsibility to ensure proper quarantine procedures are in place," said Capt. Pius A. Aiyelawo, commanding officer, and USNH Okinawa.

"Lt. Blaesing ensures that equipment items are properly inspected upon entry into Japan," he said.

USNH Okinawa inspectors are available seven days a week, 24 hours a day to meet vessels when they enter any of the seven ports in Okinawa controlled by the U. S. military, according to Blaesing. "Whenever a unit arrives, we have to go out to the port and do an inspection,"

he said.

GOJ officials attributed Blaesing's success to not only his commitment to protecting Okinawa's natural environment, but also to his efforts in building and maintaining a professional working relationship with his host nation counterparts.

"We really appreciate Lt. Blaesing's attitude and work ethic to create an environment where we could work together smoothly," said Tanaka. "His willingness to communicate openly on a regular basis resulted in a solid professional relationship that will last for many years."

"We have developed a very engaged and collaborative relationship with the Naha Plant Quarantine Station, and we work together to make sure all equipment is inspected when it enters the country," said Aiyelawo. "It's essential for the environmental protection of Okinawa."

Blaesing sees the award as a confirmation of the trust the hospital has developed with the Japanese government to make certain that U. S. forces in Okinawa are always in compliance with Japanese quarantine regulations.

"It shows our transparency and cooperation with the GOJ," said Blaesing. "We work very hard to make sure we uphold our end of the bargain," he said.



U.S. Navy photo by Mass Communication Specialist 1st Class Anastasia Piscian

Medical Education

Naval Medical Center San Diego (NMCS) provides training to University of California San Diego (UCSD) Medical Center Otolaryngology (Ear Nose and Throat) residents on T-bone drilling in NMCS's Bioskills Training Center, June 6. The T-bone is the bone behind the ear with direct access to the inner ear. Twelve UCSD and two NMCS residents took part in the training.



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



Navy cuts ribbon on new Biodefense laboratory at Ft. Detrick

From Naval Medical Research Center

FORT DETRICK, Md. In the spirit of interagency collaboration and promoting synergy in science and research excellence, Navy, Army and other federal agency representatives and guests gathered at Ft. Detrick in Frederick, Md. May 2 for the inauguration of the new Navy research laboratory on the base. The new home of the Naval Medical Research Center's (NMRC) Biological Defense Research Directorate (BDRD) is building 8400, a 36,600 square-foot facility.

Prior to cutting the ribbon, Navy Capt. Richard L. Haberberger, Jr., NMRC commanding officer, expressed his pride by saying, "Welcome aboard. It's been an adventure from BRAC [Base Realignment and Closure] to bricks to spit and polish. The building is amazing, the science conducted inside is outstanding, and the people who work here are incredible."

BDRD has six primary research areas: immunodiagnostics, molecular diagnostics, vaccine and countermeasure research, genomic research, international field microbiology projects, and mobile laboratory response in support of military operations. The new lab reflects that Navy Medicine is a partner in the National Interagency Confederation for Biological Research.

Rear Adm. Bruce A. Doll, medical advisor, headquarters, Supreme Allied Commander Transformation, said, "Today we have an opportunity we have not had before: this stand-alone, beautiful facility where Navy Medicine can do its mission on behalf of the Navy, Marine Corps and our nation. It was a lot of work to make this day happen, and we have to thank those who planned, built and outfitted this facility, the Navy team, MRMC [the U.S. Army Medical Research and



Courtesy photo

From left: Navy Capt. J. Christopher Daniel, deputy command, MRMC; Rear Adm. Bruce A. Doll, medical advisor, Headquarters, Supreme Allied Commander Transformation; Navy Capt. Richard L. Haberberger, Jr., commanding officer, NMRC; and Mr. Scott Drumheller, local program manager, Ft. Detrick Integrated Program Officer, U.S. Army Corps of Engineers, Baltimore District, cut the ribbon to building 8400 at Ft. Detrick in Frederick, Md.

Materiel Command], the Army Garrison, the Corps of Engineers and the BDRD staff – and so many more. So this is a celebration of teamwork and an opportunity to work with this great community, with all its capabilities."

In his remarks, Navy Capt. J. Christopher Daniel, Deputy Commander, MRMC, pointed out that the Navy has had a presence at Ft. Detrick for many years, "Navy Medicine has been here at Ft. Detrick since at least 1985 initially when the Navy Medicine Logistics

Command moved here, and in 2008 NAVMED-LOGCOM became part of the Defense Medical Logistics Center. Since the mid 1990s Navy liaison officers and other officers, such as myself, have been detailed to MRMC."

The research team was already hard at work before the ceremony; guests and visitors from Ft. Detrick and the National Interagency Confederation for Biological Research had an opportunity to tour the laboratory and talk with the research team.

