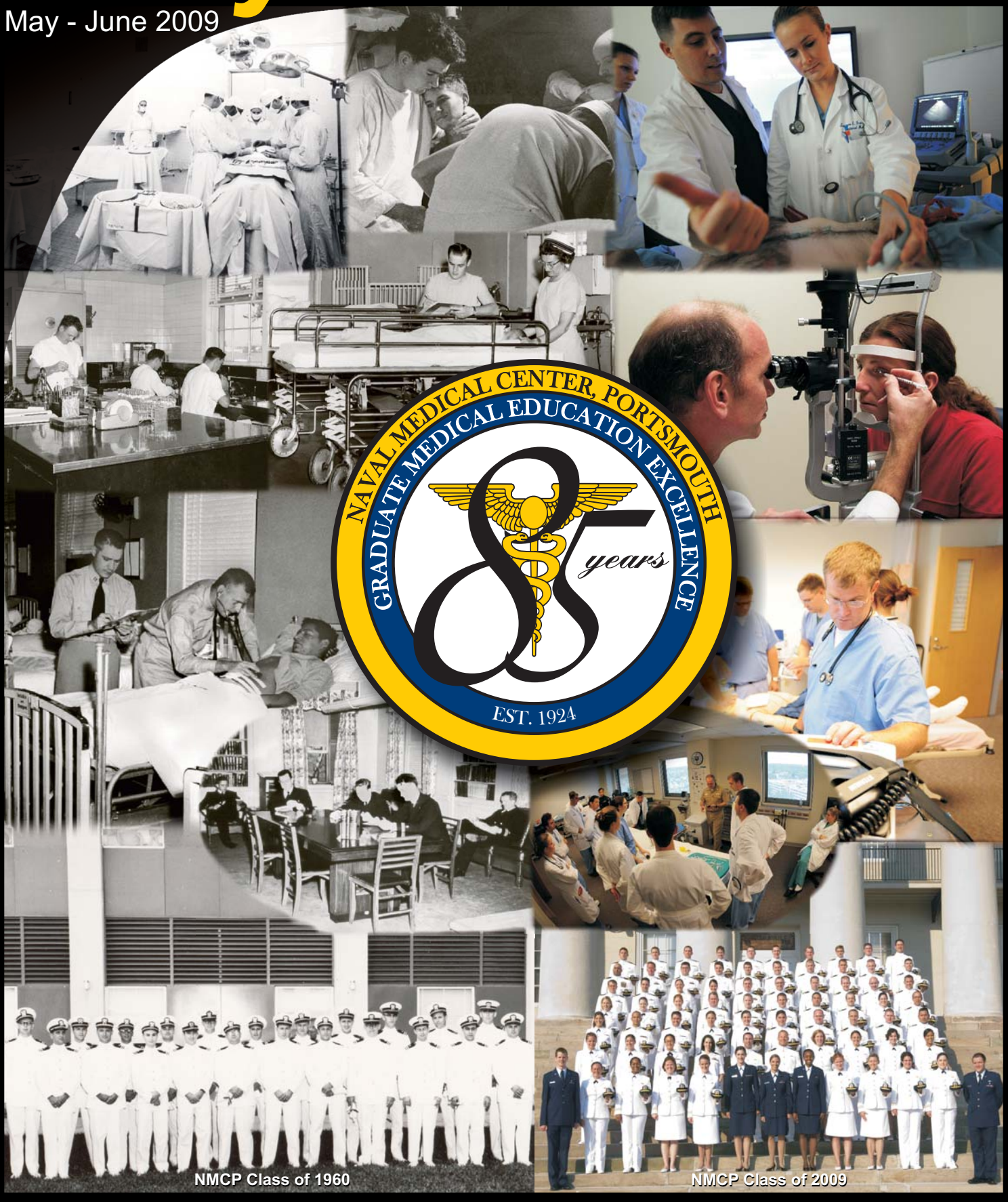
Navy Medicine

May - June 2009



NAVY MEDICINE

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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, 2300 E Street, NW, Washington, DC, 20372-5300 or Janice.Hores@med.navy.mil or 19native47@verizon.net

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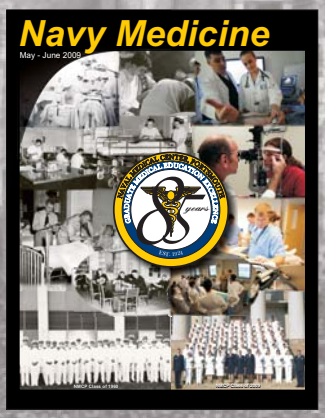

COVER: Images and logo representing 85 years of Graduate Medical Education at Naval Medical Center Portsmouth, VA. Story on page 22. Cover Design by Jean L. Bonnette, Head, Visual Information Department Naval Medical Center Portsmouth, VA.

Online issues of *Navy Medicine* can be found at:
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Contents

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.

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

NAVY MEDICINE'S HUMANITARIAN CIVIL ASSISTANCE MISSION

Navy medicine's humanitarian civil assistance (HCA) missions offer a positive vision of hope and opportunity rooted in our history and in the promise of our future. HCA missions reflect our belief in the worth, dignity, equality, and value of every person in the world.

Humanitarian and disaster relief missions are reflected in our nation's maritime strategy, in which Navy medicine plays a vital role. Navy medicine is not only willing and able to participate in these missions, we do so enthusiastically. Our healing hands symbolize soft power, which forges stronger relationships with other nations and lessens the chances of armed conflict. These missions enhance the protection of our homeland and way of life. There is no greater testament of our nation's spirit of compassion than the deployment of the USNS *Comfort* (T-AH 20) and USNS *Mercy* (T-AH 19).

Navy medicine has been at the forefront in providing this strategically important humanitarian aid. In 2004, the value of our humanitarian assistance missions received global recognition following the tsunami that struck Southeast Asia. As a result, people in a major Muslim nation expressed increased support and appreciation for the U.S.-led effort to provide comfort and care in the face of a major natural disaster.

Our relief efforts also had an impact right here at home. During Hurricane Katrina in 2005, Navy medicine played a major role in helping the people of that region get back on their feet. After Katrina devastated the Gulf Coast, the National Command Authority deployed both the USS *Bataan* (LHD-5) and *Comfort* for medical and humanitarian relief activities across the region. A team of 84 medical professionals based out of Naval Hospital Jacksonville, FL, deployed to *Bataan* provided medical support at the New Orleans Convention Center, the New Orleans International Airport, and at a high school in Biloxi, MS. *Comfort* staff provided health services to almost 2,000 hurricane victims, augmented with 82 professional medical volunteers from Project Hope, as well as the Salvation Army and the American Red Cross.

During Pacific Partnership 2007, USS *Peleliu* (LHA-5) conducted a 4-month humanitarian mission, visiting the Philippines, Vietnam, Solomon Islands, Papua New Guinea, and the Republic of the Marshall Islands. During these HCA missions, *Peleliu* provided a variety of medical, dental, educational and preventive medicine services to more than 31,600 patients.

Comfort deployed again in 2007 on its first large-scale HCA deployment to Central America, South America, and the Caribbean. The hospital ship staff provided medical care to an estimated 85,000 patients from communities with limited healthcare access.

While underway to Latin America during Continuing Promise 2008 (CP08), Biomedical Repair Technicians (BMT) of Fleet Surgical Team Five (FST-5) aboard USS *Boxer* (LHD-4), collected manuals and information to share with partner-nation technicians. In addition to medical equipment repairs BMTs also exchanged ideas with partner-nation medical professionals about specific equipment maintenance.

These FST-5 technicians were part of a large medical component leading an expeditionary medical team of over 100 specialized healthcare providers, who teamed up with partner-nation counterparts. Their capabilities included general primary care, dental, optometry, pharmaceutical, preventive medicine and public health assessments, medical and nursing education, veterinary, and bio-medical equipment repair.

USS *Kearsarge*'s (LHD-3) joint-military service medical team provided remote medical care and education to the locals in a medical clinic during a 4-day visit to Yulu, Nicaragua as part of CP08. The lack of readily available medical care in the rural community is the root cause of many of the chronic illnesses in places like Yulu. This HCA mission brought volunteers to the next stage of empowering citizens of Yulu to live healthier lives, through education about nutrition, diet, and exercise.

In 2008 *Mercy* participated in Pacific Partnership (PP08), a 4-month humanitarian and civic assistance mission conducted with countries from the Western Pacific and Southeast Asia.

Throughout the 2008 Pacific Partnership mission, *Mercy* served as a platform for military and nongovernmental organizations to build and cultivate relationships with the Republic of the Philippines, Vietnam, the Federated States of Micronesia, Timor-Leste, and Papua New Guinea.

This mission treated more than 90,000 patients. Among those treated were more than 14,000 dental patients and more than 1,300 surgery patients in various locations throughout the Western Pacific.

Our humanitarian civic assistance efforts continue in 2009, with missions planned and underway. Early in the year, Navy medicine Reservists participated in four medical readiness training exercises (MEDRETEs) in Jamaica, Honduras, Dominican Republic, and Guyana. These two week deployments provided primary care at remote locations in conjunction with the Ministry of Health of each host nation.

Comfort deployed in April for Continuing Promise 2009, a 120-day mission to South and Central-America. Our personnel onboard *Comfort* are providing local host nation residents with medical and dental care as a demonstration of goodwill and support from us, their U.S. neighbors.

USS *Dubuque* (LPD-8) will deployed to take part in Pacific Partnership 2009. This 125-day mission, much like the *Comfort*'s mission, will make medical and dental care available to residents of the host nation countries.

Navy medicine humanitarian civil assistance missions support regional humanitarian operations by providing preventive medicine services, healthcare training and other similar efforts while always respecting the host country's culture and customs. From our experience, we have developed a successful model of healthcare education and training for host country providers, this will lead to local sustainable activities that will provide long-lasting benefits to help overcome healthcare barriers in resource poor communities.

Each successful mission, performed with joint and coalition forces, other U.S. government agencies, non-government agencies, and host nations, builds strong and lasting partnerships. From the foundation of mutual respect and understanding grows the best quality healthcare and partnerships. This environment of trust between U.S. military services, agencies, and our international partners is the legacy of HCA and helps secure our future.

Building on these relationships will continue to mitigate human suffering as the vanguard of interagency and multinational efforts, both in a deliberate, proactive fashion and in response to crisis. Human suffering moves us to act, and the expeditionary character of maritime forces uniquely positions us to provide assistance.

This soft power projection of humanitarian civil assistance anchors U.S. maritime strategy for years to come. Navy medicine will continue to provide essential personnel for these efforts, always flexible and adaptable, and wherever needed. This is Force Health Protection in action. This is our desire, our mission, and our duty.

VADM Adam Robinson, Jr.

Letters to the Editor

To the Editors of *Navy Medicine*:

You ran a story of my son, Luke Emch, in the September-October 2008 issue of *Navy Medicine*.

First I wanted to thank you for publishing the article.

I also wanted to let you know that we had the freeway, Route 76 through Brimfield, OH, where he is from, renamed Corpsmen Memorial Highway in honor of Luke and Matt Conti. I enclosed a picture of the sign.

Thank you again

Wes Emch

Proud Father of a Devil Doc

NAVY ENTOMOLOGY AND THE PRESIDENT'S MALARIA INITIATIVE

The President's Malaria Initiative (PMI) is a $1.2 billion interagency initiative led by the U.S. Agency for International Development (USAID) and implemented with the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services, with a goal of reducing malaria-related deaths by 50 percent in 15 sub-Saharan African countries. It is estimated that over one million people in Africa die yearly because of malaria, the majority of the deaths are children less than 5 years old. The initiative works with National Malaria Control Programs in each country by reaching 85 percent of the most vulnerable groups, children under 5 years of age, pregnant women, and people living with HIV/AIDS. This will be accomplished by achieving 85 percent coverage of groups at risk of malaria with four key interventions: artemisinin-based combination therapy (ACT), intermittent preventive treatment (IPTp) for malaria in pregnancy, insecticide-treated mosquito nets (ITNs), and indoor spraying with residual insecticides (IRS). Begun in FY06 in three countries, PMI was expanded to the 15 target countries by FY08, and has already shown impressive progress in reducing malaria infections in these countries.

