

# Navy and Marine Corps Medical News

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## In Memoriam:

The Department of Defense announced the death of two Sailors who were supporting Operation Enduring Freedom. **Hospital Corpsman Marc A. Retmier**, 19, of Hemet, Calif., and **Petty Officer 1st Class Ross L. Toles III**, 37, of Davison, Mich., died June 18 as a result of wounds suffered from an enemy rocket attack in northern Paktika province, Afghanistan. They were assigned to Provincial Reconstruction Team Sharana in Afghanistan.

The Department of Defense announced June 22 the death a Sailor supporting Operation Enduring Freedom. **Hospitalman Dustin Kelby Burnett**, 19, of Fort Mohave, Ariz., was assigned to First Marine Division Detachment, Twentynine Palms, Calif. He died June 20 while conducting combat operations in Farah Province, Afghanistan.

## Mercy Mission Highlights Teamwork

**By Mass Communication Specialist 1st Class (SW) Katherine Sanchez, Joint Special Operations Task Force-Philippines Public Affairs**

**COTABATO CITY, Philippines** - When USNS Mercy (T-AH 19) recently made a port stop in the southern Philippines during Pacific Partnership 2008, Joint Special Operations Task Force-Philippines (JSOTF-P), the Armed Forces of the Philippines (AFP), and the government of the Republic of the Philippines (RP) rolled out the red carpet.

Sailors, Soldiers, Airmen, Marines, and civilian volunteers -- 80 in all -- coordinated the movements and provided security for the visit.

"The USNS Mercy crew was a welcome addition to our team in the Philippines," said Army Maj. Larry Daley, Mercy Ground Element Commander.

"It was a remarkable opportunity for JSOTF-P and AFP personnel to work hand-in-hand with people from every branch of service and several different countries on such a large scale," said Daley.

"In addition, we were able to provide vitally needed medical services to many Filipinos throughout central Mindanao," he added.

The JSOTF-P ground liaison element oversaw an average of five convoys per day and conducted thorough convoy briefs, covering everything from safety and security to routes and procedures, prior to each departure.

In addition to ensuring military personnel and civilian volunteers safely reached their destinations and safely returned each day,

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**NHA TRANG, Vietnam** - Lt. Cmdr. Daniel Gage, left, a physical therapist with USNS Mercy (T-AH 19), and Vietnamese physician Nguyen Thi Hai Yen help a patient perform exercises using a rubber ribbon to alleviate arthritis in his ankle June 20. *U.S. Navy photo by Mass Communication Specialist 2nd Class Mark Logico*

## Mobile Shock Trauma Capabilities Make African Lion Possible

By Sgt. Rocco DeFilippis, Marine Forces Europe

**CAP DRAA, Morocco** — The annual training exercise African Lion 2008 provides U.S. service members with an opportunity to conduct valuable field training in a combined arms, bi-lateral environment with our Moroccan allies.

There are many planning, coordinating and logistical efforts that go into running such an exercise, and one such element, the ability to provide significant medical care in case of emergency, is a vital piece to the puzzle.

Due to African Lion's remote training location, the Navy's Forward Resuscitative Surgical System (FRSS) serves as a vital shock trauma surgical capacity that allows the Marines the ability to operate in austere locations while maintaining the peace of mind that comes with a level-two medical capability.

"Everybody knows what MASH is," said Lt. Cmdr. Pete Redmon, FRSS officer in charge for exercise African Lion 2008. "If someone comes in with a gunshot wound, a head injury, blast trauma or even a hang-nail, we have the ability to work from head to toe to stabilize them and keep them alive."

Redmon said the FRSS provides a fully stocked level-two medical capability, meaning it is staffed and equipped to handle the same types of medical situations that a basic hospital can cover.

"We are that next step after buddy aid and the hospital corpsman," he said. "We have the capability to do 18 major surgical cases, sustain our operations for 48



**CAP DRAA, Morocco** - Lt. Cmdr. Winston Centro, perioperative nurse with 4th Medical Battalion, 4th Marine Logistics Group, prepares Staff Sgt. Travis Allen, platoon sergeant with javelin platoon, Weapons Company, 1st Battalion, 23rd Marine Regiment, for a cyst removal procedure. U.S. Marine Corps photo by Sgt. Rocco DeFilippis

hours without re-supply and hold a patient for more than 24-hours until they can be transported to a higher level of care."

According to Redmon, the mobile nature of the FRSS

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## Bremerton Corpsmen Go For Gold at Corpsmen Olympics

By Mass Communications Specialist  
**1st Class (SW) Fletcher Gibson, Naval Hospital Bremerton Public Affairs**

**BREMERTON, Wash.** - More than two dozen Naval Hospital Bremerton (NHB) hospital corpsmen (HM) put their medical skills on display at the command's Second Annual Corpsmen Olympics Friday, June 20.

