

Issue 1
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Items of Interest:

You Can Quit Smoking! Make 2008 the year you or someone close to you quits smoking. Smoking harms nearly every organ of the body, causing many diseases and reducing the health of smokers in general. Quitting smoking has immediate as well as long-term benefits for you and your loved ones. You CAN quit smoking. The following information may be helpful to your efforts. If you're looking to quit, we encourage you to contact **1-800-QUIT-NOW** or www.smokefree.gov for additional support. You are NOT alone:

- In 2005, 45.1 million adults (20.9 percent) in the U.S. were current smokers—23.9 percent of men and 18.1 percent of women. An estimated 70 percent of these smokers said they wanted to quit.
- An estimated 19.2 million (42.5 percent) adult everyday smokers in 2005 had stopped smoking for at least 1 day during the preceding 12 months because they were trying to quit.

Navy and Marine Corps Medical News

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Bush Vows Support for Wounded Troops, Addresses Iran Threat

By Donna Miles, American Forces Press Service

WASHINGTON – America's wounded troops are getting the best medical care possible, and the country is committed to ensuring the bureaucratic system serves them equally well, President Bush said today in Fredericksburg, Va.

Speaking to the Rotary Club of Stafford, Va., the president also told a questioner that Iran remains a threat to peace and needs to suspend its uranium-enrichment activities.

Bush told the Rotarians he feels "a particular sense of obligation to make sure that the man or woman I've sent into combat gets the very best care possible."

He called the doctors and nurses providing military health care "fabulous," noting that "the health care these troops are getting is excellent, no ands, ifs or buts about it."

"I can look the parents ... and loved ones of the troops in their eyes and say, 'Your kid's going to get fabulous health care, and they deserve it,'" he said.

The president conceded that problems like those that surfaced in February at Walter Reed Army Medical Center here detract from this care and said they won't be tolerated. Bush called the Walter Reed situation "a bureaucratic foul-

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PACIFIC - Laura Montero 14, from Albion, Ill., center, rests comfortably in the medical ward aboard the aircraft carrier USS Ronald Reagan (CVN 76) following an emergency appendectomy performed by the ship's surgeon. Laura was medically evacuated (MEDEVAC) by an HH-60H Seahawk from Helicopter Anti-Submarine Warfare Squadron Four (HS) 4 on Dec. 15, 2007, after she suffered a ruptured appendix while vacationing aboard the Dawn Princess cruise ship off the coast of Baja, Mexico. Laura's mother Trudy Lafield, center-left, was later flown to the ship and reunited with her daughter. *U.S. Navy photo*

Yokosuka Labor, Delivery Staff Trains on New Birth System

By Mass Communication Specialist 2nd Class Chantel M. Clayton, Fleet Public Affairs Center Det. Japan

YOKOSUKA, Japan - The labor and delivery staff at the U.S. Naval Hospital Yokosuka, Japan had the opportunity to practice their delivery and life-saving skills on a new simulator Dec. 19.

The hospital trained on "Noelle," a labor and resuscitation mannequin, which enables labor and delivery staff to practice deliveries without a live patient.

According to Lt. Aaron C. Myers, a labor and delivery nurse at the hospital, Noelle can simulate almost anything and give the staff a true-to-life training experience.

"It's a labor simulator with a motorized mechanism that makes the birth actually happen," said Myers. "It also has two interactive monitors that I can program using a remote laptop for different scenarios, then there's another baby where we can practice resuscitation."

Myers says the scenarios during the training experience are real, making the training more effective.

"We can simulate vaginal deliveries and c-sections

with this model," said Myers. "We can simulate heart-rate tracings, vital signs, and can also simulate cardiac arrest functions, to go along with CPR on the model. We can do the same with the baby. We can simulate giving medications and starting IVs on the baby."

According to Myers, the hospital purchased the system about a month ago for about \$20,000. The labor and delivery staff plans to use this training system often.

"We plan to do the training once a month, but also make the training available for whenever things around here are slow," said Myers. "When we're not actually delivering babies we can train to deliver babies."