Navy medical entomologists are actively participating as entomology program coordinators in three of the 15 countries of the PMI. LCDR Craig Stoops, MSC, currently assigned as the Assistant Officer in Charge of the Navy Entomology Center of Excellence (NECE) in Jacksonville, FL, is the entomology program coordinator. He is the technical expert for all entomology issues for the PMI program in Malawi, and provides quality assurance for the Indoor Residual Spray (IRS) program. The IRS program, a classic and effective mosquito control technique, involves the application of pesticides to the interior walls of houses to combat malaria carrying mosquitoes as they enter homes to bite people inside. When entering houses malaria-carrying mosquitoes will often rest on walls where they contact the residual insecticide and die, thereby no longer able to transmit the malaria parasite. LCDR Stoops has made three trips to Malawi, where he has evaluated the effectiveness of IRS by collecting mosquitoes and conducting WHO cone bioassays to measure the effectiveness of the insecticide months after it was applied. Results from the IRS are encouraging, as it appears this program is reducing the numbers of malaria-carrying mosquitoes and reducing malaria transmission in the target areas. LCDR Stoops is also participating in an operational research project to evaluate the level of malaria transmission in urban areas. The results of this study will help to coordinate funding and efforts in areas with high levels of malaria transmission.

Another Navy entomologist, CDR Daniel Szumlas, MSC, currently assigned at the Navy and Marine Corps Public Health Center Detachment at the CDC in Atlanta, GA, is the entomology program coordinator for the countries of Mali and Ghana. Szumlas provides guidance on all entomological matters essential to the IRS program including biological tests performed that show how much insecticide is still on walls, how long it is lasting, and whether the local mosquitoes are even susceptible to the insecticides used. Mosquitoes must be killed by the insecticides in treated bed nets that are distributed throughout the country as well as to the IRS insecticides on walls. Testing mosquitoes for insecticide resistance is therefore critical to the entire PMI program. CDR Szumlas also conducts operational research projects designed to give insight on how new strategies can be used to control the deadly malaria mosquitoes that are so efficient in transmitting this disease.

Both CDR Szumlas and LCDR Stoops have served in research tours at two of the Navy's overseas medical research commands; CDR Szumlas at Navy Medical Research Unit (NAMRU) No. 3 in Cairo, Egypt, and LCDR Stoops at NAMRU No. 2 in Jakarta, Indonesia. While assigned to these units, they conducted extensive research projects on malaria and malaria-carrying mosquitoes. This expertise and knowledge with malaria research were key factors in their selection as entomology program coordinators for the African countries. Participation in the PMI program is a unique opportunity for these Navy entomologists. They utilize their experience and expertise to work closely with National Malaria Control Programs and other key players in the PMI program to help build capacity for control of malaria-carrying mosquitoes. In addition, they gain valuable real-world malaria control experience in countries where malaria remains a significant public health issue.

The accomplishments to date of the PMI program in the 15 countries include: capacity building in the national malaria control programs; IRS programs in 10 of the PMI countries, benefitting more than 17 million people; procurement of over 6 million insecticide-treated bed nets; procurement of 12.7 million treatments of artemisinin-based combination therapy (ACT), the training of more than 29,000 health workers in the correct use of ACTs; and, procurement of more than 1.35 million treatments for intermittent preventive treatment (IPTp) for malaria in pregnancy and the training of more than 5,000 health workers on how to correctly administer the treatments. These efforts are leading to significant reductions in malaria transmission and malaria deaths within the PMI countries; efforts that show significant progress in meeting the goal of PMI of a reduction in malaria deaths in the 15 PMI countries.

–Navy & Marine Corps Public Health Center, Public Affairs.

Marines and Sailors provide Medical and Dental Care in the Maldives

Marines and sailors from USS *New Orleans* (LPD-18), USS *Comstock* (LHD-45) and elements of the 13th Marine Expeditionary Unit spent 4 days in the Maldives providing medical supplies, information, and training in order to aid the Maldivian people.

Navy medical staff gave multiple basic Cardio Pulmonary Resuscitation classes to community members and two medical officers utilized rooms in the hospitals to see patients for basic medical care.

HC1Cyrena L. Williams assigned to *Comstock* taught more than 80 individuals the basics of CPR. "My goal was to teach basic first aid and CPR general knowledge to people," said Williams. She went on to note that the students were delighted to have the medical team there, they asked many questions and everyone participated in the practical applications.

LT Martin W. Lunceford, the battalion surgeon for Battalion Landing Team 1/1, was one of the volunteer medical officers who saw patients.

Doctors saw men, women, and children from the ages of 4 to 89 and were able to prescribe medicine and treatments to more than 100 community members, said Lunceford. People are very warm and excited. I feel like a celebrity," said Lunceford.

Mr. Faisal Ibrahim, the manager of five health centers in the Maldives, was extremely pleased with the Navy medical staff as well as the Marines who supported the event.

A Scout Sniper team acted as the security force however, due to a minimal threat level, the Marines were able to socialize and get to know some of the native people. Some even handed out M&M's and other chocolates to children playing outside.

The medical staff also donated five adult and two infant CPR mannequins, guides, and study materials, and eight medical books to add to their library.

"We are very happy with the donations; we would not have been able to get those items on our own," said Ibrahim.

Dental care was given to both children and adults to improve their general state of dental health. Classes were also given to the community members to aid in providing the knowledge needed to keep a healthy smile.

In the dental building, the Navy staff was continuously busy with teeth cleanings, sealants, and extractions, helping about 400 people in just 4 days, said LT Angela M. Roldan-Whitaker, the 13th MEU dental officer.

The community members first went through a general screening process before they proceeded to the hygiene area to have their teeth flossed, brushed, and treated with fluoride. If necessary, they were sent to the surgery room where dentists conducted extractions, said HM3 Jonathan N. Tofts.

"We were recommended to provide the people with preventive education, so that's what we aimed for," said Roldan-Whitaker.

The classes were geared towards 6-7-year-old children, but many adults attended as well. The dental staff used props with their instruction and gave out toothbrushes, toothpaste, and floss to the participants. They also provided fluoride treatments for everyone before the class ended.

The Maldivians' friendly chatter, kind eyes, and big smiles showed how pleased they were to have the U.S. military members in their country, said Tofts.

"We were happy. We all pulled together like a team," said Roldan-Whitaker.

After finishing with the clinic, the dental staff packed up and walked out to the boats, followed by a crowd of people who stood on the pier, smiled, said their thank yous, and waved goodbye to the dental staff.

Experiences such as these can be incredibly rewarding for service members who participate and provide unique benefits to community members in the Maldives.

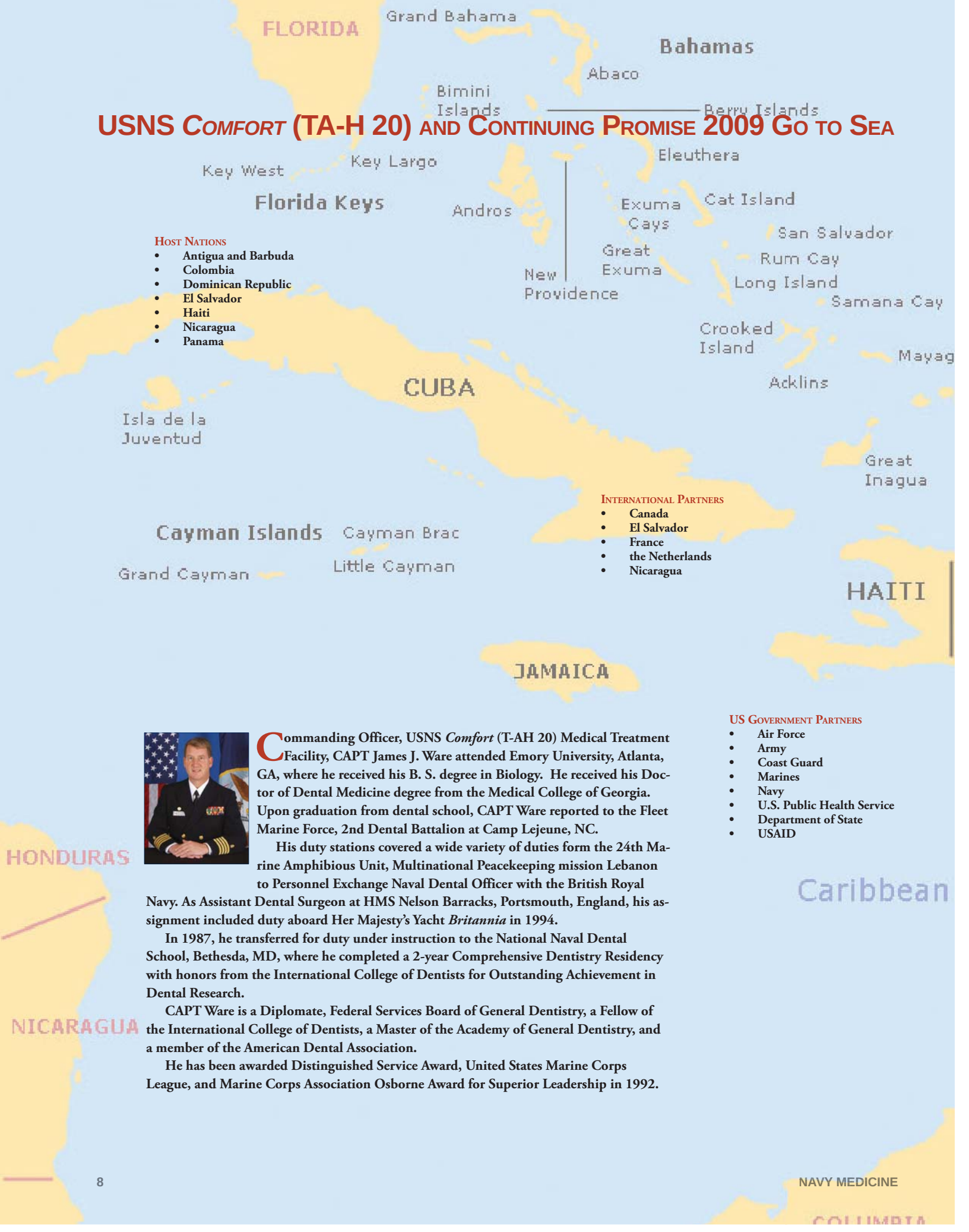
"This is the highlight of my career," said Lunceford.

–By LCPL Megan E. Sindelar, 13th Marine Expeditionary Unit Public Affairs.

A young girl practices basic life saving techniques on a mannequin with help from a hospital corpsman. Photo by LCPL Megan Sindelar, USMC

LT Angela Roldan-Whitaker examines the teeth of a child. Photo by LCPL Megan Sindelar, USMC

USNS *Comfort* (TA-H 20) and Continuing Promise 2009 Go to Sea



Host Nations

- Antigua and Barbuda
- Colombia
- Dominican Republic
- El Salvador
- Haiti
- Nicaragua
- Panama

International Partners

- Canada
- El Salvador
- France
- the Netherlands
- Nicaragua

US Government Partners

- Air Force
- Army
- Coast Guard
- Marines
- Navy
- U.S. Public Health Service
- Department of State
- USAID

Commanding Officer, USNS *Comfort* (T-AH 20) Medical Treatment Facility, CAPT James J. Ware attended Emory University, Atlanta, GA, where he received his B. S. degree in Biology. He received his Doctor of Dental Medicine degree from the Medical College of Georgia. Upon graduation from dental school, CAPT Ware reported to the Fleet Marine Force, 2nd Dental Battalion at Camp Lejeune, NC.

His duty stations covered a wide variety of duties form the 24th Marine Amphibious Unit, Multinational Peacekeeping mission Lebanon to Personnel Exchange Naval Dental Officer with the British Royal Navy. As Assistant Dental Surgeon at HMS Nelson Barracks, Portsmouth, England, his assignment included duty aboard Her Majesty's Yacht *Britannia* in 1994.

In 1987, he transferred for duty under instruction to the National Naval Dental School, Bethesda, MD, where he completed a 2-year Comprehensive Dentistry Residency with honors from the International College of Dentists for Outstanding Achievement in Dental Research.

CAPT Ware is a Diplomate, Federal Services Board of General Dentistry, a Fellow of the International College of Dentists, a Master of the Academy of General Dentistry, and a member of the American Dental Association.

He has been awarded Distinguished Service Award, United States Marine Corps League, and Marine Corps Association Osborne Award for Superior Leadership in 1992.

Non-governmental Organizations (NGOs)

- Agua Viva
- Angel Mission
- Food for the Poor
- Foundation for the Advancement of Children's Esthetics (FACE)
- Hugs Across America
- Institute of the Americas, International AID
- Latter-Day Saints Charities
- Lions Club
- Islamic Relief
- Nour International Relief Aid
- Operation Smile
- The Paul Chester Children's Hope Foundation
- Project Handclasp
- Project HOPE
- Rotary International
- UCSD Pre-Dental Society
- University of Maryland
- University of Miami
- Wheelchair Foundation

Executive Officer, USNS *Comfort* (T-AH 20) Medical Treatment Facility, CAPT John Larnerd enlisted in the Navy in 1975. Following training as a hospital corpsman, he was stationed in a wide variety of duty stations ranging from Adak, AK to Groton, CT, and several places in between. In 1986 he was commissioned as an ensign in the Medical Service Corps and again served in a wide variety of assignments. He earned his Bachelor's degree by going to school on the weekends and was sent by the Navy through a full-time out-service program to earn his Master of Education degree from University of Maryland. Following his degree work, he served as an assistant professor at the Uniformed Services University of the Health Sciences in Bethesda, MD.

Command Master Chief, USNS *Comfort* (T-AH 20) Medical Treatment Facility Diane Lohner enlisted in the Navy Reserves in July 1987 and reported to Recruit Training Command, Orlando, FL, immediately followed by Hospital Corpsman "A" School in Great Lakes, IL. In March 1988, she terminated reserve duty and reported for active duty.

Her assignment stations ranch from Branch Medical Clinic, NSB Bangor, WA, to Advanced Laboratory Technician School, to Independent Duty Corpsman school at Naval School of Health Sciences, San Diego, CA.

She has earned her Enlisted Seabee Combat Warfare Specialist designator, Master Training Specialist designator, Enlisted Surface Warfare Specialist designator, and Bachelor's degree in Clinic Health Sciences from the George Washington University.

Comfort Makes Surgical History

Navy medcine history was made onboard USNS *Comfort* (T-AH 20) on 12 May 2009, at approximately 1400, as she hosted a telemedicine video teleconference with Walter Reed and the National Naval Medical Center in Bethesda, MD.

Ground-breaking technology for Navy medicine with multiple uses especially on humanitarian missions like Continuing Promise 09. It will be a great teaching tool since *Comfort* medical personnel will see patients that have cases that are rarely seen in the United States.

Uniformed Services University of the Health Sciences in Bethesda, MD, has been highly instrumental in bringing telemedicine to the *Comfort*.

Note the camera overhead and the VTC in the background.

***–Story by Jim Dolbow is a writer and Coast Guard Reserve Officer aboard* Comfort.**

CDR James Toledano prepares to perform surgery on a 5-month-old Haitian boy to correct a birth defect causing club feet. Photo by AMN1 Danielle Granna, USAF

A Haitian boy sips a glass of ice after surgery.
Photo by SGT1 Brian Scott, USA

Dominican Child Receives Life Altering Procedure During CP09

A Dominican girl received dental rehabilitation in the operating room aboard *Comfort*, on the ship's second stop during Continuing Promise 2009 (CP09).

"What we performed for her was a once-in-a-lifetime opportunity," said Gavin Uchida, doctor of dental surgery onboard and member of the University of California, San Diego Pre-Dental Society (UCSD). "Given the amount of cavities she had and the preventative measures we took for a successful surgery, we hope we will have an influential impact on her life."

UCSD Pre-Dental Society is just one of more than 20 non-governmental organizations [NGOs] helping in the CP09 mission. They contribute by providing accessible, quality dental care for the disadvantaged and neglected in a respectful environment in which students, healthcare professionals, as well as the patients and community members learn from each other.

A Dominican Republic girl relaxes with gifts from the crew before undergoing surgery aboard the ship. Photo by SGT1 Brian Scott, USA

"The most important thing that can stem from this experience is to instill in the Dominican population an appreciation for our quality of healthcare," Uchida said. "It would be nice to extend our range of opportunity to the public."

"Our big lesson learned from this mission is that humanitarian organizations like UCSD Pre-Dental Society have significantly enhanced our ability to improve the quality of life for those we touch," said CAPT Bob Lineberry, CP09 mission commander. "We will continue to reach out to our humanitarian partners to improve our planning and execution of this incredibly important mission."

"Our overall goal is to affect the population as a whole," Uchida said. "We do this by the fact we have members from each branch of the armed services, services from other countries, and our NGO partners. CP09 allows the best of all communities to come together and give their part for this experience. Everybody involved in this mission and those who have assisted in my surgeries have been excellent."

Comfort will continue on her scheduled visits to Antigua and Barbuda, Colombia, El Salvador, Nicaragua, and Panama.

–Story by AMN1 Benjamin Stratton, USAF

A Haitian student from the University of Haiti School of Dentistry assists CDR David Hartzell during a procedure in Kollick, Haiti. Photo by MC3 Marcus Suorez, USN

Cavity Calvin the Calcium Cleaner greets children as they wait in line to be seen by dentists from CP09. Photo by MC3 Marcus Suorez, USN

On 12 May 2009, *Comfort* surpassed 100,000 patient encounters for this mission while winning the hearts and minds of more people from the two-island nation of Antigua & Barbuda.

During the visit to Antigua & Barbuda which commenced on 5 May 2009, *Comfort* had performed 7,078 patient encounters to include 1,440 dental patients, 2,489 optometry visits, and 80 surgeries. Moreover, on 12 May, *Comfort* personnel went to Barbuda and treated 500 patients on an island with a population of just 1,500.

***–Story by Jim Dolbow is a writer and Coast Guard Reserve Officer aboard* Comfort.**

You can track Continuing Promise 2009 through the ship's blog at :
http://www.southcom.mil/continuingpromise2009
Past issues of *Navy Medicine* and our full coverage of Humanitarian Civic Assistance can be found at:
http://permanent.access.gpo.gov/lps17064/

Republic of the Philippines. LCDR Kevin O'Meara, a pediatric physician from Joint Special Operations Task Force Philippines, feels the parotid glands of a child with mumps. He is assisting with a medical civic action program during Exercise Balikatan 2009 in Limpapa, Zamboanga. Balikatan means "Shoulder to Shoulder," an annual exercise for the Armed Forces of the Philippines (AFP) supported by the U.S. Military focused on teamwork during humanitarian, medical and engineering projects throughout the Philippines. Photo by LT Lara R. Bollinger

Spanning 64,186 miles, LTJG Henry Bird of Naval Hospital Bremerton takes a moment to trace the island nations of the wide, vast Pacific Ocean he'll visit as part of Pacific Partnership 2009. This year's Humanitarian Civic Assistance mission departed from San Diego on the amphibious transport dock ship USS *Dubuque* (LPD-8) for a 125-day mission to Oceania to visit Kiribati, Marshall Islands, Samoa, Solomon Islands, and Tonga to conduct much needed and welcomed medical, dental, veterinary assistance, and civic action engineering projects. Photo by Douglas H, Stutz, NHB Public Affairs

Sharing the Service of a Smile

As has been the case in the past, hospital corpsmen and dental officers attached to Dental Services at Naval Branch Health Clinic Bangor of Naval Hospital Bremerton again actively volunteered to provide services with the Peninsula Community Health Services "Smile Rescuers," in conjunction with the annual Bremerton Area Chamber of Commerce Armed Forces Festival held every year in May.

"This is such a wonderful event and a great way to help those in need," said Cris Larson, Armed Forces Festival coordinator. "We all know that when Naval Hospital Bremerton is involved, the excellent results speak for themselves."

The volunteer staff for Peninsula Community Health Services Smile Rescuers since 1999 has provided informational booths, activities for youths and teens, free tooth brushes, dental floss, and volunteers to discuss good dental care.

"Our goal was to educate and bring awareness of the importance of having a clean mouth with brushing, flossing, etc. to children primarily ages ranged from 1 to 17," explained HMC Troy Bojorquiz. "Also, we explained about the effects of smoking and chewing tobacco can have. Some of our Dental Corps also explained what they do here in the clinic and they had people go up the Mobile Dental Unit (MDU) for a tour. It was fun and we had an awesome view to the Armed Forces Day Parade, which is the largest west of the Mississippi."

Taking a pause from the cause are (back row) HM2 Robert Alisasis, HM3 Matthew Hefner, HM2 Laura Blanco, Ms. Leah Williamson, YN2 Sandra Navarrete, and HMC Troy Bojorquiz. (Front row) HM3 Eric Mirador and LT Rhonda Roberts. Photo by Douglas H. Stutz, NHB Public Affairs

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

SEN Jack Reed Tours Reach Out and Read Military Pilot Site

In an effort to help military children succeed in the classroom and cope with anxieties about their parent's deployments, pediatricians at 30 U.S. military bases are now sending their youngest patients home with free books and important advice for parents: "Read to your child every day." SEN Jack Reed (D-RI), who secured over $1 million in federal funding for this new, nationwide initiative, visited one of the pilot sites, Naval Health Clinic New England (NHCNE), to see the program in action and read to a group of children.

NHCNE participates in Reach Out and Read's (ROR) military initiative to extend the highly successful, proven early literacy program to American military families. ROR's military initiative is funded by the DOD and jointly administered with Strategic Resources, Inc. ROR was selected by the military to help lead this project because of its research proven, cost effective model and its 20-year track record of preparing children nationwide to succeed in school.

At every checkup from age 6 months to 5 years, each child is given a free, carefully-selected, new book to take home. Along with the free book for every child, military healthcare providers dispense advice and tips to parents about the importance of reading aloud with their children. Each child who participates in ROR will start kindergarten with a home library of up to 10 books, and parents who understand the importance of reading.

NHCNE has also created a literacy rich waiting room, complete with child-size furniture and bookcases, where ROR trained volunteers model reading with the children while their families wait for appointments.

ROR 90,000 children of soldiers, sailors, airmen, and Marines at U.S. military installations all across the globe. That represents more than 25 percent of the children in U.S. military families ages 0-5 years worldwide.

Following his tour of the Newport pilot site, SEN Reed stated, "I am particularly pleased to see the excitement of the kids on base at Naval Station Newport who are already benefiting from this important program."

Children served by ROR in the military will receive books designed specifically to calm anxieties about deployment and military service, such as *While You Were Away,* by Eileen Spinelli.

"I don't think you can say enough about the positive effects it could have," says Dr. Anthony Amaio, a pediatrician. Dr. Amaio says that, when children and parents share books that deal with deployment, it encourages discussion and provides an opportunity to determine how well the child is dealing with their parent's absence.

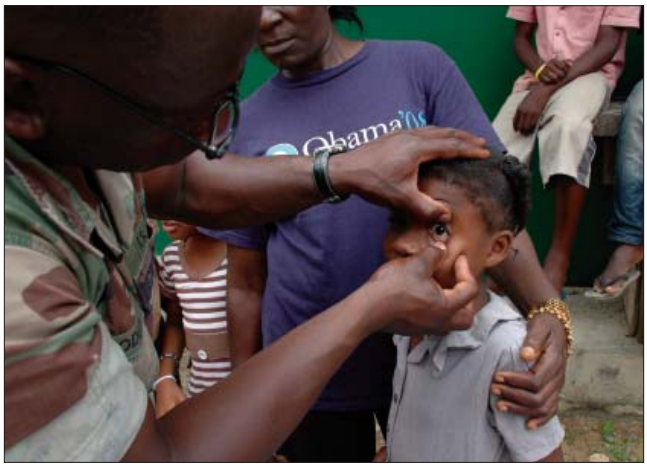
ROR is working to make literacy promotion a standard part of pediatric primary care. More than 50,000 doctors and nurses have been trained by ROR since its founding in 1989. This year ROR will provide 5.7 million new books to 3.5 million children at 4,121 healthcare sites in all 50 states, the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands. International programs modeled on ROR have been started in Italy, Israel, the Philippines, England, Bangladesh, and Canada. For further information, please visit: www.reachoutandread.org.

–Story by Kathy L. MacKnight, NHCNE Public Affairs.

SEN Jack Reed reads *If You Give A Mouse A Cookie* to young pediatric patients at NHCNE (L: *Photo by Kathy L. MacKnight*) While on the West Coast RADM Christine Hunter, former Commander of NMCSD reads the same book to children in NMCSD's Reach Out and Read's program (R: Photo by MC3 Jake Berenguer, USN)

Nurse practioner LCDR Deborah Greubel takes time out from her duties to chat with children from the Honduran village of Aguacatal during the Beyond the Horizon humanitarian exercise in Honduras. Reserve component doctors, nurses, and hospital corpsmen from Operational Hospital Support Unit-Dallas are providing medical services to six different Honduran villages. Photo by MC2 Ron Kuzlik, USN

Hanley II, Djibouti. A boy cries after drinking a dose of the deworming medication albendazole given to him by members of a joint medical team from Combined Joint Task Force-Horn of Africa during a medical civil action project. The project, planned by the U.S. Agency for International Development and the Djiboutian Minister of Health, reached three villages in remote locations throughout the country. Photo byMC2 Jesse B. Awalt, USN



Libreville, Gabon. HM2 Sule Abiodun, a member of the Africa Partnership Station Nashville Department of Defense medical team, tests the vision of a school girl. Africa Partnership Station is a multinational initiative developed by Commander, U.S. Naval Forces Europe and Commander, U.S. Naval Forces Africa to work with U.S. and international partners to improve maritime safety and security in West and Central Africa. Photo by MC2 David Holmes, USN

Bethel, AK. CAPT Mark Rongone, assigned to the Reserve Pacific Flight Dental Office, explains how to fill a tooth to a patient at the Yukon-Kuskokwim Health Corporation clinic. Rongone is in the village participating in Operation Arctic Care, a joint military medical readiness exercise that brings no-cost healthcare to underserved Alaskan residents, including dental, optometry and veterinary support. This year's Navy-led mission has teams in 11 villages in Alaska's Yukon-Kuskokwim Delta region. Photo by SAMN Christopher Griffin, USAF

Joint Education and Training Dashboards Approved by JTPB

On 17 December 2008 the J7 (Education, Training & Research Directorate) presented a decision brief to the Joint Transition Planning Board (JTPB) on Education and Training Dashboards for the Joint Operating Area (JOA). The purpose of this briefing was to obtain a decision for a dashboard concept that provides a means of viewing key metrics that reveal the robustness and health of training programs in the JOA.

These dashboards were developed with Tri-Service and Uniformed Services University (USU) involvement by the J7 Enlisted Training, Health Professions Education (HPE), and Graduate Medical/Dental/Undergraduate Medical Education (GME/GDE/UME) cells. These key metrics for GME, GDE, UME, Allied Health, Nursing and Enlisted Training Programs meet all of the Joint Task Force National Capital Region Medical (JTF CapMed) Commander's priorities of casualty care, care for the caregiver, be ready now, regional healthcare delivery, and common standards and processes.

A unanimous decision was made by all three services and USU to implement the Education and Training Dashboard concept for all training programs in the JOA. Over the coming months, the Education, Training & Research Directorate cells overseeing education programs will finalize determination of key metrics and begin to explore data collection and population of the dashboards.

According to COL John Murray, J7, Director of Education, Training & Research for JTF CapMed, "The education and training dashboards will significantly enhance visibility of education and training programs and processes in the JOA as well as help connect key metrics to specific performance goals and initiatives." (See *Navy Medicine*, Vol. 99 No. 2 March-April 2008 "Dynamic Performance Measurement and Executive Dashboard Developed at NAVMEDLOGCOM" pgs 16-18.

–JTF CAPMED Newsletter Vol. 2, Issue 7, Jan/Feb 2009.

Navy Medicine West Announces Hospital Approved For Marine Corps Base Camp Pendleton

Construction of a new Navy hospital for Marine Corps Base Camp Pendleton was approved 20 March in the American Recovery and Reinvestment Act (ARRA) of 2009. The new hospital will replace the current Naval Hospital Camp Pendleton (NHCP), which was designed in 1969 with construction completed in 1974.

The new multi-story hospital will be located on the South Mesa portion of the base in the vicinity of the Oceanside gate, commissary and exchange complex to allow easy access for patients. It will provide the latest in inpatient and outpatient technology, and improve the ability to remain fully operational after an earthquake. The building is expected to be more than 500,000 square feet and the estimated cost is more than $500 million. Construction is anticipated to begin in late 2010. The building should be complete in 2013 and equipped and fully operational by 2014.

The hospital will continue to provide the full spectrum of medical care from maternity and newborn care to adult intensive care. This includes: an inpatient medical facility, ancillary departments, emergency care, primary care, and specialty care clinics. The construction project will also include a parking structure. The exact number and types of inpatient beds required will be finalized based on ongoing reviews of current and future patient needs.

"The care of our wounded warriors is paramount," said NHCP CO, CAPT C. Forrest Faison III. "This new hospital will provide an environment to continuously provide the latest in care, and a 'medical home' for those recovering from physical or psychological injuries."

Care will continue uninterrupted in the current facility until the new building is complete and fully equipped. The current facility is well maintained and will be considered for alternate use.

–Story by Navy Medicine West Public Affairs.

Naval Health Clinic Winning Battle with $398K Problem

"No-show" patients are one of the biggest problems facing the healthcare industry today. Whether because of child care concerns, transportation issues, or just forgetting, when a patient does not show up for a scheduled appointment, healthcare providers are less efficient and other patients have more trouble getting the appointments they need. For Naval Health Clinic Charleston (NHCC), the no-show rate in FY07 was 7 percent of all visits (roughly equal to $398,000K). In the civilian sector, patients are often charged no-show fees of as much as $100 for missing an appointment (depending on the type of care) and, after a set number of no-shows, a patient may be denied access to that clinic or provider. Unlike civilian facilities, military treatment facilities (MTF) do not charge patients for missing their appointment(s) and do not discontinue a patient's option of receiving care at the MTF. Like their civilian counterparts, however, MTFs are adversely affected by rising numbers of no-shows.

In January 2008, after reviewing the statistics and trends, LT James Lagger, NHCC business manager, decided to take

on the challenge of decreasing the no-show rate. A "no-show process improvement team" was established. "Reducing the number of appointment no-shows at NHCC is really about better serving our beneficiaries. Fewer no-shows results in better access for the patients and a better use of our providers' valuable time," explains Lagger. After pinpointing the causal factors for the no-show rate as an area for improvement, LT Lagger assembled a team and launched the initiative. As of March 2009, just 14 months after the strategy was deployed, the no-show rate had decreased to 3.1 percent. The program was recently recognized by Department of Defense (DOD) Health Affairs as a "best practice," and NHCC is currently assisting other Navy medicine MTFs as well as Army medicine in establishing similar programs for their clinics.

For the NHCC process improvement team, the key to ensuring a decrease in the no-show rates consisted of three elements: more efficient use of existing resources; better communication with local leadership and beneficiaries; and better accountability of patients and the appointment process.

With the help of the Naval Health Clinic's Information Management Department (IMD), the process improvement team was able to make good use of the patient reminder system, an automated phone system that calls patients to remind them of scheduled appointments. The system ensures that staff members receive a list of each patient whose appointment(s) has been cancelled for that day so that other patients can be scheduled. The email also provides a daily status check ensuring that the system is functioning as designed. In addition to reminding patients of their appointment prior to the appointment date, a pre-recorded message is also used to provide a daily educational "no-show courtesy call" to patients who've missed their appointments earlier in the day. "The purpose of the no-show courtesy call," explained LT Lagger, "is to continue to educate our patients on the impact of missed appointments and to encourage effective communication between the healthcare provider and the patient."

Communication, vital in achieving any goal, is also a key interest of the no-show process improvement team. Internally, NHCC spread word of the initiative through newsletters and top-down communication. Patients were made aware of the endeavors with posters and signs posted in and around each clinic and through *The Navy Charleston Shoreline*. Perhaps the most pertinent of communication efforts was made at the leadership level of the various Naval Weapons Station Commands. Through Commanding Officer, Executive Officer, and Command Master Chief networks, command leaders were made aware of the problems generated by excessive no-shows at NHCC. Leaders began to pay special attention to sailors who were missing scheduled appointments. The cooperation of local commanders has been paramount in decreasing the no-show rate at NHCC.

Lastly, accountability increased. As area command leaders embraced the initiative, NHCC ensured that these local leaders had the appropriate resources to encourage their sailors to attend all scheduled medical appointments. The business operations office at NHCC created a monthly report for local Navy COs. The reports allow COs to see if their sailors had missed any of their scheduled appointments. This report, has increased accountability while fostering cooperation amongst Charleston's Naval commands to achieve mutually beneficial goals. CAPT Celia Horton, NHCC CO, is certain that cooperation, in addition to open and sustained communication with her line counterparts, is necessary for NHCC to achieve its mission of ensuring the medical readiness of Charleston's active duty population. "Meeting the healthcare needs of our warfighters and their families is our reason for being. That means going the extra mile to ensure that they have appointments when they need them and the right combination of support from leadership."

CAPT William Johnson, USAF, assigned to the Citadel, checks in for a Dermatology appointment at the Naval Health Clinic on Rivers Avenue. A sign detailing the number of no-shows for the clinic tells patients how much of their tax dollars have been wasted due to appointment no-shows.

–Story by Kristina F. Wolk, Naval Health Clinic Charleston Public Affairs.

BUMED Students Dive into Medicine at MDSU-1

The Bureau of Medicine and Surgery (BUMED) held an outreach/recruiting event at the Mobile Diving and Salvage Unit ONE (MDSU-1) compound on Hickam Air Force Base (AFB) as part of the Science, Service, Medicine & Mentoring (S2M2) program taking place on Oahu.

The purpose of the program, which started in 2004, is for members of BUMED to promote awareness for Navy medicine communities to untapped populations of underrepresented college and high school students on Hawaii and the mainland.

"We find out that many student populations think that we don't have Navy medicine communities so this is our way

LCDR Eddie Lopez, assigned to the Bureau of Medicine and Surgery (BUMED), shows the proper testing method for wrist reflexes during a tour of Mobile Diving and Salvage Unit (MDSU) 1 medical spaces. Photo by MC2 Michael A. Lantron, USN

to generate awareness for that," said CDR Victoria Wooden, BUMED's chief diversity officer. "We want the ones who don't know about our medical community to learn about it and make it part of their tool kit when they decide their future."

During their visit of MDSU-1, 28 students received Dive & Humanitarian Medicine briefs, a tour of the hyperbaric chamber and clinic along with a vital signs workshop.

"I love the opportunity to experience all these different things," said Ana-Melissa Kea, a senior at Kamehameha High School in Honolulu. "The most impressive thing I saw was the hyperbaric chamber and how it helps with the medical problems that come from being underwater for a long time."

MDSU-1's medical staff was proud to show their spaces to some of the top future doctors and nurses in the country.

"I think that the chance to show these students what we do presents a different side of Navy medicine and gives them a sense of excitement for what our job can entail," said LT Jennifer Hall, MDSU-1's Diving/Undersea Medical Officer. "There's a lot out there as it pertains to medicine in the military, and I think we opened their eyes to something they've never seen before."

Those same future doctors were proud to have the opportunity to tour military medical spaces throughout the week and hope that the program will expand further to allow more students to have the same experience.

"This program should be broadened to get more people involved about the program," said Marianette Jose, a senior at Sacred Heart Academy in Honolulu. "To hear about all the benefits and explore the island as a civilian is fantastic. When I signed up for this, I didn't expect it to be this great."

Throughout the week, events were also held at Chaminade University, Kamehameha Schools, Tripler Army Medical Center, and Marine Corps Base Hawaii.

The mission of S2M2 is to encourage, nurture, and enhance the commitment to science and medicine in a welcoming and intellectually stimulating environment for groups of diverse high school students. The program also develops leadership, teaching, and mentoring skills among USU medical students and prospective students to provide long-term mentoring and learning opportunities to students interested in pursuing a career in science and service in the context of military medicine.

–Story by MC2 Michael A. Lantron, Commander, Navy Region Hawaii Public Affairs

SECNAV Sees Ongoing NH Jax Upgrades

Acting Secretary of the Navy, the HON B.J. Penn visited Naval Hospital Jacksonville, FL, on 6 May. NH Jax was one of two military construction (MILCON) sites the Secretary visited during his visit to Naval Air Station Jacksonville.

Penn was hosted by Naval Facilities Engineering Command (NAVFAC) Southeast Commanding Officer CAPT Doug Morton. His first stop was the ribbon-cutting ceremony for the BRAC 2005 P-3 Hangar, the largest structure of its kind in the Navy includes 277,000 square feet of "green" construction. The $127 million project broke ground on 13 April 2007 and will be home to 5 P-3 Orion squadrons and will accommodate more than 1,600 personnel.

The Secretary's visit to Naval Hospital Jacksonville included a tour with NH Jax CO CAPT Bruce Gillingham. Penn saw how the facility's ongoing $35.8 million addition and renovations are designed to compliment the hospital's quality of care.

"I appreciate what your folks are doing, it's very, very important taking care of our people," Penn said. "You're doing a great job!"

"The new 62,000-square-feet, 3-story addition will contain state-of-the-art surgical suites and advanced physical and occupational therapy areas," said Gillingham. "The addition and renovations will make the hospital look modern and contemporary and they will help us advance our goals of providing high-quality and safe patient-centered care to our military heroes and their families."

The hospital addition as well as renovations to existing spaces will include a new main entrance, labor/delivery area, a six-room operating suite, an eight-story elevator tower, administration spaces, and a new physical therapy clinic.

The hospital serves about 240,000 patients, completes more than 543,000 outpatient visits, conducts in excess of 1 million laboratory tests and fills more than 1 million prescriptions annually. It is also home to the Navy's largest and oldest Family Medicine residency program.

Mom Caylene Ackeret and dad, FC2(SW) Anthony James Ackeret show off their second child Micah Ezekiel to SEC Penn as he tours the renovated Maternal Infant Unit. Looking on is ENS Melissa Earhart, NC. Photo by HM1(SW) Michael Morgan

"We clearly displayed how two military organizations, NAVFAC and BUMED, have come together to work on this project," explained Morton. "This is not new to NAVFAC. Our customer base reaches out and partners with the Marine Corps, U.S. Coast Guard, U.S. Air Force, and other DOD agencies."

"Visiting the project sites with SEC Penn really pulls it all together, the funding, the contract award, the contractor partner, the customer's requirements/mission, and the affect on those that will reside/work in the facility," said Morton. He also noted that the Secretary was very interested in talking to the sailors, staff, and beneficiaries who will be using the new spaces, both at the hangar site and the naval hospital.

–Story by Sue Brink, NAVFAC Southeast Public Affairs Officer.

Maintaining our Rudder with Navy Medicine Recruiting

When VADM Adam Robinson took over the reins of Navy medicine, he made it very clear that one of his focuses was on recruiting in Navy medicine. Knowing that one cannot stay in the Navy forever, despite wanting to do just that, sooner or later, we all must pass the torch of leadership to a new generation of sailors. Having been born in a Naval Hospital, having served as a hospital corpsman, and, now serving as a Medical Service Corps officer, I am one of many in Navy medicine that want to make sure we do this right; make Navy medicine the best in the world.

The Navy Recruiting Command has done a superb job in recruiting the most qualified, capable, and energetic group of professionals in the country. From the over 20 applicants that the officers here at the Naval Health Clinic in Patuxent River have interviewed for commissions, it is clear that the future is bright for Navy medicine.

The essential factor in this equation is that we recruit leaders of integrity first and foremost, people who truly understand our mission in Navy medicine and serve as the standard for the military and healthcare profession.

Below is article written by the legendary leader, VADM James Bond Stockdale. He wrote this article for the *Los Angeles Times* on 29 September 1981. In this article, he provides rudder on what I believe ought to be the standard of a Naval officer for Navy medicine. He describes his thoughts in the article entitled, "Fighting Fools, Thinking Cowards? Our Military Enticement System Ignores Honor, Duty, Country."

With the advent of the All Volunteer Force, the armed services entered into a high-rolling game of barter and exchange for the cream of this nation's youth, banking on the supposition that they could compete with the civilian job market in attracting and retaining the highest caliber talent. However, with the military recruitment process now underpinned by a marketplace business ethic, the true meaning of service somehow got left out of the equation. That a program that relies on enticements such as choice of duty station, delayed entry, the promise of specialized training, educational credits, and, higher salaries should automatically accrue those drives that have kept this nation free for the past 200 years, namely "duty, honor, and country," has never tracked. The businesslike style of our recruiting has affected the outlook and perspective of both potential recruits and those already serving; for many, time in the armed services is simply another job. The Madison Avenue mentality is aiming us toward that bifurcated society of fighting fools and thinking cowards.

Yet history has shown that mercenaries do not win wars or maintain deterrence: people committed to their country and bound by a common duty do. An injection of the nonquantifiable factors that encourage people to serve in the military is overdue, regardless of the future of the All Volunteer Force.

Why won't Uncle Sam's enticement system work? Because the application of rational business concepts to the profession of arms runs contrary to the nature of war; rejects the strong probability of future war; ignores the fact that people, not machines or computers, will win future wars; and disregards the historic promise of freedom on which this nation was founded. The clear and simple rational model never captures the scope of the human iredicament. Alfred North Whitehead was right when he said, "There is a danger in clarity, the danger of overlooking the subtleties of truth."

Despite the Star Wars technology of our weapons systems, the next war will be won by people. Sure, they will have very sophisticated arms, computers and the like, but I'm confident that there will be many times when victory or defeat will rest on the ability of the commander on scene to lead, motivate and inspire. I came home from Hanoi after years of listening to sophisticated weaponry pop and crackle in the big world outside the prison, convinced that it is not lasers but bayonets that will determine

the course history for years to come. I fear that our frenetic efforts to man the services fail to recognize this possibility.

What our military needs is men and women whose sense of duty overrides personal concerns, whose sense of honor allowes them to make do with less, and whose sense of country transcends ethnic or family allegiance. Just how can these people be attracted to the military when service requires not only meeting standards far above those of the common citizenry but also long hours, frequent separation, financial hards hip and little recognition?

— First, by telling it like it is. Make it clear that there is a very real possibility that there will be combat, perhaps in a foreign country with which we have no clear ties. People, civilian as well as military, may be wounded or killed. Prisoners will likely be isolated and tortured. Moreover, when the chips are down there can be no more carrot and stick—no enticements, no perquisites, no easy way to opt out. Our warriors must rely on themselves and their fellow Americans. Looking out for Number 1 loses its validity very quickly when everyone is looking over the precipice together.

— Second, by appealing to that better man or woman who lives inside every person. Low-order enticements are short term and cannot match the higher-order commitment to duty and country. Contemplation during my years in solitary confinement led me to conclude that a good life is one that accumulates high-quality memories. Can memories of comfort and workaday life, even a workaday life spiced with financial coups, compete with memories of bold strokes of service which one knows in his gut really mattered in the course of history? For what, in his old age, would one trade his lifetime memories of uplifting comradeship in times of shared danger? For what, in his old age, would one trade that flush of comfort in knowing that he has paid his dues as he listens to the band strike up the National Anthem?

— Third, by underscoring the historic roots of this nation's freedom. We've fought wars around the globe in freedom's name and have paid a terrible price for our most fundamental national belief. All must be clear on the fact that those in uniform may someday sacrifice their lives for this country and the freedom for which it stands.

The long-term health of our nation depends to a great extent on the ability of our armed forces. Those in uniform are the ones who guard the passes and protect the ramparts. Let's not stoop to marketplace tactics to man our ranks. We owe to those who will don American military uniforms: the untainted pride of service to their nation and the respect of a thankful citizenry.

My question to all of us is, "Are the Admiral's words too deep and philosophical for us in Navy medicine?" A resounding "no" should be our answer. Are we emphasizing that the true meaning of our profession is service? That duty overrides personal concerns? That money has nothing to do with service to our nation?

We are in the business of saving lives at sea and on the battlefield and it is our obligation to fill our ranks with the most honorable of men and women.

I applaud the great efforts of all of our recruiters out there. They understand that second best is not good enough.

–Story by LCDR Douglas E. Stephens, MSC, Director for Administration, Naval Health Clinic, Patuxent River, MD.

Source: "A Vietnam Experience: Ten Years of Reflection" by Vice Admiral James B. Stockdale

LCDR Stephens asked to dedicate this article to the memory of LT Florence B. Choe, MSC, USN

LT Choe, 35, was killed 27 March 2009, in northern Afghanistan when an insurgent posing as an Afghan National Army soldier opened fire on troops assigned to Combined Security Transition Command-Afghanistan at Camp Shaheen, Mazar-e-Sharif.

LT Choe was serving as a medical administration and logistics mentor to the Afghan National Army.

Her home duty station was the Naval Medical Center San Diego, where she was born.

"She was a professional naval officer who was extremely smart and extremely pleasant," said Sonja Hanson, a hospital spokeswoman who knew LT Choe. "She always had a smile on her face, and everyone admired her. All of us at the Naval Medical Center are proud of her, and we are grieving for her."

She was commissioned as a Medical Service Corps officer on 21 February 2002. She earned an associate's degree from Cuyamaca Community College in 1994, a BS in biology from the University of California San Diego in 1997, and a master's degree in public health and health care administration in 2001 from San Diego State University.

Naval Hospital Pensacola Awards

CDR Susan E. Ulloa, Utilization Management Department Head, Navy and Marine Corps Commendation, Department Head, Expeditionary Medical Facility-Kuwait Troop Medical Clinic.

LCDR Doran Kelvington, Navy and Marine Corps Commendation, Expeditionary Medical Facility-Kuwait.

LCDR John M. Minnich, Navy and Marine Corps Commendation, Orthopedic Surgeon, Expeditionary Medical Facility-Kuwait.

LT Eric Matthew Harmon, Navy and Marine Corps Commendation, Division Officer and Occupational Health Therapist of the Educational and Development Services Department of Naval Hospital Yokosuka, Japan.

ENS Donald Wood, Expeditionary Medical Facility-Kuwait.

HM3 Candace M. Frank, Navy and Marine Corps Achievement Medal, Psychiatric Technician, Expeditionary Medical Facility-Kuwait.

HM3 Lissa D. DeSantiago, Navy and Marine Corps Achievement Medal, Acute Care Work Center Supervisor, Expeditionary Medical Facility-Kuwait Troop Medical Clinic.

HN Shellyann M. Joseph-Brooks, Navy and Marine Corps Achievement Medal, Expeditionary Medical Facility-Kuwait Troop Medical Clinic.

HN Harry R. Henage, Letter of Appreciation, Expeditionary Medical Facility-Kuwait.

LCDR Doran Kelvington

ENS Donald Wood

(L to R) HN Harry R. Henage, HM3 Lissa D. DeSantiago, and LCDR John M. Minnich. Photo by MC1(AW) Russ Tafuri, USN

CDR Charles K. Springle, MSC, 52, of Wilmington, NC, died 11 May from injuries sustained from a non-combat related incident at Camp Liberty, Iraq.

The circumstances surrounding the incident are under investigation.

John Clifford Page, 61 passed away 8 March in Norfolk, VA. John began his affiliation with the Navy as a petty officer on submarine duty from 1966 to 1970.

He completed his Masters degree in Audiology at Memphis State in 1974. He began his civil service career at the Navy Aerospace Medical Institute Pensacola, FL. He moved to NEHC becoming Hearing Conservation Department Head in 1985. He also served as Hearing Conservation Program Manager for the Bureau of Medicine and Surgery in 1993. He authored or co-authored numerous articles about hearing health risk in various occupations, including one of the first studies on hearing protection for flight deck personnel. His contribution to military hearing conservation involved many years leading teams to Navy and Marine Corps installations world-wide to train hearing conservation technicians. He was the Navy's representative and voting member to the DOD Hearing Conservation Working Group and served as Deputy Chairman.

Roberta Speh (left), area coordinator for Quilts of Valor and Global War on Terrorism Veterans in Need Co-Chairman Mark Harden (far right) present HM2 Carlos Cordova (2nd from left) and HMC Dexter L. Lewis with quilts in honor of their service at an awards ceremony 1 May at NH Pensacola. The corpsmen were also recipients of Purple Hearts. Photo by MC1[AW] Russ Tafuri, USN

The two quilts have unique patches sewn on depicting the hospital corpsman caduceus symbol, Marine Corps insignia, and a stitched note of thanks from Roberta Speh, who hand-made the quilts. Photo by MC1[AW] Russ Tafuri, USN

Naval Medical Center San Diego Deputy Commander, CAPT Paul D. Pearigen, presents the Purple Heart to HM Julio Sanchez. Sanchez received the Purple Heart for wounds sustained while deployed supporting Operation Enduring Freedom in Afghanistan. Photo by MC3 Jake Berenguer, USN

Taking a pause for the Health Promotion cause are several dieticians, pharmacists, and hospital corpsmen assigned to Naval Hospital Bremerton, who are just some of the many staff members responsible for NHB being recognized with the Navy Surgeon General's Health Promotion and Wellness Medical Command award. "The Blue H" is the command's ninth "Gold Star" award for command excellence in health promotion. Photo by Dougles H. Stutz

Outgoing Naval Health Clinic Corpus Christi Commanding Officer, CAPT R. B. Sorenson, MC, (center) pauses during congratulations applause from RADM Bob Kiser (right), Commander of Navy Medicine East, and incoming NHCCC CO, CAPT R. G. Kelley, MC, at the Change of Command Ceremony 10 April 10, at NAS Corpus Christi. Kelley reports aboard from Naval Branch Health Clinic, Submarine Base, Bangor, WA, and as the executive officer at Naval Hospital Bremerton, WA. Sorenson departed Texas to assume duties as the U.S. Marine Forces Command Surgeon. Photo by Richard Stewart

At its April banquet, the National Association of Government Communicators (NAGC) awarded its Golden Screen Award (first place documentary) to "Stepping Stones to Tokyo." The film tells the story of Navy medicine's participation in the Pacific campaign of World War II, and is Part 5 in the 6-part BUMED "Navy Medicine at War" series. The concluding film, "Final Victory" is to be released this summer.

The American Academy of Contingency Planners (ACCP), a college of the American Academy of Medical Administrators has selected CAPT Ben Feril as 2009-2010 President. CAPT Feril is currently serving as Branch Health Medical Plans and Policy, Chief of Naval Operations, Washington, DC

ACCP also selected CAPT Thomas Sawyer as their President-elect, to begin his term in January 2010. CAPT Sawyer currently serves as Commanding Officer, 1st Medical Battalion, Combat Logistics Regiment 15, 1st Marine Logistics Group, Camp Pendleton, CA.

Navy Medicine's 85 years of GME

CAPT Kevin Knoop, MC, USN
CDR Thomas Craig, MC, USN
Jacky Fisher
Michelle Manfredi

"General rotating internships in naval hospitals were established in 1924." So begins the report Essentials of Internship and of Residency-Type Training in United States Naval Hospitals, prepared by the Bureau of Medicine and Surgery (BUMED) in 1945.(*1*) Based on this date, 2009 marks the 85th anniversary of Graduate Medical Education (GME) training in Navy hospitals. Naval Medical Center Portsmouth, the first Navy hospital that opened its doors for patient care in July 1830, commemorated this landmark event by minting a special command coin to be presented to each graduating student on 29 June 2009 at the GME graduation ceremony to be held in front of the steps of historic building one.

History of GME

To reflect on the occasion, take a glimpse back to the origins of the modern internship and residency programs in Navy medicine, which were patterned after the civilian sector programs.

In 1926 seven Navy hospitals appeared for the first time on the American Medical Association's (AMA) Council of Medical Education (CME) list of internships approved for training.(*2*) Of these core seven, only three hospitals remain today and are now thriving centers of GME. The CME's list, first published in 1914, marked a significant step towards standardization in medical education that began in earnest several years earlier.(*3*)

The Council was formed in 1904 to promote the improvement of educational requirements for physicians. In 1905, the Council developed and published curriculum standards for all medical schools. Among the goals listed was a year of graduate education in a hospital.(*3*)

In 1906, the Council published their first directory of medical schools in the United States. At this time, only five of the 160 schools listed required any college-level training in the biological or physical sciences.(*3*)

The Carnegie Foundation for the Advancement of Teaching published the Medical Education in the United States and Canada report, commonly known as the Flexner report, in 1910. (*4*) This exposé presented a scathing view of medical education. Many medical schools were deemed, at best, diploma mills.(*3*)

In 1926, the seven Navy hospitals approved for training by the AMA CME were Portsmouth, VA, San Diego, CA, Washington DC, Philadelphia, PA, Brooklyn, NY, Mare Island, CA, and Chelsea, MA.

Among others, schools in Chicago and Wisconsin fell prey to the pen. "The city of Chicago is in respect to medical education the plague spot of the country. …Wisconsin presents a simple problem: the two Milwaukee schools are without a redeeming feature."(*3*)

The Flexner report forced these institutions to either reform or close their doors. Many closed their doors.(*5*)

The Council then turned its attention to intern training in 1912, beginning with a survey of hospital training activities. It was determined that there were enough quality hospitals in the country to afford internships each year to every medical school graduate. The better schools were almost unanimous in favoring the adoption of the compulsory intern year, seeking enforcement by the state licensing boards. These findings led to a recommendation that the intern year requirement be mandatory for students entering medical schools in and after October 1914.(*6*)

Navy GME Roots

A 1918 description concerning the state of internships prior to standardization at the naval hospital in Portsmouth, then known as Norfolk Naval Hospital, appeared in Dr. Richmond C. Holcomb's book, A Century With Norfolk Naval Hospital, 1830-1930. It mirrored the situation found in civilian medicine at the time.

"The medical staff averaged about 60 officers. Some of these officers were of wide experience and unusual professional qualifications, but the majority were young men of limited experience and many were direct from the medical school."(*7*)

Whether or not they had internship training, new physicians reporting for duty did receive some Navy related postgraduate training that took place at the United States Naval Medical School. Established in 1902 "for the instruction and training of newly appointed medical officers in professional branches peculiar to naval requirements," the United States Naval Medical School was originally housed in the old Naval Observatory building in the Foggy Bottom section of Washington, DC.(*8*)

From 1906 through 1916, 235 students graduated from the program. These numbers increased dramatically with the onset of World War I, and in 1917 alone, 175 students attended the school.(*9*)

In 1942, National Naval Medical Center opened in Bethesda and the medical school became part of that new complex.(*10*) The Observatory currently serves as BUMED's headquarters.

The move toward mandatory internships was strengthened by World War I as medical knowledge grew and techniques and practices changed rapidly. The increase in knowledge also highlighted the need for specialists. However, a standardized system of specialty practice did not exist.

There were many routes to specialization, some more educationally sound than others. Options included working in a specialty clinic, assisting established specialists, postgraduate study abroad, and formal course work. (*11*) Navy medical officers were required to pay their costs and use their leisure time to obtain advanced study, without official recognition.(*12*)

In 1920, Navy medicine responded to the situation with a plan designed to encourage internships and specialty study. It allowed a small number of medical officers to be sent to outside institutions for training in internal medicine, surgery, and eye, ear, nose, and throat work. The plan was met with indifference by hospitals content to "…follow the ruts of old custom (if there be such), what matter? The plan has the hearty endorsement of the Honorable Secretary of the Navy; it is being vigorously pushed by the Surgeon General…"(*12*)

The 1920s also saw an increase of residency programs in civilian hospitals and in 1923, the AMA adopted standards for medical specialty training.(*3*) One year later, in 1924, general rotating internships were established in seven core naval hospitals thus marking the historical milestone of the beginning of Navy's GME programs.(*1*) Navy medicine was still nearly 20 years away from its first hospital residency program.

Although residencies in Navy hospitals were not yet a consideration, the push for specialty training continued, but not without its detractors. A 1922 editorial published in the United States Navy Medical Bulletin considered both sides of the debate.

In part, the editorial stated there needs to be "…an anomalous specialism in which the particular is not pursued to the exclusion of the general…the acquisition of specialist's information in one field is…admirable, but it must always be superposed on a working knowledge of all the duties which a naval medical officer may be called on to perform. Specialization can not be allowed to unfit a medical officer for general duty or to exempt him from it…"(*13*)

But the same editorial concluded with the support, "…officers who have been in service for a period of several years will at the expiration of a cruise be given instruction in the subject which they have chosen, and…ordered to duty where they may practice it as a specialty."(*13*)

The CME approved the first civilian residency programs in 1927. The following year, they outlined the "essentials" for approved residencies and fellowships.(*14*) Planning and administering Navy specialty training was formalized in 1929 when BUMED formed a board to estimate the number of medical officers needed in each of the specialties. They were also given the task of selecting officers for assignments. Two years later, BUMED reported that their progress had led to more exact estimates of present and future specialist needs and had improved shortages in certain fields.(*15*) In 1931, BUMED demonstrated its desire to "assist those who are anxious to develop themselves in a chosen field" by releasing a list of five options available to Navy doctors:

•For interns, obstetrical and gynecology opportunity in civilian institutions as part of the intern year.

•For younger medical and dental officers in the rank of lieutenant, assignment to the basic course at the naval medical and dental schools.

•For lieutenants in the Medical and Dental Corps, assignment to naval hospitals and other naval stations for special temporary duty under instruction in a professional or military specialty, with which the individual has associated himself/herself.

•Civilian courses of postgraduate instruction, preferably post medical department basic course and a special assignment under instruction in a naval activity.

•For established specialists, assignment to refresher courses in their specialties.(*15*)

A 1930 description of internships at the Norfolk Naval Hospital reflects elements of BUMED's five-point plan. The hospital established a rotation roster that moved interns between various clinics in the hospital proper as well as a 6 week internship in obstetrics and gynecology at King's Daughters' Hospital, also located in Portsmouth. (*7*) This rotating type of internship provided supervised experience in multiple areas and was viewed as the best type of training for young medical officers headed for independent duty.

In September 1945, three Navy hospitals appeared on the Council of Medical Education's list of approved residency programs:

- ***Philadelphia, PA, with orthopedic surgery and pediatrics***
- ***Annapolis, MD, with surgery***
- ***Bethesda, MD, with surgery***

In April 1946, nine additional hospitals were added to the list of approved residency programs:

- ***St. Albans, NY, with anesthesia, orthopedic surgery and radiology***
- ***Brooklyn, NY, with obstetrics-gynecology***
- ***Chelsea, MA, with obstetrics-gynecology, orthopedic surgery and radiology***
- ***Long Beach, CA, with orthopedic surgery and radiology***
- ***Oakland, CA, with orthopedic surgery and radiology***
- ***San Diego, CA, with orthopedic surgery and radiology***
- ***Portsmouth, VA, with obstetrics-gynecology***
- ***Great Lakes, IL, with orthopedic surgery and radiology***
- ***New Orleans, LA, with orthopedic surgery***

Additionally, two of the original three hospitals added more to their individual programs:

- ***Philadelphia, PA, added dermatology/syphilology, medicine, psychiatry and radiology***
- ***Bethesda, MD, added medicine, pathology, psychiatry and radiology***

The work of the specialty board continued to prove beneficial. In a 1932 address to the graduating medical class at the U.S. Naval Medical School, it was noted that in the prior 4 years the Navy spent more than $52,000 on training in civilian institutions for 225 medical officers and 74 other medical personnel.(*16*) A January 1933 report on specialty numbers noted that in most cases "the specialty requirements for trained personnel are being met in increasing degree…(and) anxieties of previous years no longer exist."(*17*)

As early as April 1945, naval medical officers were eligible for residency-type training. However, it was left up to the individual to contact the national board for his specialty of interest and to familiarize himself with that board's requirements. Junior officers assigned to special services could apply their work toward credit and recognition from the specialty board, but it was up to the officer to make requests to BUMED for future assignments to fulfill his required training.(*1*)

By the end of World War II, naval hospitals were ripe for residency programs. Many well-trained specialists returned to civilian life and a large number of medical officers were either not specialty trained or, if they were, had spent their last 4 years in a command position. As in civilian medicine, specialty training programs were now essential to maintain a high level of standard of care and to attract young physicians to serve in the Navy.(*18*) The post World War II era of the late 1940's marked the beginning of Navy residencies which are seen in our training hospitals today.(*19,20*)

Currently the Navy Medical Department offers a wide range of postgraduate training in a variety of medical specialties. There are 897 training billets supporting 61 internship, residency and fellowship programs within the Navy. Positions are also made available for training at civilian medical facilities as need and funding allows.

Our Modern GME Centers

GME training for the Navy is conducted today at ten facilities. The "Big Three" tertiary care academic medical centers with robust GME programs are located in Portsmouth, VA, San Diego, CA, and Bethesda, MD. The rest of the list is comprised of six family medicine hospitals. To round out available training options, there is a residency program in Aerospace Medicine at the Naval Aerospace Medical Institute in Pensacola, FL.

The success of the Navy wide GME programs conducted today is evident. For the past 10 years, 95 percent of the Navy trained physicians have passed their Board Certification examinations on the first try.

The GME program of today is as dynamic as the environment in which Naval physicians are called to serve. Our residents now learn and provide humanitarian assistance and disaster relief on location onboard hospital ships or "grey-hulls." Advancements in training coupled with technological advancements in personal protective gear have translated in unprecedented survival rates on the frontlines.

A proponent of coupling these advancements, CDR Craig would like to "see state of the art personal protective gear that prevents any injury, specifically traumatic brain injury." The battlefield survivability rate for forward deployed troops serving in the most hostile environments in recent history in Iraq and Afghanistan is between 95 and 97 percent.

Training is also becoming :state of the art" with the implementation of Simulation centers designed to expose healthcare providers to the sights and sounds of environments they may be called to serve in while forward deployed. With multiple computer driven manikins, laparoscopic 3D simulators, endoscopy simulators, and a vast array of audio and visual recording equipment, everything from child birth to battlefield first aid can be simulated in a setting comparable

Navy GME training sites in 2009

"Big Three" multi-discipline medical centers:

- *Naval Medical Center Portsmouth, Portsmouth, VA.*
- *National Naval Medical Center, Bethesda MD.*
- *Naval Medical Center, San Diego, CA.*

Six Family Medicine hospitals conduct GME training:

- *Bremerton, WA.*
- *Camp Lejeune NC.*
- *Camp Pendleton, CA.*
- *29 Palms, CA.*
- *Jacksonville, FL.*
- *Pensacola, FL.*

95 percent of all naval programs are fully accredited by the Accreditation Council for Graduate Medical Education (ACGME). Seventy one percent are accredited for the maximum accreditation period of 5 years and 93 percent are accredited for 3 or more years.

to a battlefield, complete with mortar rounds and firearms tracer flashes.

Whether boots are in the sand, the mud, or on water, the impact of GME is as vast as the diverse fronts Navy medicine is being called to serve. "Our commitment to undergraduate medical education and Graduate Medical Education will be our investment and our affirmation of Navy medicine and its future success," stated VADM Adam Robinson Jr., at his 27 August 2007 Change of Office ceremony. "Graduate Health Education is a foundation stone of our military health system and it will be a priority…it must be a priority to fulfill long term goals and keep up with the ever changing, and challenging, needs of our men and women in uniform."

Navy GME programs provide the workforce to support today's service members, other TRICARE beneficiaries, and humanitarian efforts on a global scale. Graduates must be able to practice medicine independently on the home front as well as remote or austere environments.

Strong GME training programs serve the residents well as they demonstrate their capabilities daily throughout the world for various missions. For our troops to be strong and for the call for humanitarian assistance worldwide to be answered, Navy medicine must be capable. For this to occur, and for Navy to succeed in its mission, our GME programs must be robust. They are the true lifeblood of Navy medicine.

GME History Timeline

- *1902: U.S. Naval Medical School est. (235 graduates 1906 through 1916)*
- *1904: The American Medical Assn. established the Council of Medical Education (CME)*
- *1905: AMA's Council of Medical Education (CME) developed and published curriculum standards for all medical schools*
- *1906: CME published first directory of medical schools*
- *1910: Carnegie Foundation for the Advancement of Teaching published the Flexner report*
- *1912: CME makes intern training their focus of attention*
- *1914: AMA's CME publishes first list of approved Internships. Makes intern year mandatory*
- *1920: BUMED allows specialty training in outside institutions*
- *1923: AMA adopts standards for medical specialty training*
- *1924: General rotating internships in naval hospitals established by BUMED*
- *1926: Seven Navy hospitals appear on the AMA's CME list of approved internships*
- *1927: CME approves the first civilian residency programs*
- *1929: BUMED forms specialty board, selects officers*
- *1931: BUMED reported manning shortages in certain fields improved and institutes a five-point plan for specialty training*
- *1942: United States Naval Medical School moves to what is now National Naval Medical Center, Bethesda, MD*
- *1945: Beginning of Navy residencies – Naval medical officers are eligible for residency-type training*
- *1945: Three Navy hospitals appeared on CME's list of approved residency programs. Philadelphia, Pa., Annapolis, Md. And Bethesda, MD*
- *1946: Nine additional hospitals were added to CME's list of approved residency programs*

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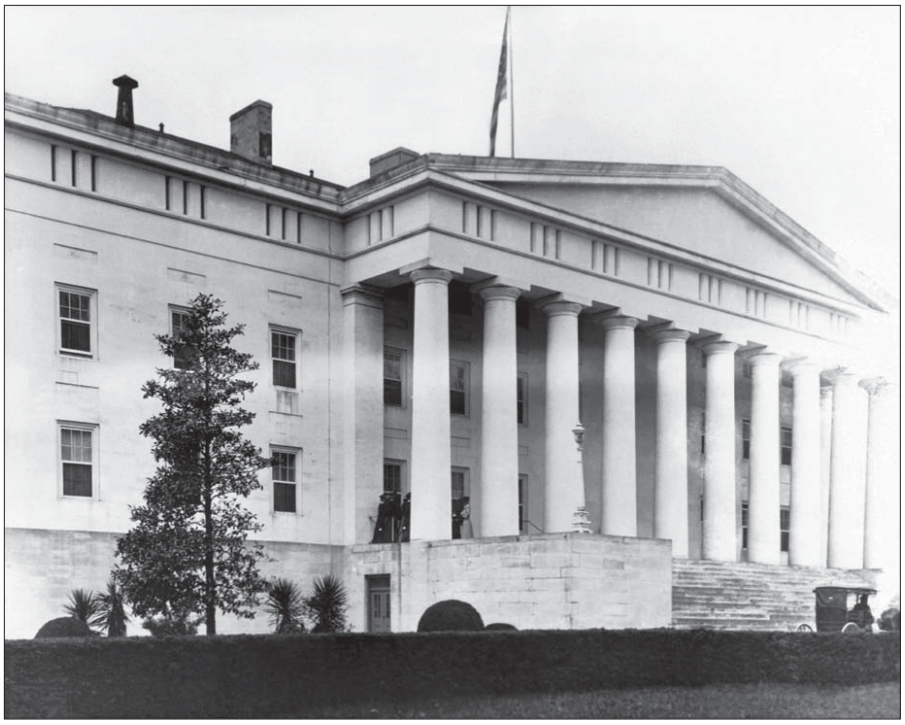
Dr. Knoop was NMCP Direction, Professional Education at the time this article was written.

Dr. Craig is NMCP Associate Director for Professional Education, Emergency Medicine

Jacky Fisher, NMCP Deputy Public Affairs Specialist

Michelle Manfredi, NMCP Reference Medical Librarian



Naval Hospital Portsmouth 1909. Photo courtesy of NMCP Library

Doctor of the Repatriated

CAPT Robert Mitchell

CAPT Robert Mitchell's reputation as the dean of Navy flight surgeons goes back many years. In a Navy career that spanned more than 4 decades in uniform, he became most famous for his work with the "Thousand Aviators" project. Begun in 1940 by Dr. Ashton Graybiel, the "Pensacola Study of Naval Aviators," as it was originally called, investigated the value of physiological and psychological testing in predicting success in the Navy's flight training program. After World War II, researchers saw the potential of this information they had collected—a considerable data base of medical statistics on this homogenous group of aviators. Re-evaluation of their health status over time had yielded a trove of information about the natural aging process, cardiovascular health, and morbidity and mortality rates. With this successful and well-established protocol in place, Dr. Graybiel the mentor and Dr. Mitchell the student found new subjects for their well-honed research techniques—the newly repatriated Vietnam prisoners of war.

Prior to Vietnam, no long-term study had ever been conducted on repatriated prisoners of war with respect to the cause and forecast of disease or psychological problems. Following World War II, repatriation examinations were performed on about 60 percent of Pacific Theater repatriates and 20 percent of those liberated from the European Theater. Following the Korean War, 85 percent of repatriates had examinations. However, these were one-time examinations with no follow-up. Unlike their neglected predecessors, the repatriated Vietnam prisoners of war would find themselves treated as precious cargo.

The Repatriated Prisoner of War Program is a takeoff on the Thousand Aviators study, and, in fact, we're still seeing Thousand Aviators piggybacked on the POW program. It's a rare week that I don't have at least one or maybe two of the Thousand Aviators come in. Of course, they're now averaging about 86 years of age.

Dr. Graybiel and I had been following the Thousand Aviators over the years. I started working with him in 1955 when I came to Pensacola, and we were seeing them at five-year intervals. When word came that the North Vietnamese were going to repatriate the prisoners of war, our idea was: Why not just follow these people the same as we had been following the Thousand Aviators? And that's exactly what happened.

A group of us got together at San Diego in 1972 and planned the repatriation program, basing it strictly on what we had been doing with the Thousand Aviators. We were going to look at them both physically and psychologically. The programs were set up in such a way that half the study was to be physical and the other half psychological. We had our own staff at Pensacola, the group that had been working with the Thousand Aviators. When we started in with the repatriates, we were well set up to do it.

The repatriated prisoners of war were brought from Hanoi to Clark, and were then farmed out to Navy, Army, and Air Force hospitals throughout the United States. Many of them went to the West Coast; many came to the East Coast. We also had other POWs who were not aviators; Marines and a few Army people in the group who were primarily picked up in South Vietnam and taken north.

Believe it or not, we had only one Navy enlisted man in the group but we also had a number of enlisted Marines. The Navy enlisted man was Doug Hegdahl. Hegdahl had been stationed aboard the *Canberra* [CAG-2]. One night in the South China Sea, he went up on deck just as the big guns were being fired, and the concussion knocked him overboard. He swam around for a few hours and some Vietnamese fishermen picked him up and took him ashore. He still works at the SERE [Survival, Evasion, Resistance, Escape] School in San Diego. When the POWs were released in 1973, I was here in Pensacola and we started seeing them in January of 1974.

We had all three services represented—Navy, Army, and Air Force. We were interested in what had happened to these people as a result of their captivity. In other words, did they have

physical disabilities? Did they have psychological disabilities? Just how were they doing?

Our psychiatric people were doing a big part of the interviewing. I was doing all the physical exams. In fact, I personally examined every man who came in annually up until 1991. I didn't miss a man.

Overall, they were doing surprisingly well. We expected that they would have many physical and psychological problems, but most came back in good condition. The malnourishment wasn't as much as one might have expected because during the last year the North Vietnamese had started to feed them better. The POWs weren't as bad off as they had been in previous years. However, we saw a lot of evidence of no medical treatment or simply bad medical treatment.

For example, the prisoners who had fractures had not been properly treated. During the time they were in captivity, they also developed things like beriberi [vitamin deficiency disease] and skin diseases, which were not treated properly. We saw evidence of these conditions when they came back. Some of them had horrendous orthopedic problems that had not been properly cared for. One man's arm is foreshortened such that the hand is about halfway up the arm because the bones were broken. He had been badly injured when he ejected. After the Viets picked him up, they thought he was dead so they tossed him into a grave. When they started to pour the dirt in on him he awoke and sat up and was then pulled from the hole. He had severe injuries.

Another man came back with a leg fracture that had not been treated properly. One leg was about four inches shorter than the other. He was eventually operated on and his good leg was shortened to match the bad leg. In fact, 103 of the men had significant orthopedic problems.

Dentally, the men weren't really that red hot. They needed dental work but not as much as I had predicted.

We found their psychological health surprisingly good. We expected they would come back with all sorts of problems, but they did better than we anticipated. This study raised several interesting points. We have seen more in the way of psychological problems in the enlisted group than in the officer group. We attribute that discrepancy to the fact that the officers were better trained. Most of them were college graduates and were better able to cope with the situation. I think that's why most of the aviators came back in pretty good condition. That's not to say we didn't see problems but certainly fewer than I initially expected.

When we did the planning in 1972, the Army and the Air Force had their own programs. Unfortunately, the Army study petered out altogether after a year because the fellow who was running it decided that it was interfering with his practice. He recommended to their Surgeon General that the program be discontinued. The Air Force ostensibly had a study, but if you talk to the Air Force people, you'll find that their research program didn't amount to much. I was seeing 16 of the Air Force people here. These fellows were coming in at their own expense from various areas and I'd run them through the program.

When we first started our study on the POWs, we were bringing the former prisoners in for a period of five days because we were doing some very special work on them. In the latter years, that time in some cases dropped to one to three days, depending on what was being done. We certainly tried to give them the best possible care.

CAPT Mitchell retired in 1980 but was retained on active duty to carry on his work with the repatriated POWs, the former Iran hostages, and the "Thousand Aviator Study." He again retired in 1991 after 45 years in uniform. Despite his retired status, until recently, Dr. Mitchell maintained an office at the Naval Operational Medical Institute, where he continued with his life's work.

NAVAL HISTORICAL CENTER

The first group of prisoners of war awaits release at Hanoi's Gia Lam Airport, February 1973.

A Song for Navy Medicine

André B. Sobocinski

Historians do not know exactly when or where the first call of "Corpsman Up!" was heard. It is a phrase that has echoed through battlefields and bunkers of several lifetimes. Recent memory tells us the call was shouted on a weary road in the city of Fallujah, Iraq, on 17 September 2004. On this particular day, a corpsman ran toward the fiery wreckage of an exploded humvee in search of survivors when a rocket propelled grenade entered the fray, severing the corpsman's left leg. Fighting unimaginable pain and the shock of his lost limb, and despite being shot an additional six times, the corpsman summoned the force of will to apply a tourniquet to his stump and inject himself with morphine. He then answered the pleas for "Corpsman Up!" in this golden hour by crying out calls of his own: "Stay down! Stay down!" and "Put down the field of fire and evacuate!" This was the harrowing tale of HM3 Joe "Doc" Worley and a selfless moment that inspired a musical anthem of the ages called *Corpsman Up!*

CWO4 Brian Dix is a composer and a director of the Commandant's Own," the Marine Corps Drum and Bugle Corps (D&B). The fact that this group of musicians has not only survived time's many tests, but has excelled into its 75th year is a fact that Brian Dix takes great pride in. Dix is a man dedicated to his craft, but also to military service. When not directing and touring with the D&B he manages a successful quarterly blood drive at the Marine Barracks at 8th and I, in Washington, DC. (Dix estimates that over 1,000 pints of blood have been given over the last 5 years. He has also established an impressive tenure as volunteer at the National Naval Medical Center in Bethesda, MD, reaching back to 2003.

"When the Gulf War first broke out I was asked by our operations officer if we could do a performance over at Bethesda," says Dix. "At that time the support staff was one Marine liaison and one staff non-commissioned officer. They said come on over and we will bring you around. He brought us through and I was thinking that this was going to be tough to do and if the Marines are in the wings they won't be able to get down and the ensemble won't be able to do this. It was disheartening at first. Then they brought me into the rooms to meet the Marines."

Admittedly, the experience of visiting the wounded Marines was rewarding. Dix brought patients Marine Corps calendars, D&B CDs, and "any other goodies" he could find at the Marine Barracks. If he discovered that the patient knew someone stationed at the barracks, he set out to reunite the comrades. If the patient could not celebrate a particular cake cutting ceremony due to their limited mobility Dix recreated the ceremony in their rooms. If the patient needed something as simple as a haircut Dix would arrange for a Marine barber to pay them a visit; and if the patient had trouble getting a social worker Dix and his Marine colleagues stepped in and found the means to assist.

On one afternoon in 2004, while making his rounds, Dix walked into the room of Joe "Doc" Worley. He saw a young man surrounded by caring family members and friends. As Dix remembers, "Worley was gray as a ghost and yet he had so much vim and vigor. He looked at me and said, 'Sir' and sat up and I said 'don't get up.'"

After what Dix describes as a "friendly chat," Worley shared stories of his Iraq experience—the fateful day in Fallujah that proved so costly to him and his platoon.* The music director sat there in awe, captive to the story he was hearing. As he recalls, "Doc" told this story and his wife stood nearby welling up at the story she no doubt had heard before. I watched and listened. I was actually stunned by his heroism. When I left the room I just knew I had to do something for corpsmen."

Like all good Marines and hospital corpsmen, Dix is a man of his word. Inspired by the actions of all corpsman, as exemplified by HM3 Worley, Dix set out to write a commemorative march.

When talking about the Navy's medical sailors Dix is heartfelt as one usually is when discussing the proud achievement of a son or daughter. "I didn't want this march to be just for IDCs [Independent Duty Corpsmen], but for all corpsmen. 'Doc' Worley was the impetus, definitely, but it had to represent all of them. The corpsman has a gift for intuition that cannot be matched anywhere in the civilian sector. They can look into the Marine's eye and know what's wrong. There is a word that describes the way they carry themselves, 'dignified.' They know that there is no one else like them and the corpsman is the true bridge between the Marine Corps and Navy."

*"Doc" Worley's Marine Platoon, dubbed "Pale Rider 3," suffered severe losses and was disbanded soon after the incident on 17 September 2004.

Dix expressed to his leadership his intention to write a long overdue march for these "dignified" sailors. He admits that there was some concern in the Marine Corps that others in the Navy medical department would feel overlooked. But as Dix explains, "I addressed these concerns by stating that other medical personnel would not feel slighted because they know that corpsmen are isolated from the rest of the medical field and they deserve some recognition."

The Creative Journey

For Dix the route to symbolic expression is a familiar journey, but not always a direct one. A composer of close to 100 works, Dix drafted several musical ideas for *Corpsman Up!* but nothing seemed to work. Then one day while prepping for a performance in Canada, the serendipitous moment unexpectedly struck. "Then and there the musical part of what would be *Corpsman Up!* was laid out before me."

This vision took him, as he puts it "beyond the stretches of the imagination and beyond the standard military march." Built firmly upon a programmatic structure rarely heard with marches, *Corpsman Up!* ultimately owes a bit to Berlioz and Sousa, as well as to the Navy corpsman. For one who listens to the final composition they will hear a stirring musical score expressed by nine types of instrumentation. It is a certifiable force of sound that can be broken down into three identifiable elements: a steady drum-line, a colorful melody, and a thematic bugle, each interspersing into a heroic picture of a corpsman being called into action. For Dix, this audio image is every bit intentional. "Throughout the composition you hear a consistent beating of a drum symbolizing the human heart. This is played throughout the introduction and through the melodic line," explains Dix. "In introductory passages you hear the pulse quite frequently then you hear the melody elongated, then you hear the percussion actually go into a different rhythm. It's not complementing it at all but it is complementary because you are going from one meter to the next." The melody is symbolic of Marines on duty while the singular drum like pulse is the corpsman—it is the march, yet it is the very lifeline of the entire platoon."

The interwoven melody and drum line is complemented by an almost valiant bugle call. Dix, a contrabase bugler, composed this short tune specifically for *Corpsman Up!* More then anything else it is the very call for the corpsman to action. As Dix asks rhetorically, "If Marines are in the field and someone had to shout 'corpsman up' and you can't hear it then what would the bugle call be? The bugle is the official form of communication. If you have a call to attention, a call to orders, or if there is an emergency for *Corpsman Up!* what would it be?

"When the 'Corpsman up!' call goes one can hear everyone come in," Dix explains. "The force of the Marine Corps is behind that message—it is a total force. And then the melodic line moves on through. You will notice what is called a bridge session where everything tapers down and it goes nice. That's because the immediate action has been taken and everything settles back to its normal pace even though corpsmen are working for Marines and then it picks up excitement again and it's just pursuing on. It's never ending but a continuous flow of work."

Dix unveiled this masterful work in 2006 at the D&B's training ground in Yuma, AZ. The Corps later played it at the opening for the Intrepid Armed Forces Rehabilitation Center at Brooke Army Medical Center in Fort Sam Houston, TX. And in 2005, just months after being scored, the Marine Corps D&B played *Corpsman Up!* at the Hospital Corps Anniversary Ball in Washington, DC. As Dix remembers, "As soon as we played it every corpsman in the room stood. It was quite amazing and very emotional for the Drum and Bugle Corps to see. It's one thing when you receive standing ovations and accolades but it's something really special when you see people stand up on the down beat for a piece of music. It was extremely memorable and one I will never forget."

Brian Dix and the Drum and Bugle Corps continue to play the march on their tours around the globe. They have made every attempt to make it accessible by posting it on their website (http://drumcorps.mbw.usmc.mil). The march has been recorded and appears as first track of the D & B's most recent CD, "With Pride."

Although it has not yet been adopted by the Navy Medical Department or the Department of Defense, we must realize that even "The Star Spangled Banner" took 117 years before being recognized as the U.S. national anthem. Still, playing the march has been acknowledged by some in the Navy Medical Department as a "new" institutional tradition. Some corpsmen even refer to *Corpsman Up!* as simply "The Hospital Corps Song."

"I wrote it for Navy medicine and they can do with it what they wish," Dix admits. "And anytime Navy medicine—and BUMED—calls I will do my best to ensure that we are there." With these words we see that the corpsman's special bond to the Marine Corps is reciprocated in one very precious way best summarized by the phrase "Corpsman Up!"

Mr. Sobocinski is Deputy Historian, Bureau of Medicine and Surgery, Washington, DC.

Navy Medicine 1944

BUMED Archives

LTJG Dymphna Van Gorp teaches nurses of the Brazilian Air Force how to load a stretcher patient. Van Gorp helped establish a school for Brazilian flight nurses.

DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
COMMUNICATIONS DIRECTORATE
BLDG 1, RM 1217
2300 E STREET NW
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