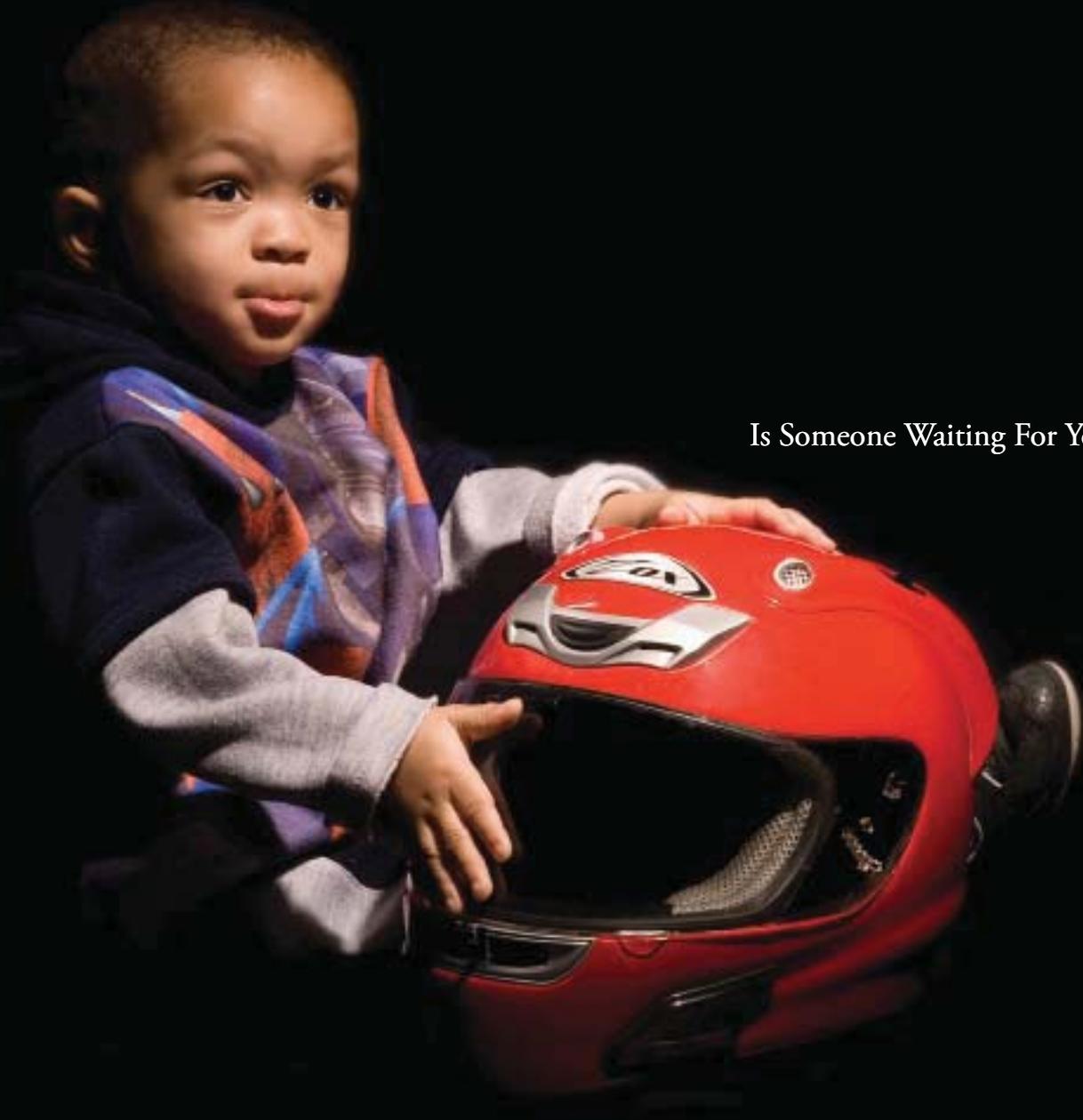


NAVY MEDICINE

July-August 2009

A young child with dark skin and short hair is shown from the chest up, wearing a dark blue hoodie with a colorful patterned scarf. The child is holding a red motorcycle helmet with both hands. The helmet has a silver visor and a small circular logo on the side. The background is solid black, and the lighting is dramatic, highlighting the child's face and the helmet.

Is Someone Waiting For You?

NAVY MEDICINE

*Official Publication of the U.S. Navy Medical Department
Volume 100, No. 4
July-August 2009*

**Surgeon General of the Navy
Chief, BUMED**

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Deputy Chief, BUMED**

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Articles and Book Review Submissions

Navy Medicine considers for publication photo essays, artwork, and manuscripts on research, history, unusual experiences, opinions, editorials, and professional matters. Contributions are suitable for consideration by *Navy Medicine* if they represent original material, have cleared internal security review, and received chain of command approval. An author need not be a member of the Navy to submit articles for consideration. For guidelines on submission, please contact: Janice Marie Hores, Managing Editor, Janice.Hores@med.navy.mil or 19native47@verizon.net

Navy Medicine is also looking for book reviews. If you've read a good book dealing with military (Navy) medicine and would like to write a review, the guidelines are:

- Book reviews should be 600 words or less.
- Introductory paragraph must contain: Title, author, publisher, publisher address. Year published. Number of pages.
- Reviewer ID: sample:

CAPT XYZ is Head of Internal Medicine at Naval Medical Center San Diego.

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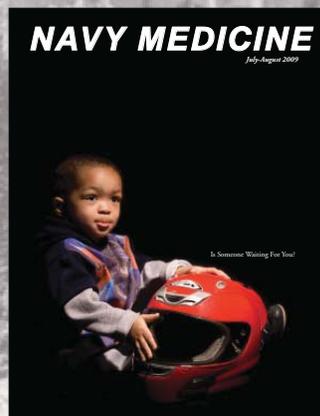
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We Want Your Opinion

Letters to the Editor are welcome. Let us know what you think about *Navy Medicine*. Please send letters to: Janice Marie Hores, Managing Editor, Bureau of Medicine and Surgery, Bldg 1, Rm 1217, 2300 E Street, NW, Washington, DC, 20372-5300 or Janice.Hores@med.navy.mil or 19native47@verizon.net

SAVE A TREE

If you would like to receive your issue electronically via email in PDF format, please contact Janice Marie Hores, Managing Editor, at Janice.Hores@med.navy.mil or 19native47@verizon.net



COVER: DOD and DON have spotlighted motorcycle safety as we head into the days of summer. MC2(SW/AW) Jhi L. Scott created this photo for the advertisement in *ALL HANDS*. He graciously allowed us to use it as our cover. Story on page 5. Photo by MC2(SW/AW) Jhi L. Scott, Photojournalist, *ALL HANDS* magazine.

Online issue of *Navy Medicine* can be found at:
<http://permanent.access.gpo.gov/lps17064/>

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Navy Medicine 1945

THE NAVY ETHOS

- *We are the United States Navy, our Nation's sea power, ready guardians of peace, victorious in war.*
- *We are professional sailors and civilians, a diverse and agile force exemplifying the highest standards of service to our Nation, at home and abroad, at sea and ashore.*
- *Integrity is the foundation of our conduct; respect for others is fundamental to our character; decisive leadership is crucial to our success.*
- *We are a team, disciplined and well-prepared, committed to mission accomplishment. We do not waver in our dedication and accountability to our shipmates and families.*
- *We are patriots, forged by the Navy's core values of Honor, Courage and Commitment. In times of war and peace, our actions reflect our proud heritage and tradition.*
- *We defend our nation and prevail in the face of adversity with strength, determination, and dignity.*
- *We are the United States Navy.*

FOCUSING ON THE FUTURE OF STRATEGIC MANAGEMENT

Earlier this year I gathered the senior leaders of Navy medicine together to strategically focus on current and future commitments. To also establish a common understanding of Navy medicine's challenges, realities, and direction, I invited them to identify impacts, gaps, and solutions. In a few long days filled with strategic conversation, the attendees, working in small groups and full interactive dialogue, successfully targeted optimal outcomes across a broad range of issues. My headquarters staff gathered and collated the symposium documents. Dozens of "ready for action" ideas have been identified, categorized, and catalogued. These initiatives are being analyzed, prioritized, and implemented where appropriate. Other emerging solutions will require more complex and lengthy analysis, development, and implementation. These solutions are being incorporated into Navy medicine's strategic planning cycle. I have tasked the Deputy Surgeon General to press ahead on nine initiatives needed now, including:

- Capture all workload, including that performed outside our treatment facilities,
- Develop robust mental health intervention tools,
- Develop and promulgate the Navy medicine research and development plan,
- Identify relevant capabilities for emerging expeditionary missions,
- Ensure comprehensive understanding and articulation of diversity in Navy medicine,
- Improve coordination of real time Fleet and operational health service support requirements,
- Improve accuracy and timeliness of DMHRSi and EMPARTS,
- Increase Electronic Health Record interface application in all health service support missions, and
- Increase Electronic Health Record usability and information transfer.

Some of these initiatives are work for headquarters. Others involve subordinate commands, and still others impact every individual across Navy medicine. As I charged the attendees at the symposium, this is a call to ACTION. As a military force, your first priority is the defense of the United States of America. In addition, as healthcare professionals in the Department of the Navy, we have an ingrained concept of care that places our patients and families at the center of all we do. These foundational principles echo the Navy core values of honor, courage, and

commitment and are embedded in and reinforced by our every action. Our medical community is second to none. Our credibility starts with what is observable, and our commitment to excellence is unmistakable. The collective teamwork and enthusiasm that radiated from Navy medicine's senior leaders during the strategic symposium resulted in tangible products that will drive optimal outcomes in supporting current and future commitments. It's more than just a strategic conversation. We're taking action!

I have challenged the flag officers and my headquarters staff to listen, learn, and lead by taking this input and incorporating it into the FY10-15 Strategic Plan. The goal champions are reviewing and revising, debating and discussing, clarifying and crafting the way ahead. They have listened to the feedback and suggestions; they are learning from these cogent conversations; and they are leading the development of our strategic plan FY10-15. Based on the current timeline developed by my Office of Strategy Management, the Bureau of Medicine and Surgery will release the FY10 strategic action plans this summer, to be immediately followed by the development and promulgation of FY10 plans by Navy medicine's east, west, capital area, and our support command. Echelon IV commanding officers will align their command focus to bring all of Navy medicine to green on the cascading metrics. Every person in Navy medicine will know our strategic goals and will align his or her activities and actions in support of our force health protection mission.

With our ethos of service above self, our members will continue to perform our dual mission of providing health service support around the globe in dynamic environments, as well as delivering the healthcare benefit in fixed treatment facilities to all beneficiary categories. This is not a trade-off. It is the totality of what we must do. Our dynamic environment demands that we demonstrate innovation, transformation, collegiality, and diplomacy with a diverse collection of co-workers, allies, and organizations. By focusing on first principles, we will achieve our strategic goals. We will continue to take care of our people and make sure that we are working on the right things to accomplish the desired outcomes. The time to lead is now. I'm proud to serve as your Surgeon General as we focus on the future. ✍



VADM Adam Robinson, Jr.

MOTORCYCLE SAFETY MONTH GETS KICK-STARTED

Acting Secretary of the Navy B.J. Penn said motorcycle safety is a priority for the Department of the Navy and that he looks forward to a time when motorcycle safety is so instilled in the nation's culture, that never again does the Navy have to grieve another rider killed or lost to motorcycle accidents.

Penn made his comments at the third annual National Capital Region Joint Service Motorcycle Safety Event in the north parking lot of the Pentagon.

"When average Americans think about the dangers that go into waging war they think of threats in lands far, far away," Penn said. "When a year goes by and we lose more sailors and Marines on motorcycles than in support of the war, we are in many ways referring to a battle being fought at home in our own backyard, and our Marine Corps last year lost more people on motorcycles than we did in combat."

Celebrities such as the reigning Miss USA, Kristen Dalton, mingled with service members and military officials at the event that featured booths with safety information, three motorcycle simulators, and demonstrations by the Pentagon Police and world racing champion Kevin Schwartz.

Also featured was a motorcycle rodeo, a Le Mans Start Skill Challenge, food by the Grill Sergeant, Personal Protection Equipment (PPE) demonstrations and a group ride.

"I think the event went very well; I am very pleased with the amount of non-DOD support we had," said RADM Arthur J. Johnson of the Naval Safety Center.

Motorcycle trainer Rusty Reynolds, who trains the Navy SEALs, was on hand to discuss motorcycle protective gear, as well as demonstrate the differences, in quality, between a \$70 helmet and a \$300 helmet.

"In motorcycles you get what you pay for," Reynolds said. "If you buy a cheap helmet there's a reason it's cheap."

Reynolds said helmets can run as expensive as \$700 and those that have a "crush zone" have a greater ability to absorb the impact of a crash.

"I like to say 'stupid hurts,'" said Reynolds, mentioning that some states do not require a rider to wear a helmet.

One of the most popular exhibits at the safety event was the motorcycle simulators provided by Tulsa-based Simulator Systems International. The simulators taught the basic procedures of motorcycle riding and gave more experienced riders a chance to try their skills on a simulated sports bike.

"You have to be on your game, the sports bike is very touchy. I had to bond with that bike," said Peaches Hainline,

who has been riding motorcycles for 25 years. "I like to say that riding a motorcycle is like tap dancing on a land mine. You have to know what you are doing and be careful."

For FY08 sports bikes were in 88 percent of Navy and Marine Corps fatalities. According to figures on the Naval Safety Center website, as of 15 March, the Navy had experienced 14 deaths in FY09 from motorcycle-related accidents and the Marine Corps had experienced 22. In FY08 the Navy experienced a total of 33 fatalities and the Marine Corps had experienced 25. In the 3 years, FY06-FY08, there were a total of 139 deaths across the Navy and Marine Corps.

"Three years ago a motorcycle accident took the life of a friend of mine, a friend named Richard Dawson. Richard was not just a member of the Navy family, he was also one of my best friends," said Penn. "A purple heart recipient, Richard survived extreme combat conditions in Vietnam, but he could not survive an extreme motorcycle collision in Virginia."

Penn said the best way to honor Dawson, and the other Navy personnel who have died as a result of motorcycle accidents, to make motorcycle safety a priority. "Just last year the services stepped up their efforts to reverse that disturbing trend," Penn said. "Statistics are showing that your efforts are working, which is encouraging, but you don't work such long hours and make so many sacrifices just to improve statistics." ✍

—Story by Darren Harrison, Naval District Washington Public Affairs.



Acting Secretary of the Navy the Honorable B. J. Penn watches a motorcycle simulator demonstration by LT Kim Thompson. Photo by MC2 Kevin S. O'Brien, USN

You can review the DOD Traffic Safety Program at: <http://www.dtic.mil/whs/directives/corres/pdf/605504p.pdf>

NHB HOLDS MOTORCYCLE SAFETY STAND DOWN

As a year-round motorcyclist, HMCS Paul McFadden knows that seasonal climate changes bring more than just additional riders on the roadways. Warmer weather equates to more riders. Some are unfamiliar and inexperienced. Others have motorcycles in need of a tune-up. Several need safety tips and training reminders.

“Our overall goal is to have no fatalities involving motorcycles at Naval Hospital Bremerton or anywhere in the Northwest Region in 2009,” said McFadden, who took it upon himself to set up and facilitate a command motorcycle safety stand down event. “By putting this stand down together, we are offering to any rider the chance to come and make sure that those bikes kept in storage all winter are safe and ready to ride. We want this to be a positive event to promote safe and sane riding, not unsafe and insane.”

Compiled statistical evidence bears out that unsafe and insane riding does happen; 50 riders were killed in motorcycle crashes last year in the “101 Days of Summer” between Memorial Day and Labor Day.

“That’s 50 too many and the majority of those fatalities happened on a sports bike due to excessive speed and/or alcohol,” noted McFadden.



HMCS Paul McFadden takes full advantage of the stand down to have his bike thoroughly inspected to ensure it is completely ready for the road. Photo by Douglas H. Stutz

Representative from local motorcycle businesses shared information and the Kitsap County Sheriff’s Department explained how new laws enacted will have heightened scrutiny on riders, as well as several initiatives that will focus on cracking down on aggressive motorcyclists. “I came by to increase my motorcycle knowledge and learn some good tips,” said HM2 Wayne Bailey. “Being able to get a free safety inspection is also great and something I really appreciate.”

The safety inspections went over the basic condition of the entire bike from lights and horn to tire and wheel condition to brakes and fluid levels. Recommendations were made and advice was shared. “For example, maintaining correct tire pressure is so important,” said McFadden. “It not only means

better gas mileage but ensures a better and safer ride. Tire pressure should always be checked every few weeks.”

The free safety inspections provided more than just a complimentary checkup to those interested. There were significant mechanical issues discovered. One motorcyclist had brake pads that were almost completely worn and was an accident waiting to happen. Another had a cracked tire. One rider’s motorcycle had a rusted chain that would disable the machine if not repaired. “I think it’s safe to say that by them coming in and having their bikes inspected, they saved themselves time, money, and very possibly an injury,” McFadden said. “That’s exactly what we wanted to do.” ✍

—Story by Douglas H. Stutz, NHB Public Affairs.

OCEANA HOSTS MOTORCYCLE SAFETY RODEO

Naval Air Station (NAS) Oceana’s Safety Department held a motorcycle rodeo to provide an opportunity for riders of all experience levels to learn firsthand from safety experts and vendors about staying safe.

The event attracted military riders throughout the Hampton Roads area who came to compete in the contests and riding events, talk with other riders and see the newest bikes and the newest personal protective equipment (PPE) available from local vendors.

“This will be a great opportunity for you, an opportunity for the young riders to get a little more experience and talk to some experienced riders,” said NAS Oceana Commanding Officer CAPT Mark Rich.

The idea behind the day-long event was to give riders information, new contacts, and the opportunity for experienced riders to mentor new and potential bikers.

Attendees said the motorcycle simulator was one of the most popular exhibits of the day. The simulator provided riders the chance to see how they would react on a bike in different situations and how other vehicle drivers react to motorcycles. When the rider was done, he or she received a report card, which evaluated how the rider did as far as speeding or following too closely, among other traffic safety skills.

The riding contests gave riders the chance to demonstrate their skills on a bike. One event, won by AB Chris Wells, was a contest to demonstrate how slow participants could go on their bikes.

“It’s all about balance, clutch control,” explained Wells, one of more than a dozen sailors from USS *George H. W. Bush* (CVN-77) who attended.

The rodeo was also the first opportunity for many riders to see Oceana’s new motorcycle training range, which opened April 21. The range accommodates the motorcycle sport bike course, as well as the basic rider course and refresher classes.

According to Debbie VanBuskirk, Oceana’s safety manager, she couldn’t have done without the help of the Oceana

CPO Association, which helped set the event up and cleaned up afterward, along with selling food throughout the day.

“When MCPON Rick West told the chiefs to take the lead in motorcycle safety, the chiefs here took that literally,” said VanBuskirk.

What VanBuskirk hoped that riders would take away from the day is that, “safety is here to work with you and have a little fun while handing out information.”

—Story by Cathy Heimer, *NAS Oceana Public Affairs*.

NAVY REVS UP MOTORCYCLE SAFETY CLASSES: TRAINING REQUIRED TO RIDE ON BASE

Dan Moore expects to be really busy in 2009. One of four motorcycle safety instructors for Naval District Washington, an area that includes Patuxent River Naval Air Station, Moore is an instructor with Cape Fox Professionals Services.

In September 2008, the company received a \$53 million fleet-wide motorcycle and roadway safety instruction contract from the Department of the Navy. “Historically, Naval District Washington has taught motorcycle safety to about 300 people a year,” Moore said. “But, by the end of 2009, we will be teaching 5 days a week to try to reach about 1,300 people.”

Moore noted that any sailor or Marine who gets a motorcycle and rides it either on or off base must take a safety course. The course is similar to the one offered by Maryland’s Motor Vehicle Administration. Beginners start with a 2-day course, followed by a 1-day course for experienced riders.

There is no charge for active duty personnel or for Department of Defense civilians.

According to the Naval Safety Center in Norfolk, VA, motorcycle fatalities for the Navy were up 65 percent in FY08 and up 32 percent for the Marine Corps. Almost 90 percent of the fatalities were due to accidents with sport bikes which, according to the Department of the Navy, can have a speed in excess of 160mph.

Vanessa Jones, who works with Moore as a motorcycle safety instructor, said that because sports bikes are so powerful, riders underestimate how fast they can go. “There is also the copycat issue,” Jones said. “If you go fast, then people want to see how much faster I can go. So, we want to try to train as many sailors and Marines as possible so they understand that these bikes do take off when you hit the gas. It is a powerful motor for someone who is unskilled.”

Moore said that occasionally people resist having to take a motorcycle safety class. “But, I say to them, one: You don’t have to go to work. Two: It’s free and three: You get to ride

your motorcycle,” he said with a laugh. “I’ve never had anyone say after the class that they never learned anything.”

Deb Graham, who works as a contractor at Pax River, took the class in October 2006. “I took the advanced class,” said Graham, “because I had been riding for a long time. I grew up riding ATVs as a kid and now I have a Harley Sportster 1200. It’s really my first street bike.”

Even though Graham considered herself an experienced driver, she said the course came in handy when she took her driver’s test at the MVA. “It made me very aware of how important instincts and training are,” Graham said. “During the MVA test, you have to go very, very slow in a short distance and it was difficult. If you are going faster, it is easy to stay upright. But, you really have to balance your bike when you drive at a slow speed.”

Both Moore and Jones have been riding motorcycles for a long time. Moore said he has about 135,000 miles of accident-free riding, while Jones has been riding a bike for 23 years.

New bike riders are not limited to young enlisted sailors and Marines, although E-4s and E-5s account for 54 percent of Navy bike fatalities. Men and women of all ranks are buying and riding sports bikes. But to ride a bike on the base, riders have to complete the certification in the motorcycle safety class.

During the first set of classes, instruction can be pretty basic, according to Moore, which is probably a good thing since both Moore and Jones have seen people buy a motorcycle and then have the dealer deliver it to the front gate. Students spend 8 hours in the classroom and 10 hours on a motorcycle range. The basic class has 17 exercises and the experienced class has 9 exercises. Students have to meet the goals of those exercises before the class will move on to the next set.

Classes are held in rain and in cold weather, but not if the weather is freezing, according to Moore. “If they have a bike, they need to be able to ride it in all kinds of weather,” he said. “But, if it is going to be freezing rain, I will cancel the class. I don’t want people having an accident in class.”

This year, there will be training aids available for some classes. “If you think you want to ride, but you don’t want



Sailors and Navy civilians wait their turn while practicing sports bike handling techniques during a motorcycle safety course at Naval Station Anacostia. Photo by Bruce Moody

to buy a \$3,000 motorcycle in case you don't like it," Moore said, "We will have a training motorcycle that six students can use in class. Obviously, if you already own a motorcycle, you can't take this particular class."

Service members can register for the class by going to ES-AMS, the Enterprise Safety Application Management System for the U.S. Department of the Navy.

After riders have completed the class and met the rest of the criteria, including having insurance and a valid driver's license, riders can get a base sticker which will permit them to bring their motorcycle on base.

Moore said he cannot stress enough the importance of the motorcycle safety course. "You can buy a motorcycle when you are 18 years old and you don't even need to have a driver's license," he said. "These young kids buy a machine, have no training and go out there and kill themselves. They need to take the course." ✍️

—Story by *Joanne Malene, Staff Writer, Southern Maryland Newspapers.*



Rhythm & blues singer Keyshia Cole stopped by NMCP before performing a concert in Portsmouth. She spent some time chatting with patients before videotaping two public service announcements at the hospital. Cole was happy to cheer up patients, including a sailor recovering from injuries sustained in an IED blast in Afghanistan. "Anytime I can give inspiration, definitely I am all for it." Cole said. The Naval Safety Center is producing the PSAs which focus on motorcycle safety and thanking sailors for their service. Photo by MC2 William Heimbuch, USN

MULLEN FIGHTS FOR MENTAL HEALTH FUNDING ON CAPITOL HILL

With increasing pressure on the defense budget, the top military officer called increased mental healthcare services for returning combat troops a priority that can't be allowed to fall by the wayside.

ADM Mike Mullen told a forum of congressional staffers today the military has made big strides in providing more and better mental health support for service members suffering from post-traumatic stress, traumatic brain injuries, and other mental health challenges.

"But this continues to be an enormously challenging issue," he said, noting the stigma too many still attach to seeking care.

Mullen cited the "exceptionally high" military suicide rate as a sobering gauge of challenges facing the force. Early statistics indicate the Army's suicide rate continues to rise, topping what Mullen conceded in 2008 was a "record year."

"But it's not just the Army," he told the group. "The suicide rate is up in every single service."

Mullen acknowledged there's no hard-and-fast analytical data that cites a direct correlation between combat deployments, combat stress, and suicide rates. "But I just can't believe that it is not very much related," he said.

Mullen called suicide prevention a leadership issue and said it's up to leaders, buddies, and families to recognize the first signs of problems in their fellow service members or loved ones and steer them to get help.

"The leadership in all the services is addressing this issue very strongly," he said. "When leaders apply themselves, we can make a big difference."

Pointing to new and recently enhanced mental health services, Mullen said the emphasis now is to get more people who need help to seek it without fear of being stigmatized.

One way to do that, he said, might be to institute mandatory baseline screening. "I think we need to get to a point where everyone is screened," he said. "Baselines can go a long way toward removing the stigma."

The military has hired more mental health professionals to provide this care, but Mullen said it's still short of what it needs.

"We have taken significant steps to improve those numbers," he said. "In light of a nationwide shortage of these professionals," he said, "the military needs to be more creative in finding ways to attract them, possibly through tuition assistance programs or by tapping into volunteers willing to work pro bono."

"I am just not one who says that because we are short in America, we ought to be short in the military," Mullen said. "If that is the case, then there is no way I can close that gap, and I just don't accept that."

"We have to be more creative about how use incentives to attract these individuals...to help us reach out to these young people who have mental health challenges and provide that type of service to them."

As he emphasized the importance of mental health services, Mullen also described efforts aimed at reducing stress on the force by increasing "dwell time" at home between deployments.

Many troops currently have as little 12 months at home between 12-month deployments. “I can actually see the light at the end of the tunnel over the next 18-24 months where we are going to move toward twice as long at home as when...deployed,” Mullen said.

When he refers to “home time,” Mullen said he means time troops spend at home with their families—not off at a military school or in the field training for their next deployment. “Home tempo means, ‘How many nights am I sleeping in my own bed?’” he said.

Mullen called these and other initiatives to reduce stress on the force and provide the mental health support services many of its members need, an obligation that can’t be compromised.

“We have to stay on this issue,” he said. “We have to continue to look to support those...who we are asking to do so much, who have done so much, sacrificed so much, made such a difference, and figure out a way to make sure we are taking care of them.”

—*Story by Donna Miles, American Forces Press Service.*

REAL WARRIORS CAMPAIGN LAUNCHES TO DISPEL THE STIGMA OF MENTAL HEALTH

On 21 May the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) launched a multiyear public education campaign to combat the stigma associated with seeking psychological healthcare and treatment and encourage service members to increase their awareness and use of these resources.

The Real Warriors Campaign will encourage warriors, veterans, and their families to overcome this stigma associated with psychological healthcare. The campaign will promote the processes of building resilience, facilitating recovery, and supporting reintegration for those with psychological wounds via the interactive campaign Web site, www.realwarriors.net, and radio and television public service announcements.

To reach the broadest audience possible, the campaign features a variety of strategies including outreach and partnerships, print materials, media outreach, an interactive Web site and social media tools. The campaign includes real service members who have sought treatment and are continuing to maintain successful military or civilian careers.

In addition, DCoE established the DCoE Outreach Center, a 24/7 call center staffed by health resource consultants to provide confidential answers, tools, tips, and resources about psychological health issues and traumatic brain injury. The Outreach Center can be reached toll-free at 866-966-1020 or via e-mail at resources@dcoeoutreach.org.

“We must encourage warriors who experience emotional or psychological health wounds to seek professional treatment, and reducing the stigma associated with seeking such

care is crucial,” said BGEN Loree K. Sutton. BGEN Sutton is the highest ranking psychiatrist in the Army and director of DCoE.

—*Department of Defense and Department of Veterans Affairs Good News Newsletter, Volume 2 Issue 4.*

VA ENHANCING BRAIN INJURY AND RECOVERY LAB FOR VETERANS SUFFERING FROM TRAUMATIC BRAIN INJURIES

To improve the Department of Veterans Affairs (VA) capabilities to conduct research that will benefit America’s Veterans and their families, VA will combine its Brain Injury and Recovery Laboratory in Austin, TX, with the VA’s Center of Excellence for Research on Returning War Veterans in Waco, TX.

“This move will place our laboratory in an ideal location that will allow us to better serve our nation’s military families and veterans,” Dr. Gerald Cross, VA’s Acting Under Secretary for Health, said. “This program consolidation will enable VA to meet its mission of better understanding brain injuries and to help veterans recover from such injuries.”

Moving the laboratory will allow veterans easier access to VA hospitals in Waco and in Temple, TX, and will also enable them to work with service members stationed at Ft. Hood, TX—the largest U.S. Army installation in the world. Researchers will also have access to the world’s most powerful research magnetic resonance imaging (MRI) machine, which is located in Waco at the Center of Excellence. All researchers currently working in Austin have started research either at the Center of Excellence for Research on Returning War Veterans or at other research facilities at the Central Texas Veterans Health Care System in Temple.

The Waco VA Medical Center has several construction projects scheduled in the future, which will further enhance the capabilities of the Center of Excellence. “This groundbreaking research project is an important part of realizing our goal of making the Waco VA a world-class PTSD and mental healthcare research center,” REP Chet Edwards (D-Waco) said. “It is one of the few programs in the country focused on the links between genes and brain anatomy in the development of PTSD and mental illness in our combat soldiers.”

VA looks forward to fulfilling this commitment to our Veterans with this new program enhancement.

For more information please go to:

www.heartoftexas.va.gov ... or contact Diana Struski at 817-739-3989.

EMENTORING HELPS BUILD PRODUCTIVE RELATIONSHIPS

A pilot initiative, known as the Navy Women eMentor Leadership Program, has gained momentum, exceeded expectations, and helped build productive relationships for females in the fleet. “We were somewhat surprised at the number of women who immediately signed up,” said LT Hope Brill, Deputy Director, Navy Women’s Policy Program. “It became quickly apparent that this was not only going to be popular, but that if it was successful, we’d have to find ways to expand access.”

Upon entering the 1-year pilot program, participants took part in customized web-based matching to establish relationships. They then were able to access electronic communication capability, newsletters, mentoring guidance, references, and other online tools with which to develop those relationships.

The pilot program began with an open registration period in October 2008. While initially there were only 500 slots available, that number rapidly increased to about 800 (total funded capacity).

“Whole ships have contacted us wanting to gain access for their female sailors,” said Brill. “In fact, the surface warfare enterprise recently set up its own eMentoring program to accommodate the great desire to take part in this kind of mentoring.”

Women who signed up for the eMentoring pilot were able to sign up as mentors and/or protégés. They could establish more than one relationship, and many have established several. These relationships are highly flexible because of the electronic matching and communication the pilot program allows.

“Online mentoring allows people from all around the globe to be matched in new and creative ways for mentoring relationships never before possible,” said Stephanie Goebel, Director of Academy Women, the nonprofit professional development organization managing the pilot for the Navy. “This reduces or eliminates some of the barriers posed by differences in rank, age, race, and other factors.”

“I have had quite a few positive experiences so far,” said CTT Christine Cots, who enjoys the global nature of the relationships. “It is a wonderful feeling to know you can talk to someone who does or does not share your geographical location but can understand what you go through each day.”

Participants surveyed about their impressions of the program indicate that they are using it to find women role

models and to connect with other women in their enterprise or community. It has offered a forum within which to gain assistance in dealing with complex work-life balance issues. Career guidance from others who understand how gender affects an individual’s situation and the ability to establish mentoring relationships outside of the chain of command are also valued.

The Navy recognizes mentoring as a necessary component to job satisfaction and performance. eMentoring is just one possibility in the mentoring continuum in which all sailors must engage for their personal and professional success. This continuum starts with traditional required forms such as periodic counseling, evaluations/fitness reports, and career counseling sessions. However, mentoring does not need to occur solely within the confines of chain of command, and that may be one of the keys to the success of the eMentoring pilot.

“With the experience and knowledge that I have to share, it’s been a pleasure to have been able to chat with some of the young ladies of today’s Navy who...just need someone to talk to on the inside and outside,” said Cox. “Someone who understands the Navy, but outside her chain of command so the conversation flows easier and there is less fear of retribution.”

Other mentoring mechanisms include participation in affinity groups such as the Chief Petty Officers Association, the National Society of Black Engineers, or the Federal Asian Pacific American Council; formal and informal interactions with peers; social networking groups and enterprise- or community-sponsored personal and professional development opportunities.

“Mentoring is a foundation tool for anyone striving to achieve goals and reach their full potential, especially in a challenging military environment,” said Goebel, who speaks from experience as a member of the first group of women to graduate from the Naval Academy. “The eMentor Leadership Program is the first of its kind and represents a shifting paradigm in the military, one that reinforces the value and importance of diversity in leadership and experience.”

There are more than 250 officers and nearly 550 enlisted women enrolled in the Navy Women eMentoring Program pilot. The majority are active duty, with about 15 percent Reserve sailors and some recent retirees. While the pilot still has several months to run, the Navy has started looking at how it can both increase access for women and eventually establish a Navywide eMentoring capability.

For more information on affinity groups visit:
www.npc.navy.mil/AboutUs/BUPERS/WomensPolicy/ 

—Story by LCDR Elizabeth Zimmermann, Task Force Life Work

For The 49th Annual Navy and Marine Corps Public Health Conference



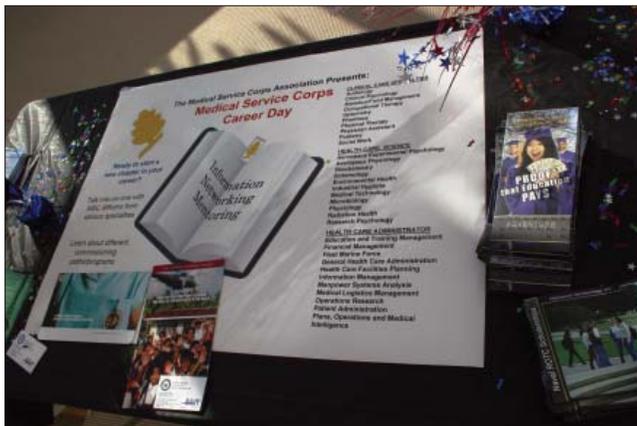
The 2010 conference will be held at the Hampton Roads Convention Center, Hampton, VA
19-25 March 2010

NMCPHC annual conference focuses on military public health, deployment health, lessons learned, and “state-of-the-art” technology.

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(online registration will be available later this year)

MSC CAREER DAY AN INFO, NETWORKING AND MENTORING SUCCESS



The Medical Service Corps Association of Naval Hospital Bremerton presented a Medical Service Corps Career Day.

For several hours, sailors of NHB, Naval Base Kitsap Bremerton, and NBK Bangor were afforded opportunities to talk one-on-one with MSC Officers from various specialties and learn about different commissioning paths and programs.

“This event has exceeded expectations and has been a huge success,” said CAPT Mark Brouker, Naval Hospital Bremerton CO. “The pressure is now on others such as the Nurse Corps and Medical Corps because the bar has been set high. Congratulations to LT Erica Thompson and others for organizing this event.”

“We had a good number of people show up,” said Thompson. “We provided them with information and direction to help with their decision making in career choices. There are many who came that were at that point in their Navy career where they are debating whether to stay or go. And if they stay, is there opportunity for them to pursue a more rewarding career path?”

The idea of having the career day is something that Thompson started to seriously consider after talking with numerous hospital corpsmen at NHB about their career plans.

“Most of our corpsmen didn’t really know about MSC and how we really ‘get down and get it done’ in our everyday duties whether it be at sea or on shore,” exclaimed Thompson. “This career day gave everyone interested the chance to find out about the many and varied MSC career and educational opportunities available.”

According to Thompson, the Medical Service Corps is comprised of three basic communities which unites into one strong corps.

The Clinical Care specialties include Audiology, Clinical Psychology, Dietetics/Food Management, Occupational Therapy, Optometry, Pharmacy, Physical Therapy, Physician Assistant, Podiatry, and Social Work.

Health Care Science fields encompasses Aerospace Experimental Psychology, Aerospace Physiology, Biochemistry, Entomology, Environmental Health, Industrial Hygiene, Medical Technology, Microbiology, Physiology, Radiation Health, and Research Psychology.

Health Care Administrator consists of Education and Training Management, Financial Management, Fleet Marine Force, General Healthcare Administration, Healthcare Facilities Planning, Information Management, Manpower Systems Analysis, Medical Logistics Management, Operations Re-

search, Patient Administration, and Plans, Operations, and Medical Intelligence.

“There are so many talented sailors here in our area,” Thompson said. “Anything we can do to help them with their career choices is not only good for them, but also a benefit for Navy medicine and our entire Navy. If they should choose a MSC career, then we are just that much stronger as a Corps in retaining Navy’s brightest future leaders in the most diversified Corps in Navy medicine.”

—Story by Douglas H. Stutz, NHB Public Affairs.



LT Erica Thompson, prime organizer of the career day, confers with other MSC members as they get ready to showcase their wares. Photo by Douglas H. Stutz, NHB Public Affairs

Greetings all!

On 26 May, our namesake former President George H. W. Bush was helo-ed aboard for a 1-day visit. It had been his greatest wish to watch flight operations from the flight deck of our Navy’s newest nuclear powered aircraft carrier and to meet the sailors. As a decorated former naval aviator in World War II, this has a special significance for him. He was accompanied by his daughter (and our ship’s sponsor) “Doro” Bush Koch. They observed flight ops from the flight deck and the bridge, dined with several senior officers in the Flag Mess (I was lucky enough to be there!), and watched night flight ops from the Flag Bridge. The next morning he dined in the Chief’s Mess and was escorted around, meeting and greeting sailors. Finally, we had the crew assembled in hangar bay 2. Our CO pointed out that 12 June is his birthday (he’ll be 85 years old) and nearly 2,500 sailors sang happy birthday to him. He then swore in our reenlistees and read the promotion orders to all of our recently advanced sailors (and there were a bunch of them). Lastly, he spoke to the crew. It was quite a moment. At the end of his short remarks, he looked up, paused for a second, and said “This ship means the world to me..” and he then broke down for a few seconds. There wasn’t a dry eye in the hangar bay. He then continued on and thanked every one of us for our service to the country and for making him proud as one of ‘his’ sailors. “I first came into the Navy nearly 30 years ago, and I can’t recall a more special moment that I’ve ever experienced.” Shortly thereafter, President Bush was helo-ed off, back to Norfolk. I believe this was the first time in U.S. Navy history that a ship’s namesake (certainly



an aircraft carrier) not only was alive at the time of commissioning, but was healthy enough to come on board when the ship was at sea.

CAPT Lee R. Mandel, MC, USN, Senior Medical Officer, USS George H.W. Bush (CVN-77).



NAVY, COAST GUARD SERVICE CHIEFS SIGN SAFE HARBOR AGREEMENT

Chief of Naval Operations (CNO) ADM Gary Roughead and Commandant of the Coast Guard ADM Thad Allen signed a memorandum of agreement (MOA) for the Safe Harbor program.

The Safe Harbor program is the Navy's lead organization for coordinating the non-medical care of wounded, ill, and injured sailors, Coast Guardsmen and their family members.

In the fall of 2008, the Coast Guard approached Safe Harbor to gain an understanding of this non-medical care management. Coast Guard units are often located proximal to Navy, and Coast Guard members receive medical care at Navy military treatment facilities, where Safe Harbor non-medical care managers are currently located.

The signing of the MOA between the CNO and commandant reflects their commitment to this care. "I think that this really gets to the essence of our services and how we as services care for our sailors. Through the great work of our people at Safe Harbor, we have developed ways to address way to better provide for these members and their families," Roughead said. "We are just really privileged and honored that we can bring this dimension of the Navy and the Coast Guard together."

Through proactive leadership, the Safe Harbor program provides a lifeline of individually tailored assistance designed to optimize the success of recovery, rehabilitation, and reintegration activities and give their families the support they need. ✍

—Story by MCS2(SW) Rebekah Blowers, Chief of Naval Operations Public Affairs.

NHB TAKES SAFETY STRIDES WITH TEAM-STEPPS

A baby recently born 8 weeks early at Naval Hospital Bremerton was delivered by staff members who implemented the new DOD patient safety strategy of Team-STEPPS. "The delivery was one of the smoothest I've ever been involved in," said CDR Constance Hymas, a Neonatal Intensive Care nurse, and NHB Staff Education Training Department head.

The unique aspect about the birth is not that Team-STEPPS, a teamwork-based program designed to improve patient safety, ensured the mother's and baby's safety, or even that the delivery team used TeamSTEPPS strategies and tools to enhance their delivery performance, overall communication and advance teamwork skills. What made the birth such a success for the staff members is that TeamSTEPPS was still very much in the infancy stage at NHB. Onsite trainers, from

NHB's Northwest Beginnings Family Birth Center had just completed their training, so when they suddenly had to deal with the expectant mother and the unavoidable delivery of a preterm infant, they immediately knew what to do.

"This was a classic case of instructors taking what has been passed on to them and applying in a real-life scenario," explained Hymas. "It was really exciting. Everyone on the team promptly got together for a pre-brief. Roles were clearly delineated. Everyone knew their respective responsibility for the procedure."

TeamSTEPPS is basically a three-step process that initially starts with a pretraining assessment, which is then followed with training for onsite trainers and staff members that segues into actual implementation and sustainment of the program with the main goal of creating and sustaining a culture of safety.

"Even though we had not really done the actual rollout of the training to our staff, the training for those of us who would be onsite trainers just instantly clicked with us all," Hymas said.

According to Hymas, one of the key principles of Team-STEPPS is on-going communication, where information is clearly and accurately exchanged amongst every team member. "Once the baby was delivered, we immediately went into communication (principle)," she said. "One of us would call out and report on critical information. We would respond that we could hear and understand what was being said. The vital signs were not just written down, but also shared out loud so that everyone was aware of the big picture, along of course with their own job and responsibility. This allowed us all to see and hear if anyone was missing a step or if anyone needed help."

Another example of communication used by the team was the "check-back" tool, which is when an order is given, team members respond and then check back when completed.

There were also several quick huddles to go over where they were, "Those came naturally," Hymas said as the baby was being stabilized. "We also took a moment to go over where we were to see if there was anything we've missed or needed. We would go through what each of us had done with the whole team participating. We also had the father there and explained to him and the mother what we were doing, the baby's condition, and what steps we were doing. They were very appreciative to be included."

Any baby born premature can present a complicated and challenging responsibility to the expectant family, as well as hospital staff members. Putting TeamSTEPPS principles into practice to lessen such stress and achieve a successful outcome is exactly what Joe Wassell, TeamSTEPPS training facilitator and organizer, and Kristin Hermstad, RN, MNA, CRNA, and TeamSTEPPS coordinator, envisioned when they came to NHB.

"Using TeamSTEPPS gives us the opportunity to implement tools and strategies to teach how performance, knowl-

edge, and attitudes on the patient care team impacts leadership, communications, situation monitoring, and mutual support,” explained Wassell. “Our overall focus is to change the culture to become safety-centric. TeamSTEPPS is about learning a language and a lexicon to standardize patient care as a team. We are currently teaching the trainers and then the trainers at each medical treatment facility can then pass on the training. We want to create an expert team from a team of experts.”

Wassell attests that an important facet of TeamSTEPPS is that everyone is part of a team, from the doctor to the nurse to the corpsman to the support staff, including the patient and their family. “Bringing all the different team members together with their varied skill-levels and responsibilities to go over planning, problem solving, and process improvements is teamwork at its finest,” he said. “Communicating with everyone plays a vital role. When a patient realizes they are part of the team, it is very powerful and very reassuring for them.”

“Naval Hospital Bremerton is on the cutting edge by adopting these lessons and training early,” commented Wassell. “More importantly, the command leadership here is very engaged and supportive of TeamSTEPPS as a priority for patient safety. That is such a plus. The sense we get here is that it’s not just lip service. NHB can certainly be one of the model facilities to showcase. Teamwork is already in place. A perfect example of focusing on patient safety and care by teamwork and communicating is the daily morning report and brief at Northwest Beginnings. The staff understands the concept of team training.”

“It sounds simple but it is difficult to change behavior and to change a culture,” noted Hermstad. “The whole program is about the basics such as always having a checklist in place to go over before surgery. Even the World Health Organization is mandating and getting involved. DOD healthcare is huge and it will take a few years to completely learn and implement TeamSTEPPS concepts. The goal is to ensure language in patient safety care is the same across all branches of the service. Learning effective communication can decrease potential harm and bad outcomes. It really helps save lives. Patient satisfaction goes up as well as professional satisfaction.”

NHB’s Staff Education and Training Department, under the leadership of CDR Hymas, will apply teaching TeamSTEPPS as part of the command orientation check-in process. “That way everyone will be familiar and have some type of exposure to the concept.”

The language of patient safety is being heard, shared, and understood at NHB. One TeamSTEPPS at a time. 

—Story by Douglas H. Stutz, NHB Public Affairs.

BUMED PERINATAL ADVISORY BOARD BRINGS PATIENT SAFETY INTO FOCUS

Naval Hospital Bremerton recently hosted the Bureau of Medicine and Surgery Perinatal Advisory Board (PAB).

The meeting brought together a wide range of specific medical field specialists from numerous military treatment facilities to brainstorm ideas and enhance training towards the ultimate goal of improving patient safety and enhancing quality care. “Our overall goal is to concentrate on patient safety throughout the whole continuum of care,” said CDR Con Yee Ling, BUMED PAB coordinator. “We make recommendations using evidence-based healthcare that will benefit not just Navy-wide military treatment facilities but also DOD medical commands. Our own advisory board mirrors that of BUMED PAB in that it is a multi-disciplinary group that includes members from OB/GYN, anesthesiology, family medicine, nursing, and pediatrics,” said CDR Janine Wood, NC, of NHB’s Northwest Beginnings Family Birth Center. “Having our BUMED PAB governing body here gave us the opportunity to conduct training, share thoughts and information. The time spent became a very positive networking tool to go over the pluses and the pitfalls that we all encounter in doing our jobs.”

“Patient safety when delivering babies is the primary focus of the Perinatal Advisory Board,” said LCDR Jeffrey Martens, NHB general pediatrician and command PAB chairman. “The key is that PAB is multi-disciplinary. All the players involved brought their own expertise which greatly increases our collective ability. We work locally, but at the BUMED level, the PAB centralizes and gathers from all Navy military treatment facilities (MTFs) what’s working and what is not working. Sharing information and ideas is integral.”

According to Martens, PAB acts as a clearing house. A report card system has been put in place to identify areas useful to focus on for MTFs, and see if progress is being made and goals are being met. “We’re doing well with what we have now in regards to the processes in place and we will get new initiatives and start working on them,” noted Martens. “For example, some of the newer things we’ve implemented are 2-day newborn follow-ups for everyone and post-partum depression screening, which has been rolled out Navywide.”

Martens explained that one of the big initiatives covered over the week was to standardize training, where everyone is communicating and training the same way. “We did a demonstration using the Mobile Obstetric Emergency Simulator (MOES), which is cutting edge training developed at Madigan Army Medical Center. Being close to MAMC and interacting with them has given us the benefit of being able to pick that training up and pass along.”

“The MOES can be programmed to simulate any number of emergencies in dealing with a newborn,” continued Martens. “The principle is based on the same type of simulators

used in Naval Aviation. Instructors can't turn off the jet's engines to see what happens and then respond, but they can do it in a flight simulator. The MOES gives us the opportunity to deal with emergencies we might rarely see and get the necessary training in how to handle them. The MOES gives us the opportunity to get everyone involved and practice emergency, as well as routine, infant deliveries on an artificial pediatric patient that can show symptoms and even respond to simulated treatment. We go through all the steps involved, from the onset where a receptionist might have to page for the doctor, how long does it take to respond and be on scene? How long for a corpsman to go and return for medication if needed? How long does it take for help from pediatrics to arrive? By making the scenario as realistic as we can, instead of just going through the motions, everyone gets to hone their skills. The hands-on training and shared feedback in a training, yet real environment, helps to improve individual and team skills as well as practice new clinical processes before any actual scenarios crop up with actual patients. There are a myriad of lessons to learn."

The lessons learned have consistently rendered positive results for those in need. Last year, NHB delivered 668 babies, which equates to approx 56 babies a month.

Martens attests that another important area that the PAB focuses on is patient satisfaction. "We give everyone a survey to fill out," said Martens. "The feedback we get, which is generally real-time, helps us ensure we are doing all we can for our patients. At NHB we receive incredible kudos. The corpsmen also get rave reviews. We care and need to hear from our patients. Our Northwest Beginnings Family Birth Center is a central reason why we are here. We're here for them. Delivering babies is a big part of our facility. The birth process is complex. Our goal is to ensure it's done well and as safely as possible." ✍

—Story by Douglas H. Stutz, Naval Hospital Bremerton Public Affairs Office.

CBIRF's CHEM LAB ON WHEELS

Sometimes, the enemy isn't recognized. Chemical Biological Incident Response Force (CBIRF), II Marine Expeditionary Force Marines and sailors have a life-saving mission as emergency responders. This requires a lot of different disciplines, one of which is organic to CBIRF.

"The mobile laboratory is an analytical suite on a mobile platform," said Dr. Erick Swartz, who is the resident scientist at Naval Support Facility Indian Head, MD. "It is designed to analyze gases but more specifically, liquids and solids that give off a gas."

With such a state-of-the-art piece of equipment, training on how to use it is vital to its implementation. Being able to recognize the contaminants in a contaminated area, identifi-

cation and detection platoon (IDP) Marines are imperative to CBIRF's mission. Only IDP Marines can operate the mobile laboratory and go through extensive training on its usage.

"First, Marines must master sampling techniques in a contaminated area," Swartz explained. "Then, they must pass technical classes, including organic chemistry, in which they have to get at least an A- to pass. This class really teaches them to speak like a scientist. Once Marines complete the class, they are able to recognize different materials from alcohols to organic phosphates." IDP Marines effectively use the mobile laboratory to establish how CBIRF Marines and sailors conduct their rescue operations.

"Primarily, IDP Marines identify the hazard to establish clean and dirty routes through the contaminated area. They also identify the hazard to determine the level of personal protective equipment (PPE) and for decontamination and medical purposes," Swartz explained.

The mobile laboratory has many different capabilities, including a force preservation factor. CBIRF Marines and sailors respond to any chemical, biological, radiological, nuclear (cbnr), or high-yield explosive incident using different levels of protection, one being level B, which includes a gas mask and a semi-encapsulated chemical protective over garment.

"Once we find out what the contaminant is, we can determine what level of PPE the Marines have to be in, if any. I think it's really important just for that factor, because being in the contaminated area in level B all of the time can tire any Marine out," said LCPL Logan Carr, junior mobile laboratory operator, IDP, Headquarters and Service Company, CBIRF.

One of the many stepping stones in training with the mobile lab is putting it to use at the Defense Research and Development Center, where IDP Marines conduct live agent training under the guidance of world-renowned scientists.

"Marines must also know downrange analysis using portable analytical instrumentation. This also serves as a perquisite for mobile lab operator," Swartz added.

In order to get the sample that is in the contaminated area, IDP Marines travel into the contaminated area to skillfully collect the samples. "Then they bring the samples back to us here at the mobile lab," Carr explained, "and we'll process the sample from there."

Undergoing several changes, the mobile laboratory has gone from a simple process to an innovative and state-of-the-art operation, Swartz explained. "The original mobile lab pretty much consisted of a gas chromatograph-mass spectrometer in a van," he said. "In the old mobile lab, we had a portable separate fume hood on a table." The new mobile lab benefited from several lessons learned. "We designed it with



LCPL Logan Carr analyzes a sample he tested in the glove box. U.S. Navy photo

two things in mind; safety and redundant operations, so if we lose something, we'll have a back-up," Swartz explained. "For example, if our hydrogen generator fails, we have a small helium tank that lasts for several days of operation, until the hydrogen generator can be fixed or replaced. For safety, one thing we have is the glove box, which is safer than a fume hood."

Leading the way in progressive research, CBIRF is exploring a new way to use the mobile lab with sorbent sampling tubes, which collect most gases and vapors from the air. While the tubes are the size and shape of a pen, they fit onto a Marine's chemical protective over garment. "The sorbent tubes let us analyze what contaminant the Marines are exposed to," Swartz explained. "The mobile lab allows us to monitor personnel when they come through the decontamination line." Having the right tool for the right job is pivotal in analyzing contaminants, so CBIRF Marines can properly execute their life-saving mission, making them more capable of saving lives. 

—Story by SGT Leslie Palmer, USMC, Chemical Biological Incident Response Force, II Marine Expeditionary Force Public Affairs.

FISHER HOUSE GRAND RE-OPENING

The Fisher House at Naval Medical Center Portsmouth celebrated its grand re-opening with a ceremony and open house.

The ceremony included remarks from Fisher House Foundation representative Audrey Fisher and Darnell Randolph about his experience as a guest at the Fisher House.

The Fisher House at Portsmouth opened in June 1995 and was the first in Virginia. It has provided temporary lodging to approximately 2,230 families and guests while their loved ones were hospitalized. Renovations began in September 2008 and were complete enough in February for guests to resume staying there. The interior spaces have been updated and repainted, and rooms have new curtains, linens, and flooring. Finishing touches culminated with a renovation of the flower beds just before the grand re-opening.

The Fisher House is "a home away from home" for families of patients receiving medical care at the hospital. There are 43 Fisher Houses worldwide, all located within walking distance of a major military or VA medical center. The Fisher House at NMCP can accommodate seven families who are visiting their loved ones at the hospital. Guests stay for free at the Fisher House.

The Fisher House program began in 1990 when philanthropists and patriots Zachary and Elizabeth Fisher offered to



build and donate to the government comfort homes on the grounds of military medical centers to permit service members to be close to their families during a hospitalization. The program at VA medical centers began in 1994. 

—Story by Deborah Kallgren, NMCP Public Affairs.

GROUNDBREAKING CEREMONY SIGNIFIES MAJOR STEP FOR MEDICAL RESEARCH, DEVELOPMENT

A groundbreaking ceremony was held 6 May for the new Tri-Service Research Laboratory (TSRL), marking another step forward for Navy medicine research and development.

The 181,000-square foot facility will house two primary research entities: the directed energy research portion of Naval Medical Research Unit-San Antonio (NAMRU-SA) and the Air Force Research Laboratory Directed Energy research group.

NAMRU-SA, previously the Naval Health Research Center Directed Energy Bioeffects Laboratory, was officially commissioned during an informal ceremony after the groundbreaking. It becomes the latest subordinate command under the Navy Medicine Support Command (NMSC) in Jacksonville, FL.

NAMRU-SA reports to NMSC via the Naval Medical Research Center (NMRC) in Silver Spring, MD.

"Because the Navy, Army and Air Force partners of the Tri-Service Research Laboratory have successfully achieved national and international recognition for their combined efforts, we are certainly looking forward to future successes as they continue to be seen as a respected authority on directed energy bioeffects and safety standards for the military and the civilian sectors," said RDML Richard C. Vinci, NMSC commander.

"The staff moves will begin next year, but now we are breaking ground on this new facility with great expectation of things to come."

NAMRU-SA consolidates the Naval Health Research Center Detachment Directed Energy Bioeffects, the Naval Institute for Dental and Biomedical Research in Great Lakes and the NMRC Combat Casualty Care research function.

The Great Lakes and Silver Spring units will be housed in a different facility - the Joint Center of Excellence for Battlefield Health and Trauma that is currently under construction at Fort Sam Houston. All of these groups are co-locating to Fort Sam Houston as a result of the 2005 Base Realignment and Closure construction program for San Antonio.

The TSRL facility consolidates Air Force and Navy research programs that address the health and safety effects of exposure to various stressors into one location. When completed and operational, it will be a Department of Defense

facility that allows the Navy and Air Force to simultaneously conduct directed-energy bio-effects research.

Navy medicine scientists at NAMRU-SA will work to understand and manage the risks associated with human exposure to radio frequency, microwaves, lasers and low-frequency directed energy sources, said Capt. Vincent DeInnocentiis, NAMRU-SA commanding officer.

The research will support programs that protect the health and safety of Navy and Marine Corps personnel in both routine and combat operations. Much of this research is also used to help set international safety standards that, in turn, help protect the health and safety of people around the world.

A \$69.9 million contract was awarded to Skanska USA Building, Inc., for construction of the TSRL. Skanska's local San Antonio office will manage the contract. Additionally, a \$367,000 contract was awarded to Blackhawk Ventures, LLC, based in San Antonio, for installation of the ducts and cabling necessary to provide voice and data communications to the TSRL facility.

Construction on the new laboratory is scheduled to begin in July and is expected to be completed by March 2011. ✍

—Story by MC1(SW) Arthur N. De La Cruz, USN.

NEPMU-2 BREAKS GROUND FOR NEW FACILITY

Navy Environmental and Preventive Medicine Unit No. 2 broke ground at Norfolk Naval Station marking the official beginning of construction for its new facility.

After 3 years of planning, the groundbreaking ceremony started construction on a \$6 million, 27,000-square-foot building that will increase the unit's capabilities of medical intelligence, preventive medicine, and health promotion. The new building will also house a bigger laboratory.

NEPMU-2 is part of the Public Health Directorate of Naval Medical Center Portsmouth. The unit provides preventive medicine expertise and specialized training, laboratory and deployment capabilities to increase readiness, promote health and prevent disease.



Photo by MC2(SW/AW) William Heimbuch

RDML William R. Kiser, Commander, Naval Medical Center Portsmouth, and RDML Richard C. Vinci, Commander, Navy Medicine Support Command, Jacksonville, FL, were among those attending the groundbreaking.

Vinci represented the Support Command's Consolidated Industrial Hygiene Lab which has been working with NEPMU-2. The group will transfer to the new building when it is completed in May 2010. ✍

—Story by MC3 Jessica Pounds, NMCP Public Affairs.

HUMPTY DUMPTY HELPS REDUCE FALLS AT NMCP

Humpty Dumpty and his great fall are being used at Naval Medical Center Portsmouth to prevent falls among its youngest patients.

NMCP's inpatient pediatric ward introduced the "Humpty Dumpty Fall Prevention Program" in April to help staff objectively identify patients at a higher risk of falling.

NMCP modeled its program on one used at Miami Children's Hospital. Previously, NMCP staff used a homegrown method to determine whether a child might be at risk of falling. The Humpty Dumpty program uses a numeric scale to identify a patient's fall-risk potential.

"The new program is objective; we use consistent criteria to assess patients," said LT Brandon Wolf, Division Officer, inpatient ward 4B at NMCP. "We didn't have that many falls to begin with, but kids being kids, there were a few. We've had none since (the Humpty Dumpty program) was implemented." Wolf believes NMCP is the first naval hospital to adopt a formal and objective method to assess whether its pediatric patients are at risk of falling.

The program identifies patients who are at risk of falling, and then institutes specific protocols to eliminate hazards that might contribute to a fall.

Hospital staff members evaluate each child when they are admitted to the ward and on every subsequent shift. All children admitted are initially considered to be a low fall risk. Standard methods are employed to prevent falls, such as keeping the patient's room free of hazards and debris, maintaining good lighting, placing the bed in its lowest position with the brakes on, bed side rails up and non-skid socks for the patient to wear. Staff also provide ongoing safety education for the patient and family.

"The fall risk is based on a number of criteria: age of the child, type of surgery, whether they're post-anesthesia, if they've had leg surgery, and the number of cords they may have attached to them," added Wolf.

Children assessed at a high risk of falling are identified with a Humpty Dumpty sign on their hard chart and in their hospital room. They also receive a yellow lap blanket and yellow non-skid socks to identify and protect them from falling. The

patient is placed in a highly visible room, is always assisted when walking and assessed (at a minimum) every hour by staff.

HM2 Andrew McConnell, a paraprofessional on the 4B Inpatient Pediatric Ward, was one of the first corpsmen to use the Humpty Dumpty program.

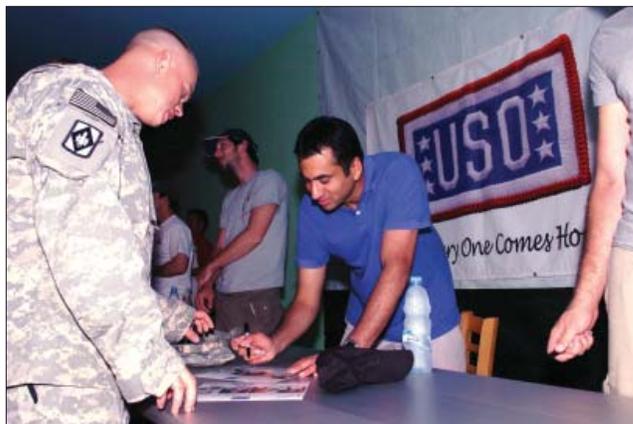
“I can now walk in my patient’s room and see that a child may be a fall-risk potential,” said McConnell. “It is a more organized system in its identification through the use of the yellow socks, the yellow wristbands, the yellow blankets and signage on the patient’s door.”

NMCP also has standard protocols in place to assess the fall risk of its adult patients. Both programs emphasize the hospital’s goal to provide superior patient care while continuing to enhance patient safety. *✍*

—Story by *LT Alvin Garcia with Deborah Kallgren contributing.*



ENS Amber Wilson, NC, assessed patient Nicole Insull as having a high risk of falling while in the hospital. Photo by MC2 William Heimbuch, USN



SPC Charles Davis receives an autograph from filmstar Kal Penn. Photo by HM2 Kelly Ontiveros, USN

HOLLYWOOD CELEBRITIES SHAKE HANDS WITH SERVICE MEMBERS IN DJIBOUTI

Celebrities visited service members at Camp Lemonier, Djibouti during the Hollywood Handshake Tour. Christian Slater, Zac Levi, Joel Moore, and Kal Penn made the visit to personally thank members for their sacrifice and dedication.

“I have such a respect for the military,” said Zac Levi of NBC’s action series “Chuck.” “To be a part of something so important, not just to our country but to the whole world, I really think it’s cool.”

The line to meet celebrities started forming early in the evening inside the recreation area and concluded at 10:30 p.m. Then the next morning, the celebrities set up to greet service members at a special brunch coordinated by Morale, Welfare, and Recreation (MWR) staff members.

“It was awesome; it makes you feel appreciated,” said HN Dina Iacobucci, who had her picture taken with and received autographs from her favorite celebrities.

“I didn’t know exactly what to expect,” said actor Christian Slater, who appreciated the large turnout. “We are grateful for the men and women who are making such

incredible sacrifices, and doing such great humanitarian things.”

According to writer and producer Jeremy Boering, the celebrities wanted to meet and interact with service members and hear their stories.

Boering said, “This whole experience has been amazingly rewarding. I’m convinced the military either creates the best people in the world or recruits them.”

In addition to meeting with service members, celebrities also visited Douda Village, the boys and baby orphanages, and the Djibouti Cheetah Refuge.

The tour, which was funded by the USO, also received donations from corporations such as Coca-Cola and AT&T, as well as private donations from service members and civilians.

“The wonderful thing about all of the activities is that it was a joint effort—MWR and military. I worked with many, many people to arrange the visits,” said Karen Rhodes, MWR staff member.

The tour officially started with a visit to Bahrain, then flew out to the nuclear-powered aircraft carrier USS *George Washington* (CVN-73), and finished at Camp Lemonier. *✍*

—Story by *HM2 Kelly Ontiveros, CJTF-HOA Public Affairs.*

NMCP SAILORS PAINT THE TOWN

More than 100 sailors from Naval Medical Center Portsmouth and its clinics, as well as about 250 additional volunteers painted their hearts out restoring 11 homes of low-income, elderly Portsmouth residents who otherwise would not have been able to repair their homes.

“Paint Your Heart Out” is an annual community service project the Portsmouth Rotary Club established a decade ago. The volunteer project helps Portsmouth homeowners who could no longer make the needed repairs to their homes due to financial or physical limitations.

“I just feel it is good to give back to the community,” said HM2 Vicki Cray-Craft. “I took my two boys with me to show them what it feels like to help others and to learn to pay it forward.”



Carroll house. Photo by MC1 William Heimbuch, USN

Since its inception in 1995, the project has helped repair more than 135 Portsmouth homes. In the beginning, the project was solely about painting houses. As the number of volunteers increased each year, the project began taking on exterior repairs, debris removal, roofing and caulking windows in addition to painting.

Homeowners find out about the project in the newspaper. The Rotary Club places notices alerting homeowners to sign up. Then the Rotary Club evaluates the submissions and select homeowners who are most in need of help.

Through donations, the Rotary Club provided the paint and materials for this year’s projects.

“If it wasn’t for the Portsmouth Rotary Club starting this program then none of this would be possible,” said HMC Dorothy Walker.

Walker recruited the sailors who volunteered and was in charge of one of the houses assigned to the sailors from the naval hospital. She says this was her 9th year of “paying it forward” with the Rotary Club.

“It’s going to take all of us helping out to get this world back into the shape it needs to be in,” said Walker. “Everyone needs to do their part; it could be the smallest thing in the world just as long as you do something!”

“This 1-day effort is a means for less fortunate individuals to have work completed by community volunteers free of charge. It is a true example of ‘service above self,’ the Rotary motto,” said Burle Stromberg, “Paint Your Heart Out” project manager.

“My family and I appreciate the Navy volunteers who did so much to beautify our house,” according to homeowner William Carroll of Cavalier Manor. ✂

—Story by William Heimbuch and Deborah Kallgren, NMCP Public Affairs.

NHCNE SENIOR CHIEF NAMED RHODE ISLAND MILITARY WOMAN OF THE YEAR 2009

HMCS(FMF) Kimberly A. Ripoli was honored at a luncheon at the Imperial Room at Rhodes Place, Cranston, RI, as the Rhode Island Military Woman of the Year 2009.

She was cited for her leadership, foresight, and devotion to duty in her military career, as well as, her extensive community service involvement. WAVES National, Women of the Sea Services, Ocean State Unit #118 Rhode Island, sponsored the event which was attended



Ms. Luisa White, President Unit #118 WAVES National Women of the Sea Services; Mrs. Ginny Hanson, WAVES National New England Region VIII Representative; RI Military Woman of the Year 2009, HMCS(FMF) Kimberly Ripoli; Ms. Esther Villeneuve, Chaplain Unit #118; CDR Anne Mitchell, NHCNE Director of Public Health Services; HMCS Lynne Rheaume, NHCNE staff; and CMSGT Lori Ashness, RIANG, Master of Ceremonies at the luncheon honoring HMCS Ripoli. Photo by Kathy MacKnight

by their members, as well as, NHCNE staff and friends of Ripoli.

Enlisting in the Navy under the Delayed Entry Program in October 1987, Ripoli worked her way up to E8 in 2007. In 1994 Ripoli earned a B.A. from Rhode Island College, Providence, RI, and currently she is working on a M.A. in International Relations from Salve Regina University, Newport, RI. After several deployments to Kuwait and Iraq, Ripoli was selected by the Deputy Assistant Secretary of the Navy to work on a project to map the steps involved in the treatment process of all wounded, ill, or injured service members starting from the overseas point of injury through the stages of treatment, rehabilitation, and finally reintegration to military or civilian life. She was subsequently designated as the Project Manager for the creation of the National Resource Directory; an online partnership between the Departments of Defense, Labor, and Veterans Affairs, linking services and resources of federal, state, and local government agencies. It resulted in a “one stop” web-based portal to provide access to more than 11,000 medical and non-medical services and resources for the wounded and their families. Currently, Ripoli is the Navy Safe Harbor case manager for all of New England and parts of New York. She advocates for her clients, getting them the proper care, services, and benefits they may require during whatever stage of illness, rehabilitation, or transition in career.

Ripoli’s military awards include two Navy Commendation Medals, eight Navy Achievement Medals, an Army Achievement Medal, five Good Conduct Medals and a Military Outstanding Volunteer Service Medal. ✂

—Story by Kathy MacKnight, Naval Health Clinic New England Public Affairs

CORPSMAN ACHIEVES COMBAT MERITORIOUS ADVANCEMENT IN AFGHANISTAN



The high desert and rugged hills of the south eastern Afghan province of Zabul have long been unforgiving to many outsiders. Yet those who arrive and ply their skills in such a harsh environment sometimes find themselves also on the receiving end, as HM3 Phillip S. Zarate recently did.

Zarate was nominated for advancement under the Combat Meritorious Advancement Program for providing life-saving assistance as part of U.S. Army-led Team Saber Embedded Transition Team in the far-flung region. Zarate is the sole U.S. medical provider for his team on Forward Operating Base Shamulzai, which is comprised of six other U.S. military personnel and approximately 60 Afghan National Army soldiers. Zarate answered a litany of medical calls and combat-related emergencies during his year-long deployment.

Perhaps his most serious call for help came in the early evening hours of 6 March, as two young Afghan teens, ages 13 and 15, were seriously injured by exploded ordnance. Shrapnel wounds covered their entire bodies, and they also were suffering head trauma and severe lower body lacerations and abrasions. Additionally, one of the local nationals (referred to as LNs) had lost his right hand past the wrist with the other hand barely held in place. Zarate quickly assessed them and immediately began rendering emergency first aid. He placed four tourniquets on one and had to ensure the other's airway was unobstructed. Both casualties were placed on litters for further treatment.

Zarate then orchestrated and directed tactical trauma care with help from two Embedded Transition Team (ETT) soldiers and one Afghan National Army (ANA) soldier, preventing both casualties from going in hypovolemic shock (which is caused due to massive loss of blood). His ability to control the Casualty Control Point (CCP) while giving information on the situation to the ETT team leader allowed for a rapid turn around for both to be medically evacuated by aircraft. Zarate, assisted by 10 ANA soldiers, handled both litters and carried them over 500 yards to the landing zone, closely monitored them along the way by continuing to reassess and reassure them en-route to the aircraft. When both patients were handed over to the flight medic and the turn-over brief was completed, they were stable. According to MAJ Adrian T. Spevak, U.S. Army, Commanding Officer of ARSIC South, Zarate's competence and ability to take control of the situation saved the life of one and gave the other a chance of survival.

Zarate has also answered the corpsman call in combat. In late November, he was at Forward Operating Base (FOB) Shamulzai near the volatile Pakistan border area. It's an area

hotly contested by Taliban insurgents, as was the case when a team of them on motorcycles attacked the FOB with rocket propelled grenades (RPGs) and small arms. Zarate was conducting a Combat Life Saver class with ANA soldiers at the time. The gunfire and explosions immediately brought him and the ETT commander into action. Zarate set up a CCP and minutes later was rendering aid to an ANA soldier suffering from serious eye and nose trauma. Once the ANA soldier was stabilized and he was sure there were no other injuries, he then joined the rest of his team in defending the FOB and fighting off the Taliban force.

There has also been training injuries in need of immediate attention. During an M16 familiarization class, Zarate provided emergency medical treatment to an Afghan National Police officer severely wounded from a bullet that had entered through his neck and exited out his left shoulder blade. Zarate stabilized his injured patient until the MEDEVAC aircraft arrived."

"He has proven himself to be an outstanding young leader and corpsman. His attention to detail and willingness to save lives no matter the sacrifice, places him way above his peers," writes Spevak. ✍

—Story by Douglas H. Stutz, NHB Public Affairs.

HM2(FMF) Johnnie Gouge received the Bronze Star from RADM William Kiser for actions during Operation Enduring Freedom.

Gouge was serving as the senior medical advisor for the Afghan National Police during an attack of the Forward Operating Base (FOB) in Zormat, Afghanistan. While under small arms and rocket-propelled grenade fire, Gouge took a defensive position on a barracks roof and called out the position of enemy forces that had advanced within 500 meters of the FOB.

He withstood explosions from 14 rockets that came within 100 meters of his position. He never backed down. "In my opinion I was just doing what I was trained to do and nothing more," said Gouge. "It's instilled in the mind of all corpsmen to value other people's lives over your own in instances like these."

Gouge also aided in the capture of a high priority Taliban sub commander after an attack on a local national construction site. "Witnesses said that the attacker had fled," said Gouge. "I spotted him running through a nearby village, which led to his capture." ✍

—Story and photo by MC3 Jessica Pounds, USN.

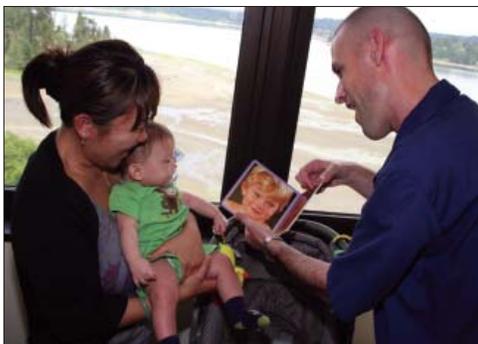


Taking a pause to go over the photo just 'cause ... newly promoted LTJGs Sara Suek and Monica Phariss check out digital imagery from their just-held promotion ceremonies at Naval Hospital Bremerton. Also joining Suek and Phariss in advancing from the rank of ENS to LTJG was Laurie Canaan. All three are Nurse Corps officers. Photo by Douglas H. Stutz



NMCP celebrated Arbor Day as RADM and Mrs. William Kiser join Lcdr Greg Everleth (R), Base Operations Medical Installations Department Head, and Floyd Carlsen (L), grounds work leader and gardener, planted a Flame Maple. This tree is the last of 15 maples and 15 black pine trees planted along the hospital's waterfront this spring. "When these trees are grown, it will be a beautiful area for our patients and families to relax and enjoys ome shade on the waterfront," Kiser said. Photo by MC2 William Heim- buch, USN

LTJG Michael Owen, MSC (L) and LT James Perry, MSC, Naval Hospital Bremerton, pitch in to help plant 1,130 new trees to replace the diseased and felled trees on the command's forested area. NHB staff planted seedlings of 400 Western Cedar, 400 Douglas fir, 300 Western Hemlock, and 30 Pacific Yew as part of the week-long recognition of "Navy Earth Day 2009 - Partnering for the Planet." Photo by Douglas H. Stutz



HM2 Robert Konschu of Naval Hospital Bremerton's Pediatrics Department, helps to entertains and regale 6-month-old Jimmy, son of Susan and James P Morrison, with a picture book as part of the command's "Reach Out and Read Program." Photo by Douglas H. Stutz

Not all Navy assistance is humanitarian or medical. CAPT Aaron Cudnohufsky, left, the CO of Pacific Missile Range Facility Barking Sands, along with other volunteers assist an injured green sea turtle from the shore at Nohili Point on Pacific Missile Range Facility Barking Sands, HI. Photo by MC2 Jay C. Pugh, USN



CDR Joseph Yang, contingency dental OIC, teaches Pacific Partnership 2009 dental team members from Canada, the U.S. Navy, and U.S. Air Force how to operate a portable digital x-ray machine aboard USNS *Richard E. Byrd* (T-AKE 4) on the way to the mission's first stop is Samoa. The U.S. Navy's Pacific Partnership is the dedicated humanitarian and civic assistance mission conducted with and through partner nations, non-governmental organizations and other U.S. and international government agencies to execute a variety of humanitarian civic assistance missions in the Pacific Fleet area of responsibility. Photo by MC2 Joshua Valcarcel, USN

Navy Doctor Spreads Care World Over

HM2 David Holmes, USN

CAPT Dennis Amundson understands the importance of secure and functioning health-care, whether it be in the United States or a world away in Africa.

And giving care in a foreign land such as Africa is no new feat for Amundson. The 37-year veteran's experience runs deep having served aboard USNS *Mercy* (T-AH 19), completed deployments in Iraq and Afghanistan, and served in humanitarian assistance efforts in Indonesia, Mexico, and the Philippines. The seasoned doctor is also a 2006 graduate of San Diego State University where he earned a master's degree in Humanitarian Assistance and Disaster Response.

Additionally, he and his wife help run an orphanage in Uganda catering to children whose mothers have died of AIDS.

When Amundson isn't traveling to distant corners of the Earth, his usual

duties take place at San Diego Naval Hospital as a pulmonary/critical care doctor while he serves as staff in the Intensive Care Unit. But for the past 3 months, he has brought his medical and academic expertise to West and Central Africa while deployed with Africa Partnership Station (APS) Nashville as officer-in-charge of the embarked Department of Defense medical and dental team.

Since Amundson and his team's rendezvous with USS *Nashville* (LPD-13) in Sekondi, Ghana, more than 3,000 patients were seen ranging from simple check-ups to observing or assisting in surgeries alongside local doctors.

"A normal internal medicine specialist sees an average of 2,000-2,500 patients in a year, and we did that in just 2 months, often seeing 40-70 patients a day," said Amundson.

Amundson's team, comprised of Army and Navy service members, hit the ground running to overcome varied

obstacles such as treating large numbers of patients in local clinics and working through language barriers in the French-speaking African countries.

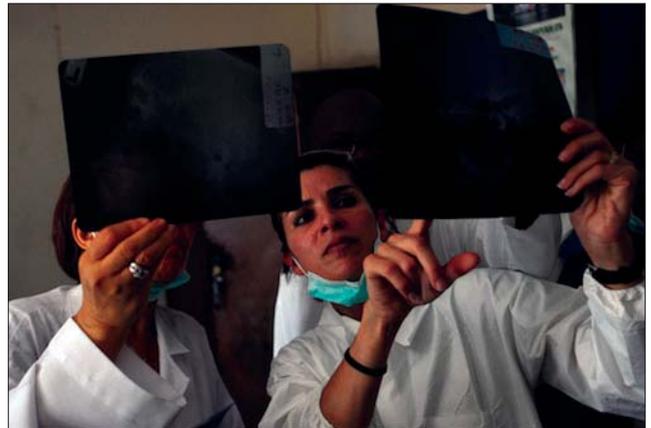
"None of the team members had done this type of care-giving in Africa except for me," said Amundson. "We were pushed to do a quick start-up and find out what skill sets could be used. We had HM2 Sule Abiodun, a surgical technician, refracting for eyeglasses and becoming our optometry specialist. We actually gave out more than 800 pairs of glasses during our visits."

Amundson says the knowledge he and his team gained were irreplaceable because of the unique chance to experience first-hand the medical hurdles and triumphs the local care-givers accomplished.

"Altruistically, it's wonderful and medically you learn a lot and you see how other people do business," said Amundson. "You see how [local doc-



CAPT Cynthia Thebaud, Commander, Africa Partnership Station Nashville, speaks with a local at the Journee Mondiale de Lutte Contre le Cancer or World Day Against Cancer event at La Dantec hospital. Photo by HM2 David Holmes, USN



LCDR Shay Razmi, NC, reviews an x-ray with a Nigerian navy dental officer at a dental clinic on Ojo Naval Base. Photo by MC1 Martine Cuaron, USN

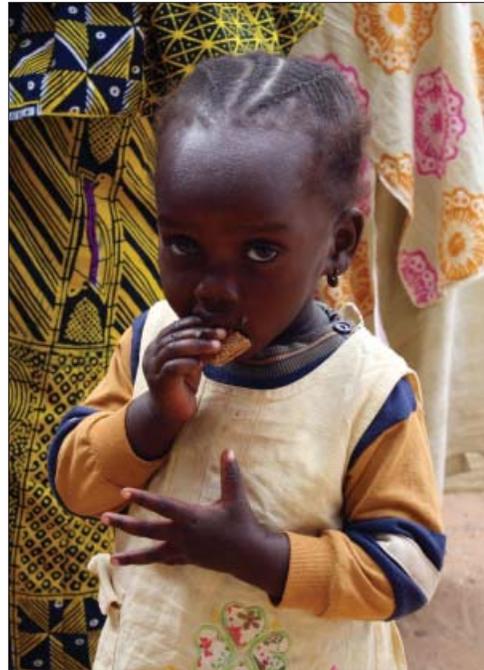
tors and nurses] take care of patients with practically nothing. Back in San Diego at the ICU, I have every technology known to man and every sub-specialist I could possibly want, and these guys are taking care of patients with a shoestring and a band-aid [so to speak]...and they save lives. They have their difficulties, but they overcome, and work very hard.”

Amundson and his team, along with the crew and staff members of APS Nashville, have made stops in Cameroon, Gabon, Ghana, Nigeria, and Senegal. APS's central mission is working with host countries and their militaries to assist the enhancement of maritime safety and security for the continent of Africa. Amundson concurs that this main mission allows the other much needed humanitarian assistance aspects to prosper.

“Seventy-five percent of the world’s population lives within 50 miles of a coastline,” said Amundson. “Of the mega-urban areas that are growing such as Accra and Dakar, the Navy has the biggest opportunity to engage them in a very robust way. It’s all interconnected,” said Amundson. “Security is key. If you can establish some form of security and then follow that with basic healthcare, then we’re on the right track to a safer maritime domain and a more secure future for everyone. The whole APS evolution has been a wonderful experience for us, and to be able to be here and do this is truly gratifying.”

The APS team, consisting of the *Nashville* crew and an embarked staff of Destroyer Squadron 60 and international maritime professionals, are deployed as part the international APS initiative developed by Naval Forces Europe and Africa. APS *Nashville*, a Norfolk-based amphibious transport dock ship and largest APS platform to date, is focused on collaborative efforts in West and Central Africa.

To learn more about Africa Partnership Station and its mission, visit the APS website: www.c6f.navy.mil/apshome.html ⚓



A girl eats a cookie given to her by a member of the Africa Partnership Station Nashville team at the Gallo Diouf Elementary School after a team of APS Nashville members delivered donated school supplies from Project Handclasp. Photo courtesy of U.S. Naval Forces Europe, 6th Fleet Public Affairs



USS *Nashville* (LPD-13) returned to its homeport of Norfolk, VA, 12 June, completing a 5-month deployment. Its final mission was to conduct expeditionary training events, infrastructure improvement, strategic communication, and community outreach programs throughout the Gulf of Guinea and West Africa as part of the nation's Maritime Strategy — "A Cooperative Strategy for Twenty-First Century Sea Power."

"This crew has done an outstanding job and they paved the way for future APS missions," said CO Tushar Tembe. "I can't think of any better way for our ship to serve on its final mission. It's very humbling." *Nashville* is scheduled for decommissioning in September.

Yukon Delta Villages Welcome Military Medical Teams

MC1 Matt Grills, USN

Teams of Navy, Air Force, and Army healthcare providers treated hundreds of villagers, and their pets, in the Yukon-Kuskokwim region of Western Alaska as part of Operation Arctic Care.

“We’ve received very positive reports of the work happening in the villages, and they’ve truly welcomed our people,” said CAPT Elizabeth Reiser, Arctic Care 2009 officer in charge. “In fact, there’s been disappointment when a team has had to leave early or couldn’t arrive as planned. There’s been plenty to do, and our providers have been busy.”

With more than 200 participants, this year’s Navy-led medical readiness exercise, deploying mixed teams of doctors, dentists, optometrists, and Army veterinarians from Bethel, AK, to 11 villages: Alakanuk, Atmauthluak, Chevak, Hooper Bay, Kalskag, Kwethluk, Kwigillingok, Mountain Village, Newtok, Quinhagak, and Toksook Bay. Three other villages, Kotlik, Russian Mission and, St. Mary’s also requested and received service.

With a population of 730, Kwethluk, whose name comes from the Yupik word “kwikli,” meaning “river,” was among the first villages to receive an Arctic Care team. Arriving on an Alaska Army National Guard Black Hawk helicopter, Navy and Air Force personnel immediately set up shop at the local health clinic and began seeing waiting patients.

“I first read about Arctic Care in the newspaper, and I was very interested,” said Elia Sergie, a resident of Kwethluk. “As soon as they came, I called and made a dental appointment for my son.”

Dylon Sergie, 2, sat calmly as CAPT Doug Henschel, a dentist attached to the 14th Dental Company, gave him two fillings.

“This is the first time he’s had this stuff done,” Sergie said. “I heard a team is going to Kalskag, which is where I’m originally from. I hope to hear good things out of there. A lot of people don’t have access to this type of healthcare. It’s in Bethel, but you have to have transportation, room and board, and a lot of people don’t have money for that.”

Arctic Care 2009 is conducted in cooperation with and under the supervision of Yukon-Kuskokwim Health Corporation (YKHC). Reserve and active components of the Army, Alaska Army National Guard, Navy, Air Force, Marine Corps, and Coast Guard provide Arctic Care’s personnel and equipment, with uniformed officers from the U.S. Public Health Service also participating.

“This is my first Arctic Care, and it’s great training,” said CAPT Cynthia Heins, commanding officer of Operational Health Support Unit Headquarters Camp Pendleton, the exercise’s host. “I had to literally dust off a lot of my cold-weather gear, but this is a chance to make sure it’s all in good working order.”

In Kwethluk, Heins practiced adult medicine, treating a broken finger and a bilateral ear infection. She also saw more serious cases, including hypertension and congestive heart failure. TSGT LeTroy Mays, USAF, of the 445th Aerospace Medical Squadron assisted by doing lab draws, double-checking vital signs, and clarifying doctor’s orders for patients. He also spoke to school classes about preventive healthcare.

“I believe this is one of the best operations I’ve been a part of,” Mays said. “I’m working with different branches of the service, and everybody knows his or her job. We don’t have any weak links.”

When Kwethluk team members arrived, children were standing at the edge of the runway to grab their hands and walk them to makeshift quarters at their school, said the village’s operations officer, CAPT Elaine Walker of Operational Health Support Unit San Diego Detachment C.

“The people welcomed us with open arms,” Walker said. “One night they even fed us spaghetti in someone’s home. I couldn’t make it because I was seeing patients, and they brought some to the school so I could have something to eat. This is a very trusting, open community.”

The village, though, isn’t like most she’s seen, Walker said. “This is a unique part of the country. These people don’t have running water, yet they are United

States citizens. So I have special feelings toward them.”

Mountain Village, population 757, received five Arctic Care healthcare providers: a family practice physician, a critical care nurse, a nurse practitioner, and an emergency medical technician/CPR instructor, all Navy, and an Army dental technician. The physician, CDR Nancy Moya, saw up to 30 patients a day. A visiting YKHC dentist saw 10 patients a day.

“It’s been hectic,” said HM2 Chris Lutton of 4th Marine Division, Weapons Company 223. “We’ve seen a lot of patients who don’t normally get a chance to see a doctor for foot problems, back pain, whatever. If it’s something they’d need to see a doctor about in Bethel or Anchorage, they can come in and get a referral or hopefully have the problem taken care of here. The clinic staff has been wonderful, opening up several rooms for us.”

Outside the clinic, Lutton taught a CPR course, talked to students about the importance of staying in school, and carved out time to attend a youth basketball game.

Edna Apatiki, principal of Ignatius Beans School, praised the Arctic Care team for taking an interest in Mountain Village’s children.

“The teachers love to invite them into their classrooms to talk about healthcare and military careers,” Apatiki said.

Military members slept in the school at night, on wrestling mats, and ate breakfast each morning with students.

“They swarmed around us, asking questions,” said CAPT Elisabeth Wolfe of Naval Medical Center Portsmouth, who served as Mountain Village’s operations officer.

“They’re very curious, very excited to have us here. We took pictures with them and showed them what MREs are and how to work them; everybody got to try a little bit of chocolate peanut butter and jalapeno cheese.”

As military doctors and dentists treated adults and children, SSGT Christiana Ramos and her colleagues of the Western Region Veterinary Command traveled village-to-village offering animal care and teaching bite prevention. A veterinary technician, Ramos participated in two previous Arctic Care missions: Nome in 2006, and Kotzebue in 2007.

“Everybody owns animals,” Ramos said. “We need to make sure they are vaccinated, and we try to encourage them to spay and neuter their animals so they don’t have too many pets running around. Some do, others are not too keen on it. But they definitely want to have the vaccinations.”

Rotating to different areas of rural Alaska each year, Arctic Care

has been to the Yukon-Kuskokwim Delta three times, in 1997, 1998 and 2001. Last year’s mission was performed in Kodiak and six of the island borough’s villages.

During a period of 10 days, military healthcare providers treated 127 medical patients and 188 dental patients, made 232 pairs of glasses on site, certified 42 students in CPR, and vaccinated 422 animals.

Covering an area the size of North Dakota and South Dakota combined, the 2009 exercise served even greater numbers of native Alaskans.

“Many of these people aren’t fortunate enough to have the amenities we take for granted in the lower 48 states,” said HM Derek Gaudin, sent by the Naval Ophthalmic Support and Training Activity, his job at Arctic Care is grinding lens for eyeglasses that will be delivered to the villages.

“We’ve been told to expect to do double what we did last year.”

Operation Arctic Care is sponsored by the Innovative Readiness Training program under the Office of the Assistant Secretary of Defense for Reserve Affairs. [↗](#)

For more news from the Bureau of Medicine and Surgery, visit: www.navy.mil/local/bumed.

MC1 Grills is assigned to Navy Public Affairs Support Element, East Reserve.



CDR Nancy Moya checks Carole Alexie’s heart-beat at a health clinic in Mountain Village, AK. Photo by SrA Christopher Griffin, USAF



CAPT Doug Henschel, DC, inserts a filling for Dylan Sergie, 2, at a health clinic in Kwethluk, AK. Photo by SrA Christopher Griffin, USAF

Midway Survivor Recounts Historic Battle

Marsha Childs



Every sailor worth his or her salt should have a good understanding of and appreciation for our naval heritage and how it has shaped our destiny.

BMC James H. Cunningham, USNR, (Ret.), 87, knows all too well the price of freedom; he participated in two major naval battles in World War II, surviving the sinking of the USS *Hammann* (DD-412) at the Battle of Midway.

Cunningham, a frequent visitor at Naval Hospital Jacksonville, recounted his harrowing and heroic experiences that earned him a Purple Heart in 1942 for the medical staff on 5 June during morning colors.

He enlisted in the Navy at age 18 in April 1940. “There was a depression going on then and you were lucky to get in the service back in those days for \$21 a month,” he recalled.

He reported to *Hammann* in October 1940. “I was a big deal, a seaman. All I had to do was take care of the captain’s gig and when the captain wanted to go somewhere, I had to take him—an ole hillbilly in charge of the captain’s gig,” he chuckled.

Hammann was homeported in Hawaii, but the destroyer was underway in the North Atlantic searching for German submarines, when the Japanese made their surprise Pearl Harbor.

The shocking attack thrust the United States into World War II.

In retaliation, a daring U.S. bombing raid led by LCOL James H. Doolittle in April 1942, targeted the Japanese mainland. His bold plan to launch land-based B-25 bombers from the deck of a carrier was a feat never before attempted.

Doolittle’s raid, although primarily symbolic, humiliated the Japanese who realized their homeland was not impervious to attack.

To strengthen their defensive position, the Imperial Japanese forces decided to invade and occupy strategic targets in the South Pacific near the Coral Sea.

“When we got back to Pearl Harbor, we tagged up with USS *Yorktown* (CV-5) again and took off for the Coral Sea. We spent over 100 days at sea out there operating against the Japanese,” Cunningham remembered.

The Battle of the Coral Sea was the first major battle of the Pacific War

fought 4-8 May 1942, in the waters between New Guinea, Australia, and the Solomon Islands. Carrier forces from both sides exchanged airstrikes for 2 days straight.

“We sank one of the Japanese carriers and damaged one. We ended up losing “Lady Lex” (USS *Lexington* CV-2). Even after the battle was over, she was making 27 knots and they couldn’t put the fire out. By that evening it was just blazing with bombs going off. They had to abandon the ship. We picked up about 300 survivors off the *Lexington*. We all took off back to Pearl,” he recalled.

Yorktown was damaged with repairs expected to take a month, but the CINCPAC Fleet ADM Chester Nimitz needed the carrier group back in the fight. “ADM Nimitz said, ‘you’ve got 3 days to have this ready.’ So in 3 days they were ready and we went with them,” said Cunningham.

Although the Japanese won a tactical victory, they took heavy losses, which would later have enormous consequences at the Battle of Midway.

“If the Japanese had defeated us in the Coral Sea, they had money printed up to invade Australia and New Zea-

land. The Aussies still remember that. They (Japan) had just taken the Philippines,” Cunningham said.

To extend Japan’s defensive perimeter in the Pacific, Combined Fleet Commander ADM Isoroku Yamamoto planned to attack the U.S. mid-Pacific base at Midway and establish a forward outpost.

The Japanese navy planned to lie in wait and annihilate the beleaguered and inadequate American forces, which would effectively cripple the U.S. Pacific Fleet.

Fortunately, American code breakers accurately predicted the attack on Midway. Nimitz used the information to plan an ambush by having his thin carrier battle groups ready and waiting.

During the great air battle of 4 June, *Hammann* screened *Yorktown*, helping to shoot down many of the attacking aircraft. But Japanese dive bombers and torpedo planes severely damaged the carrier.

“We had the (USS) *Enterprise* (CV-6) and the (USS) *Hornet* (CV-12) there with us, and when the Japanese attacked, they all came at *Yorktown*. We were attacked about four or five times. *Yorktown* ended up with an 18 degree list. They thought she was going to turn over so they abandoned ship,” said Cunningham.

Hammann picked up survivors in the water. “The next morning we went back and *Yorktown* is still floating,” he said. *Hammann* tied up next to *Yorktown* on 6 June to transfer a damage control party and provide power and hoses and water for firefighting.

“We sent a 200-man salvage crew aboard and by 4:00 pm they had taken a three degree list off. One of the ships out there hollered, ‘*Hammann*, torpedoes are heading your way’, and of course, our ship sounded general quarters,” Cunningham explained.

He ran back to his gun station on the fantail. “I stood there and here come four torpedoes. I watched them coming in. We couldn’t do anything.



A photo taken from the USS *Yorktown* (CV-5) shows the USS *Hammann* (DD-412) sinking 6 June 1942. Photo Navy Archives

We were tied up tight against *Yorktown*. Then one torpedo hit us and two hit *Yorktown*.”

But he remained calm in the face of death. He said, “You didn’t know it was terrifying. You just said, ‘Come and get it you so-and-so’s.’”

Hammann went down in a few minutes. He said, “I took my shoes off. I dove into the oily water. I got a hold of a life vest. I swam out to a life raft and it was filled up. There was one guy sitting in the center and the blood was just squirting out of his mouth.”

Eighty crew members, about one-third, were killed and many more badly injured in the water when her depth charges exploded as she sank.

“I raised myself up on the life raft, not too far. I raised myself a little out of the water. I didn’t know till years later that both guys on both sides of me died and just floated away. If I hadn’t done that one little thing by pulling myself up a few inches out of the water, I’d have been out in the Midway feeding fish. It’s 16,000 feet deep there,” he said.

After the explosions had subsided, the survivors in the water and on rafts hoped to be rescued by ships in the area. The raft Cunningham was clinging to was overturned and the paddles were lashed underneath. He said, “I

got my knife out, dived under the raft and cut them loose.”

He handed the paddles to the able-bodied sailors. “Some were so excited they weren’t even hitting the water, and I yelled at them, ‘Hey come on and get that paddle down in the water. We have got to get to that ship out there,’ I’ll never forget that,” he said.

The USS *Benham* (DD-397) rescued Cunningham and more than 700 survivors. They were taken to Pearl Harbor where they were greeted by commander of the U.S. Third Fleet ADM William Halsey Jr. and ADM Nimitz.

“They lined us up, the wounded up on the back. I was in there. We got to shake hands with them. Then the guys that were injured had to go to the hospital. I had internal injuries. I had blood coming out of my mouth. I know that was from the blast. I was only in there for about a week, something like that,” he recalled.

Cunningham fought at two of the most important battles in the Pacific: the Battle of Coral Sea and the Battle of Midway. The latter turned the tide in the Pacific War making the two opposing forces essentially equal.

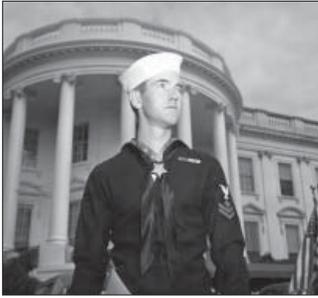
It was only 4 years later that the United States and its allies took the offensive and ultimately brought down the Japanese Empire.

George Bernard Shaw said, “We are made wise not by the recollection of our past, but by the responsibility for our future.”

Every American should understand the personal sacrifices our nation’s war heroes like Cunningham make so that we may enjoy freedom.

He summed it up by saying, “They tell me recruits in training and everybody has to know something about the Battle of Midway. It is just one of those big things in history that we went through. Of course kids that young, 18, 19 years old, they don’t think much about it.” ✍

Ms. Childs, Naval Hospital, Jacksonville, FL, Public Affairs.



Navy hospital corpsman and Medal of Honor recipient George Wahlen died on 5 June 2009 at age 84. His courage and perseverance made him a standout among the millions who served in the Navy Reserve during World War II.

Wahlen served as a pharmacist's mate second class (PhM2c) assigned to Fifth Marine Division during the invasion of Iwo Jima. Within a week in late February and early March 1945, Wahlen continually exposed himself to hostile fire in order to reach his wounded Marines. During the course of several vicious fights, Wahlen was wounded twice himself and each time refused to be evacuated to receive medical care.

"I couldn't leave my Marines," he would later say. "If they got hit and I was gone, who would take care of them?"

When a third round struck him in the leg and made it impossible for him to walk, he calmly dressed his wound and administered morphine to himself to stem the intense pain. Incredibly, he then set out to crawl 50 yards to get to another casualty in need of aid. For his relentless and unselfish focus on his men, he was awarded the nation's highest decoration for valor.

Only days before these actions, Wahlen watched with the other members of Company F, 2nd Battalion, 26th Marines as their comrades raised the flag on the island's highest point, the volcano Mount Suribachi. "I remember seeing it go up," Wahlen said a few years ago. "We got pretty excited because we all thought it would be impossible to get up that mountain."

Like many who have experienced combat, Wahlen returned home bearing the stress of war. "I used to have terrible nightmares when I first came back," he once said. "Once I got married, though, that was the end of them. It was the best thing I ever did."

After the war, Wahlen accepted a commission in the Army Medical Service Corps. He rose to the rank of major and saw war service again, this time in Vietnam during the Tet Offensive.

Throughout the rest of his life, George Wahlen continued to look after the needs of others, no matter how great or small. One incident seems to capture his generosity.

At the Navy Surgeon General's conference in 1997, he spent a hectic day in presentations and interviews along with the Hospital Corps' other living Medal of Honor recipients—Bob Bush, Bill Charette, and Don Ballard. The pace continued into the evening and after a banquet and reception, he looked tired and worn. Rather than go to his hotel room to rest, he looked around the room filled with sailors and said, "Most of these people have never seen a Medal of Honor recipient before, and that's what they're here to see." Then, for over an hour, he proceeded through the crowd and approached individuals with a smile and an extended hand, saying, "Hi. I'm George Wahlen."

Those privileged enough to have met him saw that George Wahlen truly reflected great credit upon the Navy and the Hospital Corps—not for his heroics but for his compassion and eagerness to help others. ⚓



—HMCM(FMF) Mark T. Hacala, USN, Command Master Chief, Operational Health Support Unit, NNMC Bethesda, MD.



Ronald L. Sollock died suddenly on 28 May 2009. He was 61. He graduated from Sam Rayburn High School, having been named All-District Football MVP in 1965. He then entered Rice University on a football scholarship, earning a varsity letter his sophomore year. He earned undergraduate and graduate degrees from Rice University and completed a joint Ph.D. and M.D. program sponsored by Rice University and Baylor College of Medicine, earning his Ph.D. in Biology in 1975 and his Medical Degree in 1977.

Following his internship at Baylor College of Medicine, Dr. Sollock was commissioned in the Navy. He completed flight surgeon training in 1980. In 1982, he entered internal medicine residency training at National Naval Medical Center, Bethesda, MD.

His 30-year Navy career was marked by a list of assignments representing ever-increasing responsibility. They include: Head, Department of Internal Medicine at the Quantico Medi-



The exceptional life of Katherine “Kay” Keating came to an end 6 June 2009 at the Cha-teau at Sharmar Village in Pueblo. She was 87.

Perhaps best known for her 3-decade long Navy career during which she saw duty in three wars, World War II, Korea, and Vietnam.

Keating was inducted into the Colorado Woman’s Hall of Fame in March 2008. In August of 2008, she was selected honorary Colorado State Fair parade marshal.

She graduated from Central High School in 1940 and Pueblo Junior College 2 years later. She joined the WAVES in 1942 and shipped out to Hawaii as a radio operator, sometimes working out of an underground station in a pineapple field, she recalled in a 2006 interview.

Following World War II, she returned to college to earn her pharmacy degree, and re-enlisted in the Navy in 1948 for a career. She became the first woman to be promoted up the ladder from seaman recruit to captain; the first woman to replace a man at sea, aboard the USS *Haven* (AH-12) hospital ship during the Korean War; and was the third woman to achieve captain’s rank in the Navy Medical Service Corps. She was discharged in 1972.

Among her many decorations as a veteran of three wars, Keating also received the Meritorious Service Medal upon retirement and the U.S. Surgeon General’s Certificate of Merit as a pharmacist.

After separation from the military, Keating returned to Beulah, CO, where she ran a horse ranch and bed and breakfast. She was well known to many Puebloans for her horse-and-wagon teams that have graced many a parade and other occasions, including weddings, funerals, and were featured in movies.

Keating said her favorite memory of her teamster days was driving the Silver Queen in a two-seat carriage in the State Fair parade (the fair sponsors a Silver Queen Contest, conducted for residents of nursing homes throughout the Rocky Mountain Region. The Silver Queen reigns for a year until the next fair). “The horse stepped out in the street and she told me, ‘Seventy-eight years ago today, I rode in a carriage just like this on my wedding day.’ She died not long after, but I was glad I could give her that ride,” Keating said.

Her niece, Pat Smith, told of a different kind of heroics. When she was 13 and her brother was 10 years old, she said, her mother “hit bottom” and Keating, who was serving in the military, then took on the job of raising her sister’s two children.

She wasn’t allowed to have dependents with her, but her commanding officer turned a blind eye to the two kids, the grandmother and the baby sitter occupying her house and the Navy also managed to keep her within commuting distance until the children were on their own, Smith said. “Who would have had the guts to take on somebody else’s two teenage kids?” Smith wondered. Smith and her husband looked after Keating on the ranch for the past 11 years.

In the 2006 interview, Keating expressed her love for her hometown. “It’s been a great time to live, and if we have to go right now, we’ve had a good time . . . I managed to get clear around the world, and I never found a better town than Pueblo.” ✍

—Juan Espinosa, www.veteranstoday.com



cal Clinic; Senior Flight Surgeon for the Presidential Helicopter Squadron; Medical Director, NASA Headquarters Health Clinic; Assistant Professor of Medicine at the Uniformed Services University of the Health Sciences. Additionally during this period, he was attached to the USNS *Comfort* (T-AH 20) and accompanied congressional delegations through the Office of Legislative Affairs; Head, Manpower Policy and Planning in the Office of the Chief, Medical Corps, Bureau of Medicine and Surgery (BUMED); Executive Officer at the Naval Hospital, Beaufort, SC; Commander of the US Naval hospital at Guantanamo Bay; and at the time of his death, Deputy Chief of Staff for BUMED Installations and Logistics.

Dr. Sollock was dually board certified in endocrinology and internal medicine. He was a Fellow, American College of Endocrinology, Member of the Academy of Correctional Health Professional, Member of the Society of Correctional Physicians, and a Certified Correctional Health Professional by the National Commission on Correctional Health Care.

He was a recipient of the Legion of Merit, Meritorious Service Medal, Navy Commendation Medal, and numerous other personal and unit awards. ✍

THANK YOU SENIOR CHIEF, MAY YOU REST IN PEACE

I had to modify this blog post today because yesterday, we received word from the Chief of Naval Personnel that Chief Branum was selected by the FY-10 Senior Chief Selection Board for promotion to Senior Chief Petty Officer. Her effective date of rank was set at 2 June 2009, the day of her passing.

There are many days on this deployment that have had their difficulties, but none have been like today. This morning, HMC Pamela Branum, our Reserve Liaison Officer, was found to have passed away last night in her sleep.

Chief Branum came to us from Naval Medical Center, Portsmouth. She has been responsible for managing the tremendous number of staff rotations that are the hallmark of this deployment. Just this week, she coordinated over 150 arrivals and departures from the ship.

Working just a few feet outside my office door, I saw her everyday and was always impressed by her competence, her work ethic, and her dedication to this important mission. She will be greatly missed.

This evening at 5:30pm, as all her fellow Chief's formed a gauntlet of respect, she was piped ashore for the last time. Her flag draped casket passed between her shipmates as the bo'sn pipe played and all saluted. As the helicopter's blades began to turn, two bells sounded and on the 1MC: "Hospital Corpsman Chief, Departing" rang throughout the ship. On the pier nearly 700 of her shipmates rendered honors as our band played the Navy Hymn, "Eternal Father."

Chief Branum spent much of her adult life in service to her country, as a mentor to her shipmates, and as a leader among leaders.

Tomorrow morning, as we transit Gatun Lake in the heart of the Panama Isthmus, in a beautiful, picturesque place of calm waters, we will come together on the Flight Deck to bid farewell to a very special member of the COMFORT family. To Chief Branum's family in Tennessee, we send our heartfelt

condolances at this time of loss. We will pray for God's Comfort to surround you and bring you through this time of trial.

Thank you Chief. Thank you for all you did for all of us. May you forever Rest in Peace. 

—Posted by CAPT John Larnerd, MSC, XO, USNS Comfort (T-AH 20), 4 June 2009 at 7:33 PM



NMCP REMEMBERS SENIOR CHIEF BRANUM

A memorial service was held 9 June at Naval Medical Center Portsmouth for HMCS Pamela A. Branum.

More than 400 shipmates and hospital staff attended the memorial service to remember a colleague, mentor, motivator, and friend. NMCP Deputy Commander CAPT Craig Bonnema served with Branum in Portsmouth and at a previous duty station in Pensacola, FL.

"Senior Chief Branum was the type of chief we all hope to serve with," said Bonnema. "She was genuinely concerned for her sailors welfare and taught them the basic lessons of life: Work hard, be honest, and serve with honor."

"HMCS Branum consistently demonstrated a 'sailor first' mentality; always seeking the best from and for her sailors," said CDR Cynthia Joyner, who served with Branum for 4 years. "She was a brilliant deckplate leader and mentor who will be truly missed by her Navy family. I guess God needed a senior chief to fix some heavenly issues; He called the best one for the job."

Branum served 22 years in the Navy as a hospital corpsman. She was stationed at Naval Medical Center Portsmouth from 2008, as the Senior Enlisted Leader of the Critical Care Department. A funeral with full military honors is planned for August at Arlington National Cemetery after *Comfort* returns from deployment.

For many years this sailor stood the watch.

*While some of us were in our bunks at night, this sailor stood the watch.
While some of us were in school learning our trade, this Shipmate stood the watch.*

Yes.. even before some of us were born into this world, this Shipmate stood the watch.

In those years when the storm clouds of war were seen brewing on the horizon of history, this Shipmate stood the watch.

Many times she would cast an eye ashore and see her family standing there, needing her guidance and help. Needing that hand to hold during those hard times, But she still stood the watch.

She stood the watch for all these years. She stood the watch so that we, our families and our fellow countrymen could sleep soundly in safety, each and every night. Knowing that a sailor stood the watch.

Today we are here to say 'Shipmate... the watch stands relieved. Relieved by those You have Trained, Guided, and Lead. Shipmate you stand relieved.. we have the watch...'

Navy Medicine 1945



BUIMED ARCHIVES

In addition to their other duties, Navy nurses at Naval Hospital Guam are called upon to censor war mail in the hospital post office.

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