Organized into six teams of four corpsmen each, the competitors raced the clock, and each other, to complete a series of physical and mental challenges which mirrored the skills corpsmen must call on in the field.

First place went to "Manny's Kids", the team from the Education and Training Department who completed the course in three minutes and 19.4 seconds. Coming in just behind them was the team from Health Promotions at three minutes and 19.7 seconds. Third place went

to the Chief Petty Officer team, "The Anchors", with three minutes, 30 seconds.

Each challenge was based on actual field corpsmen training, ranging from "trivia" questions taken from the HM rate training manual to speed suturing to the stretcher bearer race.

Competitors also got to enjoy "bobbing for teeth" in bowls of Jell-O, a pistol qualification using Nerf guns and a bedpan toss. Even getting from station to station was part of the game as contestants had to belly crawl, leap frog, and even spin around a baseball bat between each set. While the contests reflected the corpsman job set, they were designed to be relatively easy.

"They were very simple skills," said Hospital Corpsman Ashley Beaman, the coordinator for this year's event. "We made it easy so anybody could participate."

Beaman added that she'd even

hoped to see some non-corpsmen teams competing in the future, but didn't get any takers this time around.

The games were constructed and staffed by volunteers who made up this year's Corpsman Ball Committee. In addition to organizing the formal celebration of the Hospital Corps' birthday at the Ball, the crew held the Olympics to continue the festivities.

"It's a fun way to get people involved in celebrating the Hospital Corps birthday," Beaman said.

Although she won't be stationed at NHB for next year's Corpsman Olympics, Beaman said there are already plans to make the 2009 version even bigger and better than this year's. And what could possibly top a bedpan toss or bobbing for teeth?

"We'll come up with something," Beaman promised.

## Navy Doctor Makes House Call

By Cpl. Erik Villagran, Regimental Combat Team 5

**HADITHA, Iraq** — Marines with 3rd Battalion, 4th Marine Regiment, Regimental Combat Team 5 recently escorted Navy Lt. Benjamin D. Wind to the home of a special patient.

Wind, the battalion surgeon, scheduled a trip to visit a little girl and local celebrity named Amenah Al'a Thabit.

Amenah, age three, was the first of three Iraqi children in the area to receive surgery to correct a congenital heart defect. If the condition had not been treated, the result would have been fatal, Wind said.

Fortunately, thanks to an estimated \$28,000 in private donations, Amenah and her mother, Maha Muhamed Bandar, were able to travel to the U.S. for her surgery at Vanderbilt University in Nashville, Tenn.

"There is one common trait amongst all that bind human civilizations, and that is our love for our children and wishes for their good

health and prosperity," Wind said.

That common trait has led to Coalition forces helping more children with similar conditions until the new Haditha Hospital is finished and able to support these kinds of surgeries in the future. With the help of the local Iraqi government, they have helped two more children in the Haditha area and explored new ways to provide children in Iraq the medical treatment they need, including seeking help from surrounding countries like Jordan.

"These cases help to educate the Iraqi people about the presence of world-class medicine local to this region within their cultural boundaries, and that it is obtainable," Wind said.

Amenah's case has shown how successful the program can be. The results of the surgery were displayed during the Marines' visit as Amenah played with her sisters.

"She was a vibrant young girl, running around with her siblings and actively engaging with the multiple guests as any young child should be," Wind said.

Her father, Al'a Thabit Fattah,

said she has not had any major problems since the surgery. During the visit, Amenah could be heard speaking a few English words she had learned when she traveled to the U.S. Her father supports the Marines helping the children of Iraq, but understands changes are needed in the country.

"I hope the Marines continue the program," Fattah said. "I know we need to have better doctors because the Marines won't be here forever."

Wind has been amazed by the impact Amenah has made. It has opened the doors for more children to receive medical care that gives them a second chance in life.

"In a country that has seen so many atrocities under the previous regime, as well as empty promises, it was exciting to see that such a small child could empower and invigorate an entire community towards making strides for improvements," Wind said.

## Mercy continued...

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JSOTF-P personnel also supplied drinking water, arranged meals, living quarters, laundry service, and assisted in exchanging foreign currency for 25 military civil engineers staying off the ship at two different campsites.

In order to successfully complete the mission, the ground liaison element worked closely with their AFP counterparts and personnel from Mercy, to ensure open lines of communication and security to and from all of the daily Medical Civic Action Projects (MEDCAP), Engineering Civic Action Projects (ENCAP), Veterinary Civic Action Projects (VETCAP), and Dental Civic Action Projects (DENCAP).

"Ultimately it's a two-pronged goal: to establish security and get them to their worksites," said Army Sgt. 1st Class Joe Groves, JSOTF-P operations sergeant. "There are a lot of moving parts in between, but generally we move whole companies, so we're used to moving a lot of people in different directions."

Behind the scenes, planning for Mercy's arrival began months before the ship reached the Philippines. One facet of the initial planning process included identifying the sites for each MEDCAP, ENCAP, VETCAP and DENCAP. Each location was carefully selected in advance and approved by the RP.

JSOTF-P commander and Mercy's mission commander shared the sentiment that teamwork between the ship's crew, the men and women of JSOTF-P, AFP and the Philippine government led to the ultimate success of the Mercy mission in the southern Philippines.

"Pacific Partnership was a tremendous success," said Army Col. Bill Coultrup, JSOTF-P commander. "The high volume of medical, dental, veterinarian, and engineering civic action projects completed would not have been possible without teamwork."

"Mercy's magnificent crew of doctors, dentists and engineers worked shoulder-to-shoulder with the AFP, JSOTF-P, local government officials, and NGOs to provide focused humanitarian assistance to the people of Mindanao," said Coultrup.

"JSOTF-P has been instrumental to Pacific Partnership's success in Mindanao," said Capt. William A. Kearns III, mission commander for Pacific Partnership 2008. "We were able to strengthen local communities through medical care and engineering projects because of their teamwork and professionalism."

During the Mercy's port visit in Cotabato, AFP, JSOTF-P, and Mercy personnel treated nearly 11,000 medical patients and more than 2,000 dental patients, trained more than 2,000 medical workers and students and completed two civic action construction projects in Mindanao.

## NM Scientist to Head New Joint Infectious Disease Program

By Larry Coffey, Navy Medicine Support Command Public Affairs Office

**SILVER SPRING, Md.** - A research scientist at the Naval Medical Research Center (NMRC) in Silver Spring, Md., was selected June 24 as the research coordinator for the new Military Infectious Diseases Research Program's (MIDRP) Wound Infection Program.

Cmdr. Kyle Petersen, a Navy Undersea Medical Officer, is assigned to the NMRC Combat Casualty Care directorate where he performs undersea medicine research and also provides patient care at the nearby National Naval Medical Center (NNMC) at Bethesda.

The MIDRP Antimicrobial/Wound Infection Program, a Department of Defense (DoD) joint multiservice effort, will develop and evaluate devices, technologies and treatments to prevent and treat infections in combat casualty injuries. While work in these areas is ongoing, the program will officially begin in fiscal year 2010. Potential areas of investigation include bacterial pathogenesis and colonization of wounds, investigation of topical antimicrobial agents, and investigation of antimicrobial synergy.

"I'm very excited," Petersen said. "This is a fantastic opportunity to deliver even better evidence- and science-based care to our men and women in uniform who have given so much and been wounded while in service to their country."

The new program was created in response to new types of wound infections being found in injured combat troops returning from Iraq and Afghanistan, said Capt. Vincent DeInnocentiis, NMRC executive officer. Many of

these infections are very difficult to treat and are resistant to current antibiotics and other traditional treatments.

With Petersen's selection, there are 11 MIDRP research coordinators leading the joint efforts of approximately 300 Army, Navy, Air Force, DoD civilian and contract scientists located in eight infectious diseases research laboratories. Approximately 2,000 support personnel are also assigned. The eight MIDPR major infectious diseases research laboratories are located in Maryland - the Naval Medical Research Center, the Walter Reed Army Institute of Research, the United States Army Medical Research Institute of Infectious Diseases - and overseas in Peru, Egypt, Kenya, Thailand, and Indonesia with smaller detachments in Nepal, Uganda, Tanzania, Nigeria, Cameroon, and Ghana.

Petersen said Navy military treatment facilities (MTFs) will be involved in some of the clinical research and will benefit from the basic science research as it transitions to the clinical setting. Other Navy involvement will come from NMSC laboratories involved in the basic science research effort.

Petersen is board certified in internal medicine and infectious diseases, and trained at Naval Medical Center San Diego. He is the author of numerous scientific abstracts and manuscripts concerning wound infection with multi-drug resistant pathogens. Petersen said he will continue patient care at NNMC Bethesda and undersea medicine research at NMRC while beginning preliminary work for the MIDRP.

## Mobile Shock Trauma continued....

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allows commanders the ability to focus on continuous operations, in remote locations, without having to worry about whether their Marines will have the care they need in the event of a casualty.

"FRSS is designed to be highly mobile," Redmon said about the system, which is designed to be unpacked and set up in one hour. "We travel with the forward edge of the battle area. Where they go, we go in order to provide the commander with that assurance that his or her Marines will have the care they need."

The staff of the FRSS sounds like the role-call at any shock-trauma hospital in America: two surgeons, one of which is an orthopedic surgeon, an anesthesiologist, an en route care nurse, an operating room nurse, two operating room

technicians, a hospital corpsman, and two Marine ambulance drivers.

Redmon said that all of the equipment is necessary to run the operation can fit into two military ambulances, a third Humvee and two trailers.