FIREFIGHT

From page 7

Rhoads' chest cavity. Blood and air leaked out of Rhoads' lungs and into his chest, taking up the space his lungs needed to fill with air. They stuck him a second time hoping to cure his hemothorax. They got the same result.

"Then I went ahead and did it a third time," said Estrada. "His vitals went up, including his pulse and breathing rate."

It was a short wait for the medical evacuation helicopter to take Rhoads to safety and a higher level treatment center.

"At that point I was trying to coach him, keep him calm as

possible. We asked him questions such as who the president was, and he got all of them right."

Rhoads survived and is now recovering in Southern California.

"Once we got him to the bird, I knew he would make it," said Estrada. "We had done everything we could do, and we rendered the appropriate treatment for his wounds."

Rhoads is thankful for the corpsmen who helped save his life.

"It's nice to know I helped save his life," said Estrada. "He called and thanked all the corpsmen."

Navy-Marine Corps team saves lives during training exercise

By Capt. James Cole, 4th Medical Battalion, Surgical Company Alpha

CAP DRAA, Morocco - In April of 2012, a Forward Resuscitative Surgical System (FRSS) was sent to Cap Draa, Morocco on annual training orders to support a bilateral, live fire exercise between the United States Marine Corps and the Royal Armed Forces of Morocco. What was envisioned to be a mere training event rapidly escalated into a real world, multiple casualty trauma disaster when a V-22 Osprey with four crew members crashed. What happened subsequently was a truly remarkable display of fortitude and professionalism as the FRSS team belonging to 4th Medical Battalion, 4th Marine Logistics Group, went into action in order to save the lives of multiple, critically injured casualties.

Cap Draa is a plot of desert situated in western Morocco among a vast expanse of seemingly endless desert wasteland adjacent to the Atlantic Ocean. That is where the annual African Lion training exercise was to take place. That is also where the seven officers and eight enlisted members of the FRSS team set up their two medical tents, unloaded and set up the contents of 10 quadcon containers, and began preparing to receive unlikely potential casualties.

After nearly a week of intensive rehearsal drills and medical training, the Osprey crashed. One Marine died immediately of his injuries and three critically injured casualties were rapidly transported to the expeditionary, emergency surgical team for resuscitation and treatment. For the next few hours, the two surgeons, nurse anesthetist, critical care nurse, family physician, and corpsmen – all assisted by additional Cap Draa Navy and Marine Corps personnel – provided emergency trauma care to the critically wounded marines in a manner very similar to that encountered in a war zone. The Navy team placed artificial airways, inserted chest tubes to re-expand collapsed lungs, transfused numerous units of blood,



Courtesy photo

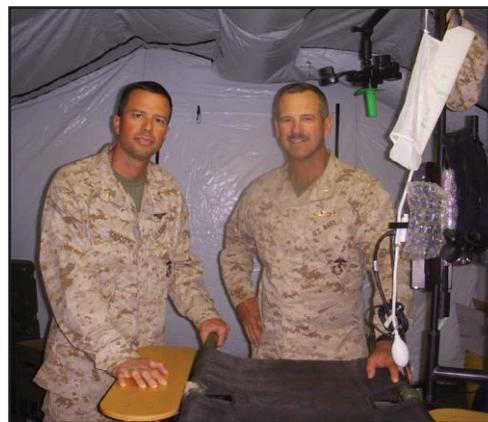
Members of the Forward Resuscitative Surgical System (FRSS), 4th Medical Battalion, 4th Marine Logistics Group, take a moment during training at Cap Draa, Morocco, earlier this year. The FRSS team went into action in order to save the lives of multiple, critically injured casualties during training exercise African Lion, when a V-22 Osprey with four crew members crashed.

dressed and splinted open wounds, and performed emergency surgery. There was no chaos among any of the FRSS members. They did not panic. Both corpsmen and providers knew what to do, and they did their job extremely well. Unfortunately, one of the casualties – an air

crewman who was brought to the FRSS in grave condition – died after receiving an exhaustive resuscitative effort to keep him alive. But two marines' lives were saved that evening.

After all that could be done for the injured Marines in the austere trauma facility, the casualties were then evacuated to a higher level of care. A surgeon, critical care RN, and two corpsmen traveled along providing additional medical treatment during the five-hour evacuation to Germany. The two surviving Marines arrived safely at Landstuhl Regional Medical Center, both in stable condition, where their care was transferred to the hospital's trauma team for additional treatment.

The Navy-Marine Corps medical team performed in an exemplary manner jumping into action and doing exactly what was expected of them. It was the first time that any FRSS team had treated multiple, simultaneous critical casualties as a result of a military training exercise.



Courtesy photo

Lt. Cmdr. Johnny Sacco, left, certified registered nurse anesthetist, Forward Resuscitative Surgical System, and Cmdr. James Cole, right, trauma surgeon, FRSS, during exercise African Lion 2012.

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