



Navy and Marine Corps Medical News



A Public Affairs Publication of the Bureau of Medicine and Surgery

November 2010

MEDNEWS Items of Interest:

November marks "Navy Medicine's Commitment to Wounded Warrior Care" - During this month, Navy Medicine focuses on to highlight DoD's commitment to quality care for our service members and their families.

The Integrated Disability Evaluation System pilot program that eases medical separation and speeds benefit payments for service members too wounded, sick or injured to stay in the military will roll out to the entire force.

Reserve Health Readiness Program (RHRP) Web site - All Reserve Component forces can now find medical and dental resources at the new site: <http://www.fhpr.osd.mil/ForceReadiness/RHRP>

Groundbreaking of Naval Hospital Camp Pendleton will take place Dec. 2.

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Did You Know...

The Wounded Warrior Regiment, established in April 2007, grew from the 2005 Marine For Life ill/injured support section and the 2004 Wounded Warrior barracks on several bases. The 34th Commandant of the Marine Corps, General James T. Conway, highlighted his vision of taking care of wounded warriors and their families in his 2006 planning guidance.

Navy Surgeon General Receives Djibouti's Highest Honor for Navy Medical Research

From Bureau of Medicine and Surgery Public Affairs

DJIBOUTI, Djibouti - The U.S. Navy Surgeon General was presented with the Medal of the Commander of the National Order by Djibouti's prime minister in Djibouti Nov. 14.

After a meeting with Djibouti President Ismail Omar Guelleh, Navy Surgeon General Vice Adm. Adam M. Robinson Jr. was awarded Djibouti's highest award by Djibouti Prime Minister Dileita Mohamed Dileita for the U.S. Navy's efforts in working with the African nation to improve its public health system.

The medal, the highest award that can be bestowed by the African country, was presented to Robinson due to the work by U.S. Navy Medical Research Unit (NAMRU) 3 to enhance infectious disease surveillance within Djibouti. During

the past decade, the Navy unit developed surveillance systems that are designed to focus on specific syndromes of interest while strengthening overall laboratory and surveillance capacity within the country.

"I humbly accept this award on behalf of the Navy men and women who have partnered with your country to help improve the health of the people of Djibouti and those throughout the Horn of Africa," said Robinson. "Medicine builds bridges, builds trust and co-operation. Our partnership with Djibouti benefits both our countries."

NAMRU 3 is a large research facility based in Cairo with expertise in the infectious disease surveillance and public health issues.

While the initial mission of the

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DJIBOUTI - James Swan, U.S. Ambassador to Djibouti and Navy Surgeon General Vice Adm. Adam M. Robinson Jr. discuss opportunities to cooperate in areas of public health with Djibouti's Prime Minister, Dileita Mohamed Dileita, Nov. 14. Robinson was presented with the Djibouti Medal of the Commander of the National Order, the highest award that can be bestowed by the African country, on behalf of the U.S. Navy Medical Research Unit-3 (NAMRU-3) whose work over the past decade has enhanced infectious disease surveillance within Djibouti. (U.S. Navy photo by Capt. Cappy Surette/Released)

Navy Medicine's Commitment to Wounded Warrior Care

In 2008, Secretary Gates designated November as "Warrior Care Month" to highlight DoD's commitment to quality care for our service members and their families. Navy Medicine has answered that call each and every month by focusing on combat casualty medicine throughout the continuum of care. This commitment begins with the corpsman in the field, progresses to resuscitative care, on to theater level care, and culminates in care provided en route during a warrior's evacuation to a military hospital and world-class restorative and rehabilitative care INCONUS.

This month I'd like to highlight some of the things we are doing to provide patient and family-centered care for our wounded warriors. Patient and family-centered care is Navy Medicine's core concept of care which recognizes the vital importance of the family, military culture, and the chain of command in supporting our wounded warriors. When our Sailors and Marines in the fight are hurt, we must apply all of our training and resources to provide rapid care, and almost everything we do is in partnership with our sister services. A wounded warrior's chance of survival if they can get to a surgical

unit is now about 95%. This is the lowest mortality rate amongst trauma victims coming out of any war. We must also realize that our care for those injured in battle is a long-term commitment.

I am proud of the work that you are all doing at every level to care for our expeditionary forces abroad while caring for the families at home during these stressful times. Our BUMED Wounded Warrior Regiment medical review teams coordinate with battalion surgeons, deployed units, and military treatment facilities in advance of return of units to set up anticipated medical appointments, ensuring a majority of medical needs are assessed prior to demobilization. In addition, our 17 deployment health

"I am proud of the work that you are all doing at every level to care for our expeditionary forces abroad while caring for the families at home during these stressful times."

centers are serving as non-stigmatizing portals of entry in high fleet and Marine Corps concentration areas and augmenting primary care service offered at military treatment facilities.

To help families cope with the stress of deployment, we've developed Project FOCUS (Families Over Coming Under Stress). This is a family-centered resiliency training program based on evidence-based research interventions that enhance understanding, psychological health, and developmental outcomes for highly stressed children and families. FOCUS participation has increased family and child positive coping, and reduced parent and child distress over time.

Navy Medicine is developing or is part of many programs that will enhance the care we provide to our wounded warriors as well as all our



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

service members and their families. We are now seeing patients at the new National Intrepid Center of Excellence (NiCOE) located on the NSA Bethesda campus. This is a next generation facility that will more effectively research, diagnose, and treat traumatic brain injuries and post traumatic stress for our combat-injured. The Walter Reed National Military Medical Center in Bethesda is on track to open by Sept. 2011. We are working to ensure this project is executed without any disruption of services for Sailors, Marines, and their families. Lastly, our Medical Home Port initiative is being rolled out at many of our facilities worldwide which will provide our service members with a more comprehensive, team-based model of health-care delivery. This new model will drive out variability by implementing standards for all aspects of primary care services and ensure that care is all-inclusive and integrated with all other care provided within our healthcare system.

All of these programs and initiatives will help our wounded warriors transition from the combat zone to the home front so Sailors, Marines and families can heal in body, mind, and spirit.

It is my honor to represent you as your Surgeon General. Thank you for everything you do, but most of all thank you for your service.



**Navy and Marine Corps
Medical News**



Navy Bureau of Medicine and Surgery

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Lejeune "Welcome Back" Program Assists Wounded Warriors

By Anna Hancock, Naval Hospital Camp Lejeune Public Affairs

CAMP LEJEUNE, N.C. - Naval Hospital Camp Lejeune (NHCL) introduced the MEDEVAC Welcome Back (MWB) program Nov. 15, designed to expedite care to wounded Sailors and Marines returning from the battlefield.

A trial of the program in early November has proven the concept's success, and the hospital staff looks to continually update and improve this new service.

"The MWB program immediately opens the lines of communication to an entire team of medical professionals who will be involved in caring for the service member," said Capt. Sarah Martin, NHCL director of nursing services and one of the program's creators. "We saw a great opportunity to enhance access for these wounded warriors and facilitate their evaluation and treatment."

MEDEVAC coordinators lead the efforts by assisting with the logistical arrangements to transport the

wounded service member directly from the flight line to the naval hospital. Coordinators then notify the MWB medical team to be on standby for the service member's arrival and immediate medical examination. Support and initial medical treatments are provided twenty-four hours a day, seven days a week.

The MWB program is built to support the approximate 30 –40 combat-wounded service members who arrive to the Camp Lejeune area monthly with non-acute injuries. The program provides medically evacuated Wounded Warriors with a comprehensive medical examination on arrival to assure their condition has not changed during travel, and to provide treatment for any ailments requiring immediate attention. The member then receives head of the line privileges to any necessary specialists the next business day.

For MWB patients who check in after working hours, NHCL has designated a room in the hospital

barracks to provide berthing, until their specialist examination the following workday. The program also allows for patients with non-critical injuries to return home to their families at the earliest point possible.

"We have seen the community and hospital rally around this program upon its creation and inception," said Hospital Corpsman 2nd Class Nicholas Cockrill, lead MEDEVAC coordinator. "The non-profit organization, Semper Fi Fund, even donated an XBOX and blankets for the Sailor or Marine to use in the barracks room."

"MEDEVAC Welcome Back really lets us wrap our arms around each patient, walk them through what can be an overwhelming situation, and let them know we'll do our best to ensure they get the care they deserve," said Nita Hedreen, NHCL healthcare business director. "As medical professionals, we always want the best for our patients, especially for the wounded warriors who put their lives on the line."

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command was to maintain the health of deployed U.S. service men, NAMRU 3 has become an integral part of the public health system in Africa and across the Middle East. It has developed into the largest overseas military medical research facility in the world and plays a key role in terms of medical diplomacy. NAMRU 3 personnel and scientists routinely collaborate with regional research groups in the fields of disease surveillance, vaccine development and vector control for tropical diseases. They also train local scientists in areas of medical research and dealing with public health challenges.

Djibouti Minister of Health Abdullah Abdullah Miguil stated that through the support of his U.S. partners and the creation of a new public health law, the country has established a new National Institute of Public Health, which is designed to improve regional public health capacity.

"Our new institute's mission is to ensure the health security of the Djiboutian population and serve as a regional center of excellence for the Horn of Africa in areas related to infectious disease surveillance, research and control," said Miguil. "Our hope is that with the continued technical support from our partners, including NAMRU 3, this goal can be achieved."



DJIBOUTI - Navy Surgeon General Vice Adm. Adam M. Robinson Jr. is presented with the Djibouti Medal of the Commander of the National Order, the nation's highest award by Djibouti's Prime Minister, Dileita Mohamed Dileita, Nov. 14. Robinson received the award on behalf of the U.S. Navy Medical Research Unit-3 (NAMRU-3) whose work over the past decade has enhanced infectious disease surveillance within Djibouti. (U.S. Navy photo by Capt. Cappy Surette/Released)

While Robinson was in Djibouti, he visited Navy Medicine facilities at Camp Lemonier and met with Joint Task Force leadership.

Focusing on Abilities, Achievements of our Wounded Warriors

By Aquita Brown, Wounded Warrior Regiment

QUANTICO, Va. — November is Warrior Care Month, a Navy and Marine Corps-wide effort to honor the sacrifices and achievements of our wounded, ill and injured (WII) service members and their families. The 2010 theme is "Focusing on Abilities - Supporting Wounded Warrior throughout their Recovery, Rehabilitation, and Reintegration."

"It is important that we honor our wounded warriors and their families, and showcase the programs that support them," said Secretary of the Navy Ray Mabus in ALNAV 068/10, released Nov. 2 to all Navy and Marine Corps personnel.

"Through the Navy Safe Harbor

program, the Marine Corps Wounded Warrior Regiment (WWR), and Navy Medicine, we take care of our own by serving wounded Sailors and Marines who are in active duty, reserve and veteran status," said Mabus.

Recognizing and appreciating WII service members and their family sacrifices remains a priority of the WWR. In order to highlight the accomplishments of WII Marines, Sailors, and their families, the WWR will feature motivational stories of Marines who have focused on their abilities to be successful in their new normal. Focusing on ability provides psychological and emotional support to encourage healing and a quicker adaptation to injury, enabling WII service members to thrive.

The mission of the WWR is to provide and facilitate non-medical care to combat and non-combat wounded, ill, and injured Marines, and sailors attached to or in direct support of Marine units, and their family members in order to assist them as they return to duty or transition to civilian life.

"November is Warrior Care Month and the Navy and Marine Corps is putting a spotlight on what our outstanding WII Marines and sailors, families and staff does each day," said Col. John Mayer, commanding officer, Wounded Warrior Regiment. "Across the Wounded Warrior Regiment, every month is Warrior Care Month and we are honored to be so closely involved in the recovery and transition of our WII service members."

New Multimedia Toolkit Helps Families Cope with Deployments

Defense Center for Excellence, Communications

SEATTLE, Wash. - Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE), with Vulcan Productions, is distributing more than 200,000 handbooks and videos to military families and friends around the country about how to cope with the challenges of all phases of deployment. The newly released toolkit, "A Handbook for Family and Friends of Service Members—Before, During and After Deployment," was developed by a team of medical, mental health and military family experts.

"This handbook meets a great need, especially for the parents of young men and women in military service for whom there is little support currently available," said Interim Director of DCoE Michael E. Kilpatrick, M.D. "We are hopeful that other

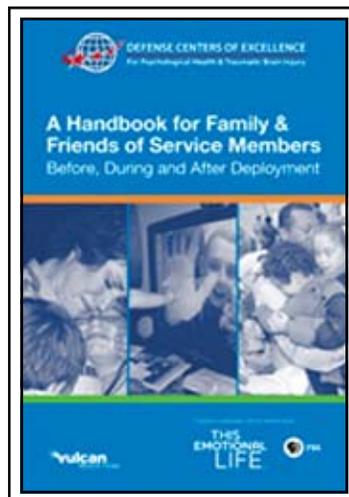
federal agencies and private sector organizations will step-up and help ensure we can get this valuable resource in the hands of every family affected by a deployment."

This unique resource includes information specifically designed to help families and friends:

- Become aware of the stressors and feelings they may encounter throughout deployment
- Develop skills to become more resilient despite these stressors and feelings
- Improve their overall quality of life and satisfaction
- Identify outside resources that may be useful to them throughout the deployment cycle

The toolkit is an extension of the award-winning PBS documentary "This Emotional Life," a multi-platform project produced by Vulcan Productions and NOVA/WGBH Science Unit, which explores the science behind the quest for happiness and the importance of

social relationships to overcome life's challenges. DCoE, along with the help of the Real Warriors Campaign and Military OneSource, is distributing the first 198,000 toolkits to families and friends of the military community.



Navy Medicine Blog Submissions Wanted!

In time for the new year, BUMED is excited to be introducing a Navy Medicine blog for our community. In preparation for its launch, we are looking for regular contributors across the entire spectrum of our organization. We will post three weekly blog submissions containing the latest news from operational commands, training, recruiting, research and development programs, and military treatment facilities. If you are interested in becoming a contributor, please contact Paul Dillard, Paul.Dillard@med.navy.mil, 202-762-3214.

Naval Hospital Bremerton Unveils New Breast Health Center

By Douglas H. Stutz, Naval Hospital Bremerton Public Affairs

BREMERTON, Wash. - Naval Hospital Bremerton celebrated the opening of its new Breast Health Center with a ribbon cutting Nov. 8.

The Breast Health Center, equipped with the latest digital mammography to perform breast cancer screenings, is the newest and most advanced of its kind on the Kitsap Peninsula and features the leading edge in 21st century technology. The new system represents a gradual transformation from the days of film processing to cassettes that still needed to be developed to the just-installed direct digital system.

"In the constant war we wage on breast cancer, this is our shock and awe campaign," said Cmdr. Daniel Sherwood, Radiology department head. "The direct digital system is such a tremendous boost in terms of real-time efficiency and incredible enhanced image," said Sherwood. "As soon as the image is taken, we can then look at it. There is no film or cassettes to handle. This is the best of the best and by

BREMERTON, Wash. - Deni Lee, RT(R)M, BS, Clinical Navigator for the Mammography Dept at Naval Hospital Bremerton readies a patient in the newly-opened Breast Health Center, which is equipped with the latest digital mammography for performing breast cancer screenings. The center is the newest and most advanced of its kind on the Kitsap Peninsula and features the leading edge in 21st century technology (Official Navy photo by Douglas H Stutz/Released).



adding this technology, this confirms our commitment to our patients that they are receiving the best care that we can give them."

According to Deni Lee, RT(R)M, BS, Mammography Department clinical navigator, digital mammography is different from conventional mammography in how the image of the breast is acquired and, more importantly, viewed. The radiologist can magnify the images, increase or decrease the contrast and invert the black and white values while

reading the images to evaluate and focus on areas of concern.

"By offering our beneficiaries the latest technology in mammography, we hope to see an increase in those who follow recommendations for regular screenings," said Lee.

Compiled statistics show that screening mammography reduces breast cancer mortality 25-30 percent for women ages 50-70

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Wounded Warrior Support

SAN DIEGO - Nate Jackson, a technician and prosthetics fabricator at the Naval Medical Center San Diego Prosthetics Laboratory, uses a tongue depressor to clean extraneous epoxy adhesive around a check socket, Nov. 12. The prosthetics laboratory manufactures and assembles more than 50 upper and lower limbs and extremities each month. (U.S. Navy photo by Mass Communication Specialist 1st Class Todd Hack/Released)

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 Medical Research Unit Confronts Lassa Fever in Ghana

By Darnell P. Gardner, Jr., Public Affairs Officer, NAMRU-3

CAIRO - A team from the U.S. Naval Medical Research Unit No. 3 (NAMRU-3), its Ghana Detachment, and the Noguchi Memorial Institute for Medical Research combined their efforts to investigate Lassa fever, a viral hemorrhagic fever historically found in Sierra Leone, but that may also be in Ghana.

Lt. Cmdr. Karl Kronman, officer in charge, NAMRU-3 Ghana Detachment, explained, "Some deaths recently occurred in patients from areas of Sierra Leone where Lassa fever had not usually been diagnosed, highlighting limited knowledge of the disease."

"Lassa virus is presumed to be present in *Mastomys* mice throughout West Africa and is capable of being spread to humans in outbreaks," said Kronman. "But, the exact areas of risk remained poorly understood due to limited studies in humans and the rodents that carry the disease. Recently, a map of West Africa based on mathematical models was drawn to better estimate the risk to populations throughout the region."

Using the risk map as a guide, the team identified villages that were at risk of Lassa fever. They then spent several days capturing rodents for testing. This required setting two to three hundred traps every night in fields and houses.

The team had to follow field biosafety level three procedures, which included respirators, gowns and gloves. They received some quizzical looks from village residents when they came to collect house mice in full protective attire.

"The first day we got a lot of attention in the village,



GHANA - Local townspeople place a rodent trap inside a domicile. (Navy photo provided by Lt. Cmdr. Karl Kronman/Released)

but after that we became part of the routine. Only the children continued to want to watch what we were doing, and stood outside our roped off area to observe us," said Dr. Fady.

In addition to capturing up to 100 rodents, the team collected serum samples from more than 50 human volunteers, who gave their informed consent to test for antibodies to Lassa virus. The U.S. Army Medical Research Institute of Infectious Diseases (USAMRIID) will provide the laboratory expertise to test for Lassa virus and other rodent-borne diseases. Another field trip is planned for November, before the rainy season ends.

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and 18 percent for women ages 40-50. Early detection also gives women new options for breast-conserving therapy.

"As soon as our beneficiaries see this new Breast Health Center, they will know they are getting the best breast mammographic exam that is available," said Lee. "During the actual procedures, the radiologist and technologist no longer need to leave the room to observe the images because they appear almost instantly. The new digital capability is a time saver to patient as well as provider."

Additionally, the accompanying waiting and dressing area will offer patients total privacy.

"There will be no more waiting outside," said Lee. "We have known for a long time that just coming in for an appointment can be nerve-wracking and this suite affords everyone a measure of solitude."

"This really is an incredible achievement," said Capt. Mark E. Brouker, NHB commanding officer. "Our staff are so committed to taking on this disease and defeating it tactically. We have a lot of passion at the deckplates. Many of us know someone who has been diagnosed with the disease or has even lost their battle due to it."



DALLAS - Rear Adm. Eleanor Valentin, commander of Navy Medicine Support Command and director of the Navy's Medical Service Corps, is presented the 2010 Technologist of the Year award by U.S. Navy Surgeon General Vice Adm. Adam Robinson at the 15th annual National Women of Color (WOC) Science, Technology, Engineering and Math (STEM) Conference in Dallas Oct. 30. Sponsored by Career Communications Group Inc., the conference drew more than 1200 participants and honored 16 uniformed and civilian Navy women for their accomplishments and leadership in the STEM fields. (U.S. Navy photo by Mass Communication Specialist 1st Class Ronald Tackitt/Released)

New Disease Reporting System Making Its Way Across DoD

By Hugh Cox, Navy and Marine Corps Public Health Center Public Affairs

NAVY AND MARINE CORPS PUBLIC HEALTH CENTER (NMCPHC), PORTSMOUTH, Va. – The Navy Disease Reporting System (NDRSi), launched by the Navy in January 2008, has now been officially adopted as the disease reporting system of choice by most of DoD and various other Federal agencies.

NDRSi, or DRSi as it's referred to across service lines, is a secure, web-based medical event reporting system, created to replace the 10-year old legacy Naval Disease Reporting System while taking advantage of improvements in Department of Defense information technology resources.

"This new system provides a common platform for reporting medical events supporting Army, Navy, Marine Corps, Coast Guard, and Joint Task Force Capital Medical Region," said Ms. Asha Riegodedios, staff epidemiologist with the

NMCPHC and program coordinator. "Joint reporting brings us closer to standardized capabilities across the DOD, preparing the DOD for more timely and efficient monitoring of disease threats."

According to Dr. Christopher Rennix, Department Head for the Epi Data Center with NMCPHC, DRSi allows access to critical public health information simultaneously at the local, regional, and higher headquarters level as soon as a report is submitted into the electronic system.

"All users access and speak from one single database," said Rennix.

This new version includes a state of the art feature (the Case Finding module) that allows local users to view "potential" medical events in their Area of Responsibility based on CHCS laboratory results. Users can seamlessly file Medical Event Reports (MER) from these case finding records if local investigation warrants a MER.

"Another key feature of the program is that it provides a pick-list of laboratory tests results that are positive or suspect for 38 medical events to prompt users to investigate and enter a report if true," said Riegodedios.

Additionally, separate screens are designed for each reportable medical event, utilizing pull-down selections to reduce typographical errors, and shares common data from previous entries to reduce data entry time.

DRSi also provides local reporting, tracking, and trending capability through an encrypted data export function. Each reporting location can export records that it created into a spreadsheet.

According to Mr. Azad Al-Koshnaw, program administrator, the system is remarkably flexible - able to rapidly accommodate additional reporting requirements for emerging public health concerns such as novel H1N1 Influenza.

Patient-Centered Care Gets a Medical Home in Navy Medicine

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

WASHINGTON – Navy Medicine is taking an integrated patient care approach by implementing the "Medical Home Port" model to address preventive and chronic care for beneficiaries, wounded warriors, and their families.

Through Medical Home Port, patients receive personalized care that is coordinated based on their specific needs. A specialized team of providers, rather than a single primary care manager provides improved access, greater continuity of care, wellness, and disease management.

The teams provide care, make appointments with specialists, follow up with patients as needed, and integrate onsite behavior health specialists when appropriate – many tasks patients would tackle on their own under the patient/primary care model.

"Improving continuity of care by seeing a team of providers, improving access to care through

online messaging, and improving coordination of care among specialists are some of the benefits of Medical Home Port," said Cmdr. Kevin Dorrance, Chief of General Internal Medicine, National Naval Medical Center. Dorrance led the first medical home program at National Naval Medical Center in Bethesda, Md., in May 2008.

A robust online medical portal and personal health record system further support the continuity of care process. Patients can add information to their medical records and, communicate via secure e-mail with team members. These systems also help the team identify patients who may need follow up care and conduct virtual office visits.

Medical Home Port goes beyond the traditional patient/primary care relationship by addressing the overall health of the patient.

"We have integrated care and health services – yoga, acupuncture, nutrition, stress reduction, and psychology," said Dorrance.

"We not only focus on the physical well-being, but also behavioral change, healing through mind, body, and medicine."

The use of the model has also had a significant impact on the sustained health of the patient.

"The use of Medical Home Port has shown to reduce emergency room visits, decrease urgent care visits, and lower specialty care visits," said Dorrance. "It has also shown to decrease re-hospitalization rates and decrease the length of stays."

Later this year NNMC's Medical Home Port will re-locate to its new home due to BRAC (Base Realignment and Closure), where 23,000 patients will be enrolled in the program.

Currently there are 13,000 patients enrolled in Medical Home Port at NNMC.

Medical Home Port is also being implemented at NNMC, Naval Medical Center Portsmouth, Naval Hospital Bremerton, Naval Health Clinic Quantico, among others.

“The Lucky Few” Premieres at the Smithsonian Institute

By Lt. Cmdr. John M. Daniels, Naval History and Heritage Command

WASHINGTON - The Navy premiered "The Lucky Few" at the Smithsonian Institution's Baird Auditorium Nov. 11.

The documentary featured a little-known rescue operation in the tumultuous days following the fall of Saigon.

In late April, 1975 panic and hysteria ruled the streets of Saigon as North Vietnamese soldiers surrounded the capital city. Americans and South Vietnamese sought escape and refuge any way they could.

Produced by the Bureau of Medicine and Surgery, "The Lucky Few," chronicles one part of this story. The documentary is about USS Kirk (DE-1087) and its crew of 260 who played an unexpected, but considerable role in Operation Frequent Wind - the evacuation of personnel from Saigon.

For most, the images of the end of the Vietnam War came from the nightly news. Television stations showed the evacuation of the U.S. Embassy as Marine helicopters landed on the roof. But there was another story that didn't get the same attention—the rescue of more than 30,000 refugees who found other ways to escape the frenzy. USS Kirk played a pivotal role by first rescuing, then escorting South Vietnamese military and civilians to freedom and a new life.

As Frequent Wind began, U.S. helicopters loaded with evacuees began heading out to sea, where a 7th Fleet task force awaited them. Just as suddenly though, hoards of unknown contacts began appearing on the ships' radar screens. South Vietnamese army and Air Force Hueys, packed with refugees were following the American aircraft out to sea.

USS Kirk quickly jumped into action and began landing aircraft on its tiny flight deck. First one and then two helicopters were on deck. With several more helicopters approaching, the commanding

officer quickly made the decision to start pushing aircraft over the side once the men, women, and children were safely aboard to make room for more.

Then the unthinkable happened – Kirk's crew heard another helicopter approaching, and as the aircraft appeared, the crew grew apprehensive. Attempting to land was a twin-rotor CH-47 Chinook, the largest helicopter in the South Vietnamese inventory. The crew tried to wave off the massive helicopter, but instead its pilot, with utmost prowess, hovered over the fantail while the refugees jumped or were dropped into the waiting arms of Sailors.

After everyone was safely aboard, the Chinook pilot ditched his aircraft in the water. Not missing a beat, several Kirk crew members quickly jumped overboard to rescue the pilot from the water and the vortex of the sinking aircraft. By days end, USS Kirk had landed a total of 13 aircraft and remarkably there were no deaths or injuries.

Retired Capt. Paul Jacobs, was USS Kirk's commanding officer at the time of evacuation.

"The average age of my crew was 23," said Jacobs. "They were young and new to the Navy and were trained for war, but the situation quickly turned into a humanitarian effort. We had to take care of a large amount of people by providing them food, shelter, and medical care."

Shortly thereafter, the refugees

were transferred to SS Green Port. USS Kirk was without refugees, but that wouldn't last long. The next day, the ship was tasked with escorting 16 ships from the South Vietnamese navy to the Philippines – on these ships were 30 thousand refugees. Initially, Kirk was the lone U.S. ship, and was responsible for providing security, engineering support to the damaged and fledgling ships, and feeding and providing medical care.

"One of the skills that Navy medicine has honed to a fine edge during its history is helping those in distress, both on the high seas and victims of natural disasters," said Jan Herman, Navy Medical Department senior historian. "The rescue of thousands of refugees at the end of the Vietnam War and caring for them was a shining moment in our history."

The flotilla made its way to the Philippines May 7, ending its five-day, 1000 mile odyssey, where the refugees disembarked. From there, another chapter on their journey to freedom was about to begin. Many would continue this journey and make their way to the United States.

In the film many of the refugees expressed their gratitude to the crew of USS Kirk.

"I will never forget the experience on USS Kirk and the crew members who extended their hand to helping us during our time of need," said Lan Tran."

OFF THE COAST OF SOUTH VIETNAM - USS Kirk crewmembers push an empty UH-1 Huey over the side to make room on the deck for incoming helicopters with more refugees. (Photo courtesy of Craig Compiano)



Giving Back to Those Who Give So Much

By Lt. Holly Lee, MSC, Bureau of Medicine and Surgery Public Affairs

In January of this year, BUMED began collecting donations to send to deployed Navy Medicine Warriors. With the support of the Ombudsman and the BUMED staff, numerous packages have been sent to these Warriors to say "thank you" for their service and sacrifice. These packages were a welcomed piece of home, but also supported the mission by providing small items to give to children. When we give a piece of gum, a small stuff animal or a toy car to a child we are building future relationships and achieving our "Hearts and Minds" mission.

Over the past year our Warriors have sent back numerous notes of gratitude and appreciation. Below are some of the most recent letters and from the field. To all who have donated and participated, Thank You.



KANDAHAR AIRFIELD, Afghanistan - Service members take a moment of silence while command chaplain, Lt. Cmdr. Michael Pumphrey says prayer. (Courtesy photo)

"Dear Friends and Shipmates at BUMED,

We received the several care packages here at the Role 3, KAF, about 10 days or so ago. The DVD movies have been added to the lending library for the crew, now located out in the new mess tent immediately behind the hospital. Snacks have been shared and quickly enjoyed. The candy seemed to go especially fast over the final days of Oct./early days of Nov.!! The Noah's Ark size supply of stuffed animals have been shared among staff, outpatients and inpatients, and with students at a Kandahar area school.

The baby clothes and shoes have been stored in the Ward, and in the ICU, for distribution as needed to patients (yes, we do have infants and toddlers as patients at times), or on occasion to be given for the family members of patients. Thank you, everyone, for your support."

Very Respectfully,
Lt. Cmdr. C. Michael Pumphrey, CHC Command Chaplain
NATO Role 3 Multinational Medical Unit
Kandahar Airfield, Afghanistan

"Dear Friends and Shipmates at BUMED,

Please thank everyone for the care packages... Everyone loved them. I shared the cookies, candy, and the other items with others and they really enjoyed it.

Thank everyone for all that they have sent."

Very Respectfully,
Cmdr. Susan Union, NC
Senior Emergency Department Nurse for the US contingency
Camp Bastion Role 3 Hospital
Helmand Province, Afghanistan

KANDAHAR AIRFIELD, Afghanistan - Hospital Corpsman 3rd Class Sylvia Baxter and Hospital Corpsman 2nd Class Cynthia Sandmire, model some of the very pretty clothing and footwear that was received by the care packages in the Ward (Courtesy photo).



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