"When someone is severely wounded the first hour is the most important in order to save life and limb," said Hospital Corpsman 1st Class Richard G. Heine, FRSS lead petty officer. "With our small footprint, we have the ability to stay close to the action, which gives us more time. Instead of having to evacuate a casualty to a more distant facility, we are right there."

Although there were no serious injuries at African Lion 2008, an annual combined arms exercise coordinated by U.S. European Command, U.S. Africa Command and U.S. Marine Corps Forces Europe,

Heine said their time here provided valuable training opportunities in addition to its service as an emergency contingency.

"Being out in the field, doing procedures, setting up and breaking down—it's all valuable, hands-on experience," Heine said. "Doing these things in an austere environment like we have here will help us in our real world mission. This is about as close as you can get to real-world."

The FRSS team is composed of Marines and Sailors of Surgical Companies A and B of 4th Medical Battalion, 4th Marine Logistics Group which is headquartered in San Diego, with detachments in Pittsburg, Pa.; Washington, D.C.; Orlando, Fla.; and Knoxville, Tenn.



**CAMP SHELBY, Miss.** - Lt. Matthew Dent, Naval Mobile Construction Battalion (NMCB) 7's dental officer, performs a dental exam on a Seabee during the battalion's unit field exercise (FEX) June 22. While the battalion is in the field, medical and dental personnel still provide services in the battalion aid station ranging from routine exams to emergency medical support. *U.S. Navy photo by Mass Communication Specialist 2nd Class Michael B. Lavender*

## War Claims Life of "Beloved" Bethesda Sailor

By Hospital Corpsman Dustin Perry National Naval Medical Center Public Affairs

**BETHESDA, Md.** - A Bethesda Sailor, Hospital Corpsman Marc Retmier was killed in Afghanistan June 18 as a result of wounds suffered from an enemy rocket attack.

"Retmier was a beloved staff member who worked alongside our staff in the internal medicine clinic," said Rear Adm. Richard Jeffries, Naval Medical Center Bethesda Commander. "He was loved and well respected by all that knew him."

Hospital Corpsman 3rd Class Elizabeth Torres, assistant leading petty officer of Bethesda's Internal Medicine Blue Clinic, said she was a friend of Retmier's and had known him since boot camp. He was a squared-away Sailor, she said, always ready to go.

"When I heard he was coming to the internal medicine clinic, I was so excited because I knew he was someone we could count on," Torres said. "He was very driven and dedicated."

Torres explained Retmier liked to follow the doctors around throughout the clinic to learn as much as possible.

"He always wanted to do a better job and learn the most he could about medicine," Torres said. "He wanted to go overseas more than anything. He figured his field medical training needed to be put to use."

Hospital Corpsman Tiffany M. Miller, a clinic corpsman in Bethesda's Internal Medicine Blue Clinic, explained Retmier motivated her to be a better Sailor. He was passionate about being a corpsman, she noted.

"He helped me out with a lot of things," Miller said. "Even though he passed away, he passed away doing something he loved, taking care of others."

## New Command to Oversee Bethesda BRAC Process

By Chief Mass Communication Specialist (AW) Paul DeLaughter National Naval Medical Center Public Affairs

**BETHESDA, Md.** - Naval Facilities Command Washington christened the Officer in Charge of Construction Command, Bethesda, on June 24, to oversee the construction and engineering portions of Bethesda's Base Realignment and

Closure (BRAC) process.

Capt. John Korka assumed command in a ceremony in Memorial Auditorium.

"We will execute the engineering, construction and facilities support dictated by our supporting commanders," Korka said. "We are responsible for keeping things on track, on time and on, or under, budget."

Korka noted it is common for the Naval Facilities Command to establish separate, smaller commands to oversee large projects, much like the one at Bethesda. The projects officially begins July 3.

"Naval Facilities Command is commissioning this new command to support the Navy's medical professionals' needs and ensure they have the opportunities to provide world-class medical care well into the 22nd century," said Capt. Jim

Stader, commanding officer of Naval Facilities Command Washington.

Naval Facilities Command Washington manages the design, planning and construction of shore facilities for the Navy, Marine Corps and other federal clients.

David "Ollie" Oliveria, Bethesda's BRAC program manager, explained Bethesda's BRAC representatives receive direction from the Navy Bureau of Medicine and Surgery, the Joint Task Force National Capital Region - Medical, the National Naval Medical Center commander, and input from Bethesda's patients and staff members.

"We will work side-by-side with the Officer in Charge of Construction Command - Bethesda," Oliveria said. "We tell them the direction we are trying to go and they will take the ball and run with it."



Bureau of Medicine and Surgery  
Public Affairs Office  
2300 E Street NW  
Washington, DC 20372-5300  
Phone: (202) 762-3221  
Fax: (202) 762-1705