The labor and delivery staff benefited from the training and value the hands-on experience.

"It was a really good training experience," said Amylisa Myers, a labor and delivery nurse at the hospital. "Usually when we do drills we talk through the process. With this we have a room where we can move around and it mimics the experience of a true delivery, versus talking through it. It makes it more real. I've never experienced training like this. I've been doing this for six years, and wished this were around during my first time in labor and delivery."

Fighting to Save Lives

By Marine 2nd Lt. Tyson Alexander and 2nd Lt. Sarah Lane of Marine Aviation Training Support Group 21 and Rod Duren, Naval Hospital Pensacola Public Affairs

PENSACOLA, Fla. - More than 62 years ago, a Navy pharmacist mate -- forerunner of today's hospital corpsman -- was the lone Sailor among a handful of Marines made famous by Associated Press photographer Joe Rosenthal's Pulitzer Prize-winning "Flag Raising on Mount Suribachi."

Most people are familiar with the famous photograph taken on the island of Iwo Jima in February 1945 leading up to the end of World War II. The photo has become iconic, and as such can be found in a variety of places including as the model for the U.S. Marine Corps War Memorial in Washington, D.C.

But Pharmacist Mate 2nd Class John 'Doc' Bradley's greatest contribution to the Navy-Marine Corps team may have come just a few days before to the flag-raising photo when his actions in combat earned him the Navy Cross.

Bradley, who was with the 5th Marine Division's 28th Marine Regiment, saved countless lives during

a furious assault on a strongly defended enemy position at the base of Mount Suribachi.

According to the citation, Bradley observed a wounded Marine in an open area under a barrage of mortars and machine-gun crossfire.

"With complete disregard for his own safety, he ran through the intense fire to the side of the fallen Marine ... tied a plasma unit to a rifle planted upright in the sand ... and continued his life-saving mission."

The Marine's wounds bandaged and the condition of shock relieved by the plasma, Bradley pulled the man 30 yards through intense enemy fire to a position of safety.

Today, Navy corpsmen still willingly put themselves in harm's way in order to save their comrades on the battlefield.

A Fleet Marine Force (FMF) corpsman assigned to a Marine Expeditionary Unit during the Battle of Fallujah in the fall of 2004 embodied the same courage as Bradley.

"As the shooting began, and wounded began to filter in ... you just never know when (or how) you'll react. I was thinking, 'I'm (only) 19 years old (and have)

these Marines' lives, both young and old, in my hands,'" said Hospital Corpsman 3rd Class Courtney Seals.

General Surgeon Cmdr. Lach Noyes, while in Fallujah on a second Operation Iraqi Freedom tour, said the care being provided by these young "grunt corpsmen," some fresh out of hospital corps school, to Marine combat units is "exceptional ... [they're doing] outstanding jobs."

Noyes said Marines are confident that the Navy medical system will get them the best possible care.

Specialty training is crucial for FMF corpsmen. It's above and beyond the training given to general duty corpsmen. The average FMF corpsman or "Devil Doc," as Marines affectionately refer to them, has attended Hospital Corps School and completed an intense 8-week course at the Field Medical Service School at Camp Lejeune, N.C.

In addition, FMF corpsmen attend a 10-day course in operational emergency medicine where they get hands-on training and the opportunity to treat different combat

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'Damage Control' Surgeries and Medevacs

By Marine 2nd Lt. Tyson Alexander and 2nd Lt. Sarah Lane of Marine Aviation Training Support Group 21, and Rod Duren, Naval Hospital Pensacola

PENSACOLA - Critical Care Nurse, Lt. Cmdr. Brent Lynn has been in the U.S. Navy more than 19 years – nine as an enlisted hospital corpsman, but most of that time was spent with the Marine Corps on the ground.

But little of it would compare to the 'miraculous' feats of combat surgical care provided in Iraq.

Due to logistical and austere medical conditions that combat can produce, Navy nurses, surgeons and corpsmen, have learned lessons from, and with, the Marine Corps when it comes to adapting and improvising.

Two of those Navy Medicine personnel, Navy Nurse Lt. Cmdr. Brent Lynn, and Navy Surgeon, Cmdr. Lach Noyes, along with another 100 currently deployed in Iraq, Afghanistan and Kuwait are among the staff at Naval Hospital Pensacola.

It is all of their positive attitudes and tireless work-ethic that enable them to rise above the harshest of conditions, and the most severe injuries, to once again, bind the Navy-Marine Corps team in an operational setting across the globe.

Corpsmen have one of the most

important jobs on the battlefield. When Marines are engaging insurgents, and being shot at, it's the corpsman that runs through fire to aid the injured Marine. With little regard for their own skin, corpsmen act as angels for mercy on the battlefield, helping as many of "their" Marines as possible.

Once a corpsman has done the best to stabilize the injured, the next phase of saving a Marine's life is putting him into the hands of Navy doctors and nurses as quickly as possible for more definitive care.

These lifesavers are typically located a few miles behind the front lines. Navy doctors and nurses work long hours under stressful conditions and with minimal resources due to the combat environment.

Lynn was the only critical care nurse assigned to the FRSS team, located about 10 miles from the Syrian border. There were two operating room technician corpsmen, two general-duty corpsmen and two surgeons.

Everyone's skills were put to the test in one instance, when the medevac helo pilot was wounded when a bullet ricocheted, impacting his nose.

Despite the wound, the pilot flew the helicopter to the FRSS. Once on the ground everyone rushed to treat the wounded in the

back of the helicopter. Yet, nobody had a clue to the casualty in the cockpit.

When the pilot stepped out of the helicopter, "Everyone stops ... and stares in disbelief," said Lynn. The pilot "didn't have a face. I don't know how he picked up the wounded; and flew into Al Qa'im.

"The intestinal fortitude of that pilot to fly those wounded while he was (likely) dying was the most amazing thing I'd ever witnessed," said Lynn, "until we got him into surgery!"

Lynn provided fluid resuscitation and was "pushing lots of fluid and blood rapidly" to the patient while assisting anesthesiology with surgery preparations.

Surgery began with putting the patient's face back together.

"If it hadn't been for the surgeon and anesthesiologist, he would have died right then and there," Lynn said. "It was miraculous stuff."

A year later, Lynn says, he heard this same pilot was "learning to speak and eat again; and was doing well."

In another area of Iraq, Cmdr. Lach Noyes, who had served at the outset of Operation Iraqi Freedom

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Bush continued...

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up" and noted that Defense Secretary Robert M. Gates moved to fix the situation quickly. "That should show you our intensity in making sure that our troops get the very best care," he said.

Bush said he and first lady Laura Bush will visit both Walter Reed and the National Naval Medical Center, in Bethesda, Md., later this week. They'll visit for two reasons, he said: "One, to tell those troops we love them, and two, to tell those docs and nurses who are working overtime to give them fabulous care this country appreciates what they're doing."

Moving to questions about Iran, Bush pointed to the recent national intelligence estimate as proof that "Iran was a threat, Iran is a threat to peace, and Iran will be a threat to peace if we don't stop their enrichment facilities."

If Iran were able to produce a nuclear weapon, it

would be a highly destabilizing force in the region, Bush said. He noted Iran's threats to wipe out Israel as an example.

Iran owes the world an explanation about its suspended nuclear program, Bush said. "They need to make it clear to the international organization, the (International Atomic Energy Agency), what the program was all about and why they hid it from the world," he said.

Meanwhile, Bush pledged that the United States will continue working with its friends and allies to apply diplomatic pressure aimed at convincing Iran to suspend its enrichment programs.

He noted that Russia is in the process of sending enriched uranium to Iran for use in its civilian nuclear reactor. "If the Russians are willing to do that ... (and) the Iranians accept that uranium for a civilian nuclear power plant, then there's no need for them to learn how to enrich," he said.

Fighting continued...

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wounds. Every corpsman is taught how to treat injuries ranging from routine to catastrophic. The priority is to stabilize injured Marines for medical evacuation.

The priority is to "stop the bleeding and control intestinal spillage," said Noyes, who works at Naval Hospital Pensacola.

The corpsman's first duty is to treat his Marines' combat injuries, but they can also be called upon to provide humanitarian assistance to the local populace.

Marines will do anything they can to protect "their" corpsman. Marines think so highly of them they will form an inverted "V" while patrolling the streets with a "Doc" located in the center – the most protected part of the formation.

Additionally, the Marines teach the corpsmen to be active members of the infantry unit. This includes practicing patrolling and weapons-handling.

While Marines teach their corpsmen the basic skills of an infantryman, the corpsman educates the Marines on self-aid and buddy-aid techniques.

This is important because a corpsman cannot be everywhere at once. If multiple casualties are taken, "Doc" needs the Marines to be able to react and provide medical attention to their own until he can get to them.

Prior to being deployed, the Marines go through a course called "Combat Lifesaver." Certified corpsmen cover different topics which relate to the combat environment. The five-day course gives Marines a chance to practice inserting IV's, applying bandages and splinting limbs.

The medical treatment of wounded Marines is one of the most important areas in which the Navy supports the Marine Corps.

With today's technology, if a Marine can be stabilized and taken to a major medical unit within the "golden hour," it dramatically improves the chances of their survival. The responsibility for treating these combat wounded Marines falls on both the corpsman and Marines still in the fight.

Pensacola is home to a number of Navy corpsmen and Marines that have recently returned from combat tours in Iraq including two FMF corpsmen, Seals and Hospital Corpsman 2nd Class Felix Colon, both assigned to the Naval Branch Health Clinic at the Center for Information Dominance on Corry Station.

The Marines are represented by a decorated group of Leathernecks including Staff Sgt. Markeith Williams, a Combat Action Ribbon recipient and platoon sergeant with the 31st Marine Expeditionary Unit who is currently assigned to Marine Aviation Training Support Group 21 aboard Naval Air Station, Pensacola.

Colon, a 7-year Navy veteran and a recent selection as Naval Hospital Pensacola Junior Sailor of the Year, was assigned to the 2nd Battalion, 6th Marines in Fallujah, Iraq, during Operation Iraqi Freedom in 2005-2006. The experiences he came away with range from treating the injured to training the Iraqi Army how to patrol, execute

weapons searches and conduct vehicle check points.

"We find ourselves right beside them and ensure that we will take care of them," said Colon. "The Navy-Marine Corps team manages to accomplish many things together. They have their mission and we have our mission as corpsmen."

The Navy-Marine Corps team showed their profiles in courage and valor in combat by routing-out inner city insurgents from Fallujah.

Seals said, "All of that pre-training finally came into use. We reacted like it was second nature. I don't know how to explain it. It's like I was just watching myself perform and I was like '...huh, yep ...that's it nice and easy.' All the time I sat in corps school and Field Medical Service School and I never in a million years thought that I would have a life in my hands. All of the training comes together when placed in a combat situation."

Williams was a platoon sergeant during Operation Phantom Fury in Fallujah, from October 2004 to February 2005.

"The relationship between the corpsmen and the Marines is probably the closest relationship there is in the military," said Williams. "Our corpsmen responded immediately to medical emergencies and their performance was outstanding. I remember one time specifically that we were receiving heavy mortar and RPG fire, when we were suddenly hit by an IED.

"Without hesitation, our corpsman triaged the injured Marines, he put them in our AAV's, and without missing a beat grabbed a bunch of ammo and began supplying it to the machine gun section. He reacted better than even some of my Marines did under fire. Our doc was always ready."

On another occasion, Williams witnessed a corpsman save a Marine from being killed by a sniper. The Marine was patrolling with his unit when they took heavy enemy fire. The unit went into an adjacent building for cover and continued fighting.

One Marine was providing security at the front door of the building when he was hit by sniper fire, which resulted in him falling into the street. Instantly, the corpsman ran over and grabbed the Marine and pulled him back into the building.

In doing so, the corpsman was shot and killed by the sniper, but not before he had pulled the injured Marine out of harm's way.

This is one of countless stories of the service members' dedication to each other and the mission. It is a brotherhood and bond that lasts the rest of their lives.

The Marine's job is to destroy the enemy and accomplish the mission, and the corpsman's job is to do everything he can to help Marines accomplish that mission, whether it is providing medical care, assisting on a patrol, or calling for close air support.

The corpsman is a jack-of-all-trades when it comes to his battlefield assignment. The symbolism of the Navy corpsman wearing the Marine Corps' MARPAT utility uniform in combat is an outstanding example of how Marines view corpsmen -- as one of their own.



YOKOSUKA, Japan - Hospitalman Nicholas Ullrich performs artificial ventilation on a baby mannequin during a training evolution at the U.S. Naval Hospital Yokosuka, Japan, Dec. 19, 2007. The hospital received a \$20,000 labor and delivery training system, complete with a mannequin capable of delivering a baby. The labor and delivery staff can practice their skills on mannequins and be more prepared for real childbirth. *U.S. Navy photo by Mass Communication Specialist 2nd Class Chantel M. Clayton*

'Damage Control' continued...

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with Fleet Hospital 3 -- the Navy's first Expeditionary Medical Facility to set up shop in a combat zone -- came back for a repeat performance with the Marines for the Battle of Fallujah in 2005.

"There's a military-medical necessity that saves lives called damage-control surgery," said Noyes.

"In a forward deployed area close to the combat, among a surgeon's first obligations is to stop the bleeding and control intestinal spillage ... deferring definitive surgery to a higher echelon of care."

The forward-placed surgeons rarely get to see the intermediate or end-result-care of a "damage control surgery" patient.

"It's frustrating sometimes," the Pensacola surgeon said, "but it saves lives."

"They're realists," said Noyes, of the Marines in Fallujah, where he served with the Bravo Surgical Company.

"They know, with confidence, that if they get wounded, the (Navy) medical system will provide them with the best possible care ... and it starts with those 'grunt corpsmen' at the unit-level for which I have an awful lot of respect," he said.

Cpl. Joshua Wilding is one of many Marines who benefited from the lifesaving skills of these doctors and nurses. On Aug. 12, 2006, while searching and sweeping for IED's with his combat engineer unit, Wilding and several members of his squad were hit by one of the exploding devices. This resulted in several Marine and Iraqi-national casualties.

Wilding received shrapnel to his face and hip from the blast and lost the middle finger on his left hand.

The skill and expertise of the medical personnel ensured Wilding would be returned home safely and be able to live a healthy and normal life.

"They were good, fast and knew exactly what to do," said Wilding. "They got me bandaged up and I was on my way."

The corporal traveled from Iraq to Germany and finally to Bethesda, Md., as part of his recuperative journey. His family was flown to Maryland at the Marine Corps' expense to see him.

Wilding said that the doctors taking care of the Marines were doing everything they could to make them happy and their care was excellent.

"There were a number of wounded Marines; and everyone made sure they were taken care of. He received service immediately with no waiting," Wilding said, "I had a Senior Chief just take over any time I came across any problems."

When asked how the loss of his finger affected his lifestyle, Wilding said that he could still hunt, fish, shoot his rifle and play golf.

According to Lt. Col. Jeffery Chesney, the Commanding Officer of Training Wing Five at NAS Whiting Field, the Navy-Marine Corps team is doing a terrific job of taking care of injured Marines both on deployment and here at home.

"The docs are always around us in the squadron, no one is better than the docs ... you do anything you can for them."

"They become Marines," said Chesney. "You'll find that the guys (Fleet Marine Force Navy corpsmen) who spend time with the Marines stay with the Marines."

The Navy-Marine Corps team is taking care of their wounded better than any other service, he said, on both the medical and administrative side.

These Marines are getting state-of-the-art care at hospitals like Landstuhl (in Germany) that often would be difficult to acquire in the states. These combat hospitals use cutting edge technology to save Marines lives and improve their quality of life after they have been injured.



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