

# Navy and Marine Corps Medical News

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## Item of Interest:

**Inauguration of President-elect Barack Obama, the 44th President of the United States of America.** President-elect Barack Obama will be inaugurated as our nation's 44th President Tuesday, Jan. 20. This is also the birthday of Martin Luther King, Jr. President-elect Obama will take the oath of the office of the President at 12 p.m.. Due to this event, all Federal offices in Washington, D.C., and in some locations in the nearby surrounding areas, will be closed and the day declared a holiday for personnel. Also, Martine Luther King's Birthday is observed as a Federal holiday Monday, Jan. 19 and all offices will be closed.

## Chaplains Offer New Suicide Prevention Training

**By Mass Communication Specialist 2nd Class (SW/AW) Marc Rockwell-Pate, Commander, Navy Region Europe Public Affairs**

**NAPLES, Italy** - Navy chaplains across the Europe, Africa, South-west Asia region are now offering a special suicide prevention program to help address the concerns Navy and Marine Corps leadership have regarding one of their top priorities - suicide prevention.

Along with the Navy's Life Skills/Health promotions mandatory annual suicide prevention training, region chaplains are providing service members and their dependents with the Applied Suicide Intervention Skills Training (ASIST) program.

"Suicide is one of the most un-

derestimated problems in our culture," said Lt. Jason Hefner, the lead ASIST instructor in the region. "It is the third leading cause of death for 17-24 year olds in the U.S. and the tenth leading cause of death for all age groups."

Hefner added the ASIST program is a great addition to the military's annual training and will provide a new set of prevention tools to service members.

"The ASIST program provides everyday people with the perspective and skills to empower them to provide effective care for others," said Hefner.

ASIST was developed by Living-Works Education, Inc. and is de-

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**WASHINGTON** – Vice Adm. Adam M. Robinson, Jr., the Surgeon General of the Navy, hosted the Martin Luther King Jr. Birthday Observance ceremony at the Bureau of Medicine and Surgery (BUMED) on Jan. 12. During the ceremony, the Surgeon General gave a moving and heartfelt speech expressing the deep impact King continues to have on civil rights and on the lives of all Americans. A cake cutting ceremony marked the conclusion of the event. *U.S. Navy photo provided by the Bureau of Medicine and Surgery Public Affairs Office*

# Admiral's Call by the Surgeon General of the U.S. Navy Vice Admiral Adam. M. Robinson, Jr.

## Diversity

Because people are Navy Medicine's most valuable asset, I'm committed to the goal that Navy Medicine will maintain the right workforce to deliver medical capabilities across the full range of military operations. We will achieve this goal through the appropriate mix of accession, retention, education, and training incentives.

If Navy Medicine is to be fully successful, we must constantly strive to attract and retain the best people from all walks of life. If we expect to keep the talent we recruit, we must communicate and embrace the concepts of diversity to meet the professional aspirations of all our personnel. Diversity must become part of the everyday culture of Navy Medicine. We must continue to create an environment wherein we attract the highest level of health care professionals by providing appealing job incentives -- meaningful and challenging assignments, opportunities for professional growth, advanced educational and research opportunities,

and options for family stability and a long term career.

To that end, Navy Medicine is a role model of diversity because we have focused on aligning ethnic and gender representation throughout the ranks to reflect our great nation's population. We have had many successes since our inception, including the establishment of the Navy Nurse Corps (all women) in 1908, and most recently, with the appointment of the Navy's first African-American Surgeon General in 2007.

Not only are we setting the example of a diverse, robust, innovative, and dedicated health care work force, but this diversity also reflects the people for whom we care. As the medical providers for the warfighters of our great nation, we answer the call to provide medical care to our sailors and Marines, soldiers, airmen, and members of the Coast Guard. On the home front and overseas, we also take care of their families, our retirees, and our personnel. Whenever and wherever the injured and ill call to us for medical care, we will be there



to take care of them.

Navy Medicine's Diversity Program promotes the message that we are the employer of choice for those individuals committed to a culturally competent health care organization. We offer a high quality work-life environment where our diverse workforce see themselves represented at all levels of leadership.

Our leaders support professional environments promoting inclusion, inviting different points of view,

*(Continued on page 4)*



**WASHINGTON** - Chief Navy Career Counselor John Frierson, left, Chief Navy Career Counselor Keith Eubanks, Senior Chief Electronics Technician Freeland Peterson, Navy Career Counselor 1st Class Joshua Vinson, Engineman 1st Class Conrad Sabal, Chief Hospital Corpsman Edward Dimagiba and Navy Career Counselor 1st Class Jose Lopez, some of the selected 2008 Recruiters of the Year, pose in front of the Iwo Jima Memorial in Washington Jan. 7. Navy Recruiting Command hosts its ROY awards program annually in Washington. The program includes meetings with senior Navy leadership, various dignitaries and visits to national historical sites. *U.S. Navy photo by Mass Communication Specialist 3rd Class Michael Russell*



**PANAMA CITY, Panama** - Hospital Corpsman 3rd Class Joe Davies, top left, observes Panamanian National Air and Maritime Service personnel during a Southern Partnership Station mass casualty training exercise Dec. 22, 2008. Southern Partnership Station is a training mission to Central America, South America and the Caribbean Basin. *U.S. Navy photo by Mass Communication Specialist 1st Class Daniel Ball*

## The Tri-Service Regional Standardization Program-Clinically Focused

By Kevin Hill, RN, MSN, MBA/HCM and Dr. Susan Ferguson, DM, Tri-Service Regional Standardization Program

**LOS ANGELES** - Behind the scenes within Military Treatment Facilities, the DoD Tri-Service Regional Standardization Program continues to contribute to quality patient care, improved medical readiness, and a healthy force by utilizing a clinically focused process. This process engages the input of doctors, nurses, dentists, and healthcare technologist in selecting quality medical products.

The goal of the Tri-Service Regional Standardization Program is to select quality medical supplies while obtaining volume discount pricing for participating facilities within each DoD region. To date, this program has standardized over 100 product groups, and has cost avoided over \$100 million in supply expenses DoD-wide over the last decade.

"The success of this program lies in the active participation of all clinicians in each region," said, Air Force Major Corey Munro, Pharmacist and Chief, Tri-Service Regional Business Office, Central Region. "To provide

the best quality patient care, all clinical staff must engage and be aware of the goals of the Military Health System," said Munro.

The clinical staffs of each standardization region develop and validate the technical and clinical criteria for the specific product line under consideration. This criterion is used to assess and evaluate individual products for standardization. Clinical choice, based on the established criterion, is one of the major determining factors for selecting standardized products and represents the hall mark of this clinically focused process.

Navy Lieutenant Robert Morrison, Supply Officer at Naval Hospital Guam stated, "To support our clinicians and to provide patient centered service, our team works with the standardization program, which offers our command improved procurement practices, more efficient supply systems, and a cost savings for the selected products."

One of the key advantages of this program is that it gives the clinicians an opportunity to support evidenced based medicine. By clinically evaluating medical products, DoD clinicians are treating their patients with the best products for the best price!

## Chaplains continued...

*(Continued from page 1)*

signed to teach people the skills to competently and confidently intervene with someone at risk for suicide. The course is a two-day training event divided into different learning methods; one day of workbook and PowerPoint education, and one day of hands-on role-playing.

"The role-playing aspect of the training is very important," said

Hefner. "I think it is a much more in-depth form of training and is more comprehensive than the annual GMT [general military training] the Navy is required to do."

Hefner, with the help of other ASIST instructors around the region, will hold a training session Jan. 22-23 at NSA Naples and Jan. 26-27 at Naval Air Station (NAS) Sigonella. Hefner hopes to expand the program to all installations in the regions.

"Right now we have certified instructors at Naples, Sigonella and Souda Bay," said Hefner. "I hope that we can get a certified instructor at every base in order to increase suicide awareness and develop a strong prevention program."

Hefner added he is happy the Navy recognizes this program as a valuable tool because it is the most reliable and the most effective he has ever studied.

## Wounded Warriors, Other Gates Priorities to Continue in Next Administration

By Donna Miles, American Forces Press Service

**WASHINGTON** – Defense Secretary Robert M. Gates is pleased by “great progress” in improving care and support for wounded warriors, but believes these developments “are still not good enough” and plans to implement more, Pentagon Press Secretary Geoff Morrell said Jan. 8.

Morrell said the Jan. 20 administration change won’t deflect Gates’ focus on key initiatives he championed during the current administration. These include getting more mine-resistant, ambush-protected vehicles and intelligence, surveillance and reconnaissance capabilities to warfighters and overhauling the acquisition and procurement system.

But particularly high on his radar screen, Morrell said, is improved care for wounded warriors. Problems at Walter Reed Army Medical Center arose just months after Gates assumed his post in

December 2007, and he ordered an all-out overhaul of the system.

“I think you will see this take even more of the secretary’s time in the coming year -- years, whatever it ends up being -- than even it has over the past couple of years,” Morrell said. “And I can tell you, it’s occupied a significant portion of his time.”

Gates “is not done in that realm,” Morrell said. “He has many more things he wishes to accomplish. He thinks we’ve made great progress but ... [believes it is] still not good enough. And so look for more in that realm.”

Another top Gates priority – getting more MRAPs to the combat theater – will continue into the next administration with an emphasis on getting more of the vehicles to Afghanistan, Morrell said. About 1,100 MRAPs are currently in Afghanistan, and more of these as well as the new, lighter models are likely to be needed in the future, he said.

Gates moved the MRAP program into high gear, creating the first major equipment procurement to go from concept to industrial production in less than a year.

The MRAP program “is now almost an institutionalized program,” Morrell said. “And in fact, we have nearly built all the MRAPs that have been identified as needed.”

Similarly, Morrell said, the ISR effort will remain a top priority, although he conceded that with Gates’ emphasis, it already has become “pretty well institutionalized.” Gates announced in April that he had created a task force to give the ISR issue the same emphasