



# Navy and Marine Corps Medical News



*A Public Affairs Publication of the Bureau of Medicine and Surgery*

**September 2010**

## MEDNEWS Items of Interest:

**September marks "Navy Medicine's Promotes Suicide Prevention Awareness"** - During this month, All Hands must continue to be aware of and respond to the early warning signs of suicide in service members before tragedy occurs. It is critical also act with a sense of urgency to help build resiliency among Sailors and Marines and aim to eliminate the stigma associated with seeking help.

**FOCUS World Web Site Launch Sept. 17:** FOCUS World is an interactive Web site experience that teaches families resiliency training skills. Check out the Web site: [www.focusproject.org](http://www.focusproject.org) to sign up for the FOCUS quarterly newsletter to help maintain awareness of the unique needs of military children and families.

**Hispanic Heritage Month** - The honorable Everett Alvarez, former USUHS Board Chairman, Navy Pilot, and legendary Vietnam POW will speak at BUMED for Hispanic Heritage Month Sept. 21.

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## *Did You Know...*

Suicide is the third leading cause of death in the Navy. Two hundred upper echelon and installation suicide prevention coordinators recently received **Front-line Supervisor Training** by Naval Center for Combat and Operational Stress Control program creators.

## NAVY SUICIDE PREVENTION AND TRAINING: IT'S AN ALL HANDS EFFORT

By Navy Petty Officer 3rd Class  
Mikelle D. Smith Emerging Media,  
Defense Media Activity

WASHINGTON – Balancing military and personal life involves sacrifices. At times, this balancing act can cause sailors to become extremely overwhelmed and even depressed.

Some sailors might seek guidance from shipmates while others can let feelings fester. Unresolved emotions can become unbearable and, like a pot of boiling water, the sailor overflows. Seeing no way out, 46 sailors took their lives last year.

Suicide is the third-leading cause of death in the Navy, accounting for 13 percent of fatalities in 2009, officials said. Any loss of a sailor's life can be devastating for a family and command. It's important that sailors are familiar

with the signs and symptoms of suicide so identifying a shipmate contemplating suicide is easier.

The Navy recognizes the seriousness of suicide and has developed additional training methods to help sailors acknowledge they are front line supporters of suicide prevention efforts. Sailors, from pay grades E-1 to O-10, are key players in the suicide prevention process, something that begins with the chain of command, with coworkers and with friends of the sailor experiencing negative thoughts.

"One big thing that people neglect about suicide is the power of little things," said Capt. Paul S. Hammer, director of the Naval Center for Combat and Operational Stress Control. "So often we see

*See PREVENTION, Page 3*



COMBAT OUTPOST PAYNE, Afghanistan - Petty Officer 3rd Class Christopher Dunbar, a corpsman with the Border Mentor Team 2, attached to Charlie Company, 1st Light Armored Reconnaissance Battalion, shows Afghan Border Patrol soldiers how to clear a patient's airway, during a medical class at a patrol base near Combat Outpost Payne, Aug. 28. "I am turning them into basic medics so they can have a well-rounded unit with capabilities of working on its own," said Dunbar a Plano, Texas, native. "I teach them what they need to know to survive." (Marine Corps photo by Cpl. Eugenio Montanez)

## Navy Medicine Promotes Suicide Prevention Awareness

The increased operational tempo, including the number and length of deployments, among other contributing factors, has the potential to negatively impact the psychological health of our Sailors, Marines, and their families. While making mental health services available is a worthy goal, it is not enough. We must continue to be aware of and respond to the early warning signs of suicide in our people before tragedy occurs. We must also act with a sense of urgency to help build resiliency among our Sailors and Marines and aim to eliminate the stigma associated with seeking help.

Suicide impacts all of us throughout the military and we should actively work to safeguard our Sailors and Marines, and their family members. Much like security and force protection, suicide prevention is an All-Hands effort that requires greater awareness and potential action for us all regardless of duty station and assignment.

Navy Medicine is doing everything we can to ensure a continuum of psychological healthcare is available to service members throughout the deployment cycle – pre-deployment, during deployment,

and post-deployment. Our mental health specialists are being placed in operational environments and forward deployed to provide services where and when they are needed. In addition, we are making mental health services available to family members who may be affected by the psychological consequences of combat and deployment.

As our Wounded Warriors return from combat and begin the healing process, they deserve a seamless and comprehensive approach to their recovery. We want them to mend in body, mind, and spirit. Our focus is multi-disciplinary-based care, bringing together medical treatment providers, social workers, case managers, behavioral

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***“Suicide impacts all of us throughout the military and we should actively work to safeguard our Sailors and Marines, and their family members.”***

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health providers and chaplains. We are working closely with our line counterparts with programs like the Marine Corps' Wounded Warrior Regiments and the Navy and Coast Guard's Safe Harbor to support the full-spectrum recovery process.

We are also aggressively working to reduce the stigma surrounding psychological health and operational stress concerns with programs such as Navy Operational Stress Control (NOSC), USMC Operational Stress Control and Readiness (OSCAR), FOCUS (Families Overcoming Under Stress) and Caregiver Occupational Stress Control (CgOSC). Stigma reducing interventions span three major fronts: 1) educational materials and training for individual Sailors and Marines that normalizes mental health care; 2) leadership training to improve command climate



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

support for seeking mental health care; and 3) encouragement of care outreach to individual Sailors, Marines, and their commands.

We have implemented our ACT campaign to promote suicide awareness and prevention (A-C-T Ask-Care-Treat) to provide support to personnel and their families. There are also abundant online resources that include everything from telemedicine resources which provides convenience and confidentiality and online mental health assessments, to suicide prevention campaign brochures and training tools. More information about suicide prevention can be found at [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org) and [www.militaryonesource.com](http://www.militaryonesource.com).

We must continue to place suicide prevention high on our lists of priorities. In support of Suicide Prevention Month, I would ask that each and every one of you review your own command's suicide prevention program and conduct training on this important topic. Navy Medicine cannot overlook the issue of suicide and must continue to do all we can to support our Sailors, Marines and their families in body, mind, and spirit. It is my honor to represent you as your Surgeon General. Thank you for everything you do, and most of all thank you for your service.



**Navy and Marine Corps  
Medical News**



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## DEPUTY SURGEON GENERAL VISITS JAX MEDICAL COMMANDS

By Larry Coffey, Navy Medicine Support Command Public Affairs

JACKSONVILLE, Fla. -- The Navy's deputy surgeon general visited Navy Medicine Support Command (NMSC), its Jacksonville-based subordinate commands and detachments, and Naval Hospital Jacksonville last month.

Rear Adm. Karen Flaherty visited the area to discuss support services NMSC and its subordinate commands provide to Navy hospitals, clinics and the fleet, as well as, to tour NMSC's Jacksonville-based commands.

"The breadth of programs and services Support Command offers Navy Medicine is incredible," Flaherty said.

"This is even more obvious when you have the chance to examine the services in detail. Navy Medicine leaders from commanding officers and OICs to BUMED department heads need to put Support Command on speed dial."

NMSC Deputy Chief of Staff Patricia Craddock said that NMSC offers many services that are of great use to the fleet and shore establishment.

"We likely have the capability that people may need and are the right group to give the task to," said Craddock.



JACKSONVILLE, Fla. -- (R-L) OIC Lt. Cmdr. Jeffrey Stancil, NECE OIC; Rear Adm. Eleanor Valentin, NMSC Commander; Rear Adm. Flaherty, Deputy Surgeon General; and Cmdr. George Schuler, NECE OIC, look over an entomology collection at NECE headquarters in Jacksonville, Fla., Aug. 12. The collection is used to train military and civilian pest control management professionals. (U.S. Navy photo by Mass Communication Specialist 1st Class (SW) Arthur N. De La Cruz/Released)

See DSG, Page 4

## PREVENTION

From page 1

that many people were dissuaded from hurting themselves by someone who made a very minor gesture that turned out to be huge."

The NCCOSC developed a suicide prevention kit called Front Line Supervisor Training that was mostly written by Tom Pickel, a retired Navy corpsman and neuropsychiatry specialist. The kit is geared toward sailors' awareness of behavior leading to suicide through interactive situational training.

"Our overall goal is to create a positive environment where individuals feel comfortable asking for help and where positive leadership and availability of resources are understood," Pickel said.

Two hundred upper echelon and installation suicide prevention coordinators recently received front-line supervisor training by program creators that included Lt. Cmdr. Bonnie Chavez, a behavioral health program manager.

"The Navy suicide prevention program builds on sailor and leader caring, by supporting command-level efforts with policy, information

and tools," Chavez said. "Sailors and leaders genuinely care and have shown it in the way they vigorously engage in focus groups, put forth tremendous creativity to develop posters and enthusiastically embrace new hands-on training materials."

Front-line supervisor training incorporates videos and music, pocket-sized reference cards, information for plan-of-the-day messages and posters ideas and resources created to raise sailors' awareness of suicide-prevention tactics.

According to Hammer, the first step in suicide prevention is identifying subtle warning signs, some of which may include but are not restricted to: withdrawal from family and friends, abuse of drugs or alcohol, poor performance at work and engaging in reckless acts by a usually cautious person. Noticing a trend of abnormalities in a shipmate can help sailors recognize subtle changes in that individual's behavior. Sailors then can take necessary steps to help shipmates target the root of negative feelings before suicide thoughts are reached.

The suicide prevention kit entered the fleet in April and it includes the new video, "A Message from Suicide," along with interactive, peer-to-peer facilitated training.

"What's different is we take the audience through a case study," Hammer explained. "We turn it into a discussion that the audience can be involved in. This gives them the ability to see from start to finish what really goes on in the mind of a person dealing with suicidal thoughts. We ultimately are preparing them to handle encounters and giving effective ways to be firsthand responders."

According to Chavez, the suicide prevention kit advises sailors who come face-to-face with someone in a suicidal situation to visualize the acronym ACT: Ask, Care and Treat.

Suicide intervention services like the National Suicide Prevention Lifeline and the American Foundation for Suicide Prevention also are available to sailors. Obtain more information and resources at [www.suicide.navy.mil](http://www.suicide.navy.mil) or the Operational Stress Control continuum at <http://navstress.navy.dodlive.mil>.

## NEW FOCUS WEB SITE PROVIDES MORE RESOURCES

### From Bureau of Medicine and Surgery Public Affairs

WASHINGTON - The Bureau of Medicine and Surgery (BUMED) redesigned the Web site for Project FOCUS (Families OverComing Under Stress) to better serve military families trying to cope with stress associated with multiple overseas deployments.

The dramatically redesigned site, [www.focusproject.org](http://www.focusproject.org), offers family friendly information about FOCUS that will benefit military families. The Web site's homepage offers visitors a video describing the FOCUS program and its benefits while also offering information about the program's history, mission and resiliency training programs.

"We hope that families will explore our new Web site and take advantage of this program," said Kirsten Woodward, BUMED Family Programs Division director. "We are pleased to help our family readiness and preparedness through this unprecedented program that Navy Medicine offers."

FOCUS is an eight-week, skill-based, trainer-led, intervention that addresses difficulties that families may have when facing the challenges of multiple deployments and parental combat-related psychological and physical health problems.

The program provides structured activities to bridge gaps in shared family understanding that may follow stressful experiences and separations. FOCUS uses family training techniques to highlight areas of strength and resilience in the family and promote family growth to help address daily challenges.



The Web site contains information about common challenges families face before, during, and after deployments. It also contains resources for parents, children, and service providers on how to deal with the associated stress. The site offers tailored local information for each FOCUS site nationwide and testimonials from former FOCUS participants that help describe what families could expect when they enroll in FOCUS resiliency training.

According to Woodward, military families can sign up for a quarterly newsletter and should be able to use the website to access FOCUS World in the coming weeks. FOCUS World is an interactive Web site experience that teaches families resiliency training skills. Visitors also have the opportunity to sign up for the FOCUS quarterly newsletter to help them maintain awareness of the unique needs of military children and families.

"Announcements about FOCUS World launch will be made this week," said Woodward. "We look forward to growing this site in the future and welcome any feedback from our families on how we can serve them better."

The Bureau of Medicine and Surgery developed Project FOCUS to serve the growing need of military families and children in coping with stress associated with multiple deployments which often compounds existing stress. In January 2009, the BUMED Family Programs Division was stood-up under the Deployment Health Directorate in the Wounded, Ill, and Injured Warrior Support Command of BUMED and now oversees FOCUS training.

### DSG

From page 3

NMSC headquarters exercises command and control over its subordinate Navy Medicine mission-specific commands from the echelon 4-7 levels.

NMSC also executes several Navy Medicine programs including Lean Six Sigma, Defense Medical Human Resources System internet (DMHRSi), and the Centralized Credential and Privileging Directorate (CCPD).

Flaherty toured Aviation Survival Training Center (ASTC), one of NMSC's eight ASTCs, which are tasked to provide safe and effective aviation survival and human performance training to meet Chief of Naval Operations requirements. The tour demonstrated the training aviators receive during their time at an ASTC.

From ASTC, Flaherty was taken to the Navy Entomology Center of Excellence (NECE). Cmdr. George Schoeler, NECE officer in charge, explained NECE's uniqueness within DoD, its global impact, and the professional work performed by NECE's 35 officers, enlisted, civilian and contract personnel.

Flaherty also visited Navy Drug Screening Lab

(NDSL), one of three Navy test labs whose mission is to deter illegal drug use by Navy and Marine Corps personnel through accurate and timely forensic drug testing. The tour traced the course taken by each of the million-plus urinalysis specimens received at the laboratory annually.

During an admiral's call with the military and civilian staff of Naval Hospital Jacksonville, Flaherty thanked them for the dedicated work to their patients and family members.

"We must always remember that Navy Medicine's number-one covenant is to take care of each other," said Flaherty. "I'm just five days into my new role at BUMED and I am pleased, honored, and humbled to work with all of you."

Flaherty's visit to the naval hospital included the facility's new 62,000 square-foot addition, which features state-of-the-art equipment to vastly enhance patient care at the hospital. The new wing includes six operating rooms with fully integrated monitoring equipment as well as a floor devoted to physical and occupational therapy. The admiral observed the aquatic treadmill in use, which enhances the hospital staff's care of the nation's wounded warriors.

## NIEMYER NAMED NEW DIRECTOR OF NAVY NURSE CORPS

From Bureau of Medicine and Surgery Public Affairs

WASHINGTON - The 23rd director of the Navy Nurse Corps was appointed in a ceremony at the Bureau of Medicine and Surgery in Washington, D.C., Aug. 27.

In the ceremony, Rear Adm. Elizabeth S. Niemyer relieved Rear Adm. Karen Flaherty.

Flaherty will continue her responsibilities as the deputy chief of the Bureau of Medicine and Surgery.

During the ceremony, Niemyer was promoted to rear admiral (upper half) and was appointed as the 23rd director of the Navy Nurse Corp by Vice Adm. Adam M. Robinson Jr., the surgeon general of the Navy.

Niemyer said there is no greater honor or privilege for her than to serve as the director of the Nurse Corps.

"It is a responsibility that I accept humbly and without reservation knowing the nurses serving Navy Medicine, uniformed and civilian are the very best in the world," said Niemyer, to the nurses in attendance at the ceremony. "With your assistance and dedication we will build upon an already impressive record of 102 years of service by collectively raising the bar. Know that I will challenge you to think differently, ensure collaboration with the other services and hone your clinical excellence as we continue to meet Navy Medicine's mission...anytime, anywhere!"

Niemyer is a native of Annapolis, Md., and attended the University of Maryland where she received a Bachelor of Science in nursing in 1978. She was commissioned a lieutenant in the Navy Nurse Corps in 1981. Prior to joining the Nurse Corps, she worked as a medical surgical nurse and a public health nurse for the state of Virginia.



WASHINGTON - Vice Adm. Adam M. Robinson, Jr. promotes Rear Adm. Elizabeth S. Niemyer to rear admiral (upper half) and appoints Niemyer as the 23rd director of the Navy Nurse Corps during a ceremony held at the Bureau of Medicine and Surgery, Aug. 27. (U.S. Navy photo by Matthew Santos, Bureau of Medicine and Surgery Public Affairs/Released)

In her distinguished career, she has held numerous clinical nursing and nursing leadership positions at National Naval Medical Center Bethesda, Md., Naval Medical Clinic Quantico, Va., and Naval Hospital Camp Pendleton, Calif.

As a lieutenant commander she was transferred to Naval Hospital, Okinawa, Japan, as the risk manager. During this tour, she earned a Master of Science in human resource management from Chapman University. Follow-

*See NURSE, Page 6*

## AWARENESS PREVENTS SUICIDE: CHAPLAINS LEND AN EAR

By Lance Cpl. Kris B. Daberkoe,  
Marine Corps Bases Japan

CAMP FOSTER, OKINAWA, Japan - Within the first seven months of this year, 28 Marines died by suicide. At the same date last year, the Marine Corps had suffered 35 suicides. One death by suicide can affect 100 or more people according to MarAdmin 484/10.

National Suicide Prevention Week was recognized Sept. 5 to 11 in order to increase awareness among Marines and sailors about such a tragic topic. World Suicide Prevention Day is Sept. 9.

According to Capt. Robert L. Keane, chaplain, Marine Corps Bases Japan, Suicide Prevention

Week is important to remind personnel of the resources and help available surrounding suicide.

"Time and time again we have seen that troubled individuals will often come to talk to a chaplain. The opportunity to have a confidential conversation is usually enough to encourage them to speak of their destructive thoughts," he said. "Once the conversation has begun and the matter is finally on the table, the chaplain is usually able to link the individuals up with the appropriate medical resources in order to obtain the help they need and want."

The MarAdmin outlined the purpose and methods for installations, activities and commands to

observe Suicide Prevention Week.

"Experts know that people who are suicidal generally give warning signs that they need help, but those signs are often missed," says Sandra M. Beecher, prevention specialist, Counseling and Advocacy Program, Marine Corps Community Services Marine and Family Services Branch. "Signs may include a change in behavior, withdrawing from family and friends, making negative comments about themselves, giving away possessions and/or putting their affairs in order," she added.

The recently published directive is one of many initiatives created to

*See CHAPLAINS, Page 7*

## BREMERTON CONDUCTS INFLUENZA VACCINATION EXERCISE

By Douglas H Stutz, Naval Hospital Bremerton Public Affairs

BREMERTON, Wash. - Naval Hospital Bremerton (NHB) partnered with Naval Base Kitsap (NBK) and local tenant commands to conduct PANFLUEX, the Chief of Naval Operations' Pandemic Flu Exercise Sept 13 and 14.

During the two-day exercise, hospital staff administered nearly 5,000 flu vaccines to all shore-based active duty service members, along with activated Reservists, and critical civilian personnel such as health care workers, federal fire department, Department of Defense police and base security personnel.

NHB is one of two military treatment facilities selected to participate in the exercise. The other is Naval Medical Center Portsmouth.

"This is a great opportunity for us and one we are capable and able to handle with our team of experts," said Capt. Mark E. Brouker, NHB commanding officer. "It might sound dramatic, but an exercise like this has really never been done before. This is uncharted waters, but we have the right personnel who have done a lot of planning and coordination to make this happen the right way."

According to Capt. Dan Frederick, NHB population health officer, the influenza vaccination exercise tested the ability of NHB to rapidly vaccinate active duty in the event of a mass inoculation scenario, as well as have shore-based commands effectively

track their personnel.

"Commander Naval Installations Command tasked Naval Base Kitsap to execute our mass vaccination response plan to accomplish the goals," said Frederick. "The exercise really gave us a great opportunity to administer a mass vaccination to our active duty population, similar to what we did during last year's overlapping H1N1 and seasonal flu seasons. This year however, we worked with all the local commands to ensure that they properly tracked their vaccinated personnel using the Navy Family Accountability and Assessment System (NFAAS)."

NFAAS is a standardized Navy method to account, manage, and monitor the recovery process for personnel and their families affected and/or scattered by a widespread catastrophic event.

"Using the NFAAS data and information system to administratively document who has been vaccinated was part of the overall

challenge to see if the shore based commands could get all their active duty personnel's immunization status entered into NFAAS within 48 hours at the three selected sites," said Frederick.

The three sites were located on Naval Base Kitsap Bremerton, NBK Bangor, and NHB and handled approximately 5,000 personnel. Operational forces such as those assigned to ships, submarines and squadrons will hold their own vaccination evolutions.

"Coordination with Naval Hospital Bremerton in the lead, and the many tenant commands at Naval Base Kitsap Bangor and Bremerton in support was excellent," said Brian Edsinger, NBK emergency manager. "This was an early morning, cold start exercise and it went very well. Base-wide support for NHB was the key to success for this exercise. Our goal was to have this exercise as realistic as possible."

See PANFLUEX, Page 7

PORTSMOUTH, Va. - A staff member at Naval Medical Center Portsmouth reacts as she receives a dose of FluMist, the nasal influenza vaccination. The medical center is one of two to take part in PANFLUEX, the Chief of Naval Operations' Pandemic Flu Exercise, to test the medical facility's ability to quickly immunize first responders in the event of an actual pandemic. (U.S. Navy photo by Mass Communications Specialist 2nd Class Riza Caparros)



## NURSE

From Page 5

ing her Okinawa assignment, she was selected to attend graduate school at San Diego State University as a full time student in the Education and Training Management Subspecialty Program. She completed a Master of Arts in education with an emphasis in education technology in 1994 and transferred to Naval Hospital Camp Pendleton, Calif., as the department head for staff education and training.

Niemyer has held executive positions at the National Naval Medical Center, where she served as director for

managed care; at Naval Hospital Rota, Spain, as the executive officer and commanding officer; at TRICARE Area Office – Europe as the executive director; at the Bureau of Medicine and Surgery as the assistant deputy chief of staff for operations; and at the TRICARE Regional Office – West as the regional director.

She is also a graduate of the Naval War College's non-resident program.

Her personal decorations include the Defense Superior Service Medal (Bronze Oak Leaf), Legion of Merit Medal (Gold Star), Meritorious Service Medal (Gold Star), Navy Commendation Medal, Navy Achievement Medal and National Defense Medal (Bronze Star).

## CHAPLAINS

From Page 5

quell the growing number of suicides in the Marine Corps.

Leaders, friends, and family members were invited to reflect on their role in suicide prevention throughout the week.

"Fear, isolation and a feeling that no one cares often burden people, but chaplains can usually dispel those barriers and enable these individuals to find the sunshine and a better tomorrow," said Keane. "I always remind people that the sun shines after a storm, and so they should have hope that their problems can be resolved and that things will eventually improve with appropriate intervention and counseling."

Marines are encouraged to engage in suicide prevention and intervention workshops, training and seminars.

Such training may include the Train-the-Trainer course being offered to non-commissioned officers from units island-wide Sept. 22-24 on Camp Foster.

The three-day course is part of the NCO Suicide Prevention Course Implementation plan which is designed to maintain a cadre of unit level instructors.

The Train-the-Trainer courses are not only designed to teach leaders how to spot suicidal behavior, but on how to effectively give classes on suicide prevention and intervention, said Sgt. Christine Wilcox, a combat photographer with Combat Camera, Headquarters and Service Battalion, Marine Corps Base Camp Butler.

For more information visit [www.usmc-mccs.org/suicideprevention](http://www.usmc-mccs.org/suicideprevention).



### Expeditionary Medicine

CAMP LEATHERNECK, Afghanistan—Hospitalman Lance Hagge, a Seabee attached to Naval Mobile Construction Battalion (NMCB) 5's Medical Department, numbs a patient for an ingrown toenail removal operation at Camp Leatherneck, Afghanistan August 31, 2010. NMCB 5 is currently deployed to Afghanistan executing general engineering, infrastructure construction and project management in support of Operation Enduring Freedom. (U.S. Navy photo by Mass Communication Specialist 2<sup>nd</sup> Class Ace Rheaume/Released.)

## PANFLUEX

From Page 6

Frederick said the overall communication and coordination was enhanced by having all the local commands providing the organizational and logistical support necessary to document the vaccination into NFAAS.

The sites used an assembly line approach to streamline the personnel through, emphasizing everyone to initially fill out the required 'adult screening and immunization document' form and then moving on getting their vaccine.

"This was an excellent team exercise that validated our ability to react to a short notice, manpower intensive operational requirement," said Cmdr. James Travers, NBK executive officer and emergency operation center incident commander for the exercise. "Naval Hospital Bremerton provided critical staffing support and NBK provided

command and control support between tenant commands and NHB that ensured success of this massive exercise in a very small execution window."

NHB continues to advocate and follow the Center for Disease Control recommendation of "Following the Four C's": clean hands frequently (wash with soap and water and/or use hand sanitizer); cover your cough (use your arm or tissue, not your hand); confine yourself (stay at home if you are sick); and avoid crowds when flu is in the community (decrease your risk by increasing your distance of three feet or more from others). These are considered great habits that slow the spread of flu.

This year's seasonal flu vaccine includes H1N1, so only one vaccination is needed unlike last year's situation which required two. Additionally, all eligible beneficiaries are continually encouraged to keep their shot record and their immunizations up to date to help provide maximum protection against vaccine preventable diseases.

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](mailto:Valerie.Kremer@med.navy.mil).

## Sailor Saves Wounded Marine: "Corpsman Up!"

By Sgt. Maj. Michael Barrett  
Regional Command (South-West),  
International Security Assistance  
Force, Camp Leatherneck,  
Helmand Province, Afghanistan

On 1 July 2010, 4th Squad, 3d Platoon, Company I, 3d Battalion, 6th Marines was conducting a dismounted security patrol in northern Marjah, Afghanistan. As the patrol moved north along a canal, it came under a heavy barrage of medium machinegun fire from a series of fighting positions dug out of a compound wall northeast of the squad.

In the initial volley of enemy fire, one of the squad's assaultmen was shot through the lower back and fell to the ground in the road, exposed to further enemy fire. Observing that the Marine was critically injured and immobile, Hospitalman Dishmon immediately ran across 25 meters of open, exposed terrain to reach the casualty. Upon reaching the wounded Marine, Dishmon began dragging him to a covered position off the side of the road. Numerous Marines in the squad observed enemy tracer rounds passing within inches of Dishmon's head, arms, and chest as he dragged the casualty to cover.

Once behind cover in an irrigation ditch, Dishmon assessed the casualty's injuries and immediately determined that the Marine had sustained significant trauma to both

CAMP LEATHERNECK,  
Helmand Province,  
Afghanistan - Hospitalman  
Dishmon's outstanding  
physical courage, decisive  
actions under heavy fire,  
and superb medical abilities  
saved the life of a  
wounded Marine, who is  
currently recovering in  
stable condition in spite of  
suffering from two col-  
lapsed lungs and losing  
well over half the blood in  
his body. (Courtesy photo)



lungs and was losing blood at a rapid rate.

Working in total darkness and under continued enemy fire, Dishmon worked rapidly to apply pressure dressings to the Marine's wounds before administering two needle decompressions to his chest and administering an IV. In spite of the casualty's critical condition and significant blood loss, Dishmon managed to keep him stable for over 40 minutes before the medical evacuation (medevac) helicopter arrived. Upon the arrival of the medevac, Dishmon assisted in carrying the casualty over 100 meters to reach the landing zone.

It is undoubted that Dishmon's outstanding physical courage, decisive actions under heavy fire, and superb medical abilities saved the life of the wounded Marine, who is currently recovering in

stable condition in spite of suffering from two collapsed lungs and losing well over half the blood in his body.

According to CMDCM(FMF/SW) F. A. Polanco, Jr. "The FMF leadership out here has the honor and privilege of witnessing our young Americans performing in this manner often and without hesitation once the call for: "Corpsman Up" echoes."

He went on to add "If I were to tell you that the HN Dishmon is an isolated heroic act, I would be lying. Every quarter I get the honor of reviewing packages that are submitted for the Combat Meritorious Advancement Program (CMAP) out here, and each package depicts stories very similar to HN Dishmon's actions that will make you proud of our young Americans in uniform."

Would you like to share your deployment story with MEDNEWS?

Contact Lt. Holly Lee at  
202-762-3773 or [holly.lee@med.navy.mil](mailto:holly.lee@med.navy.mil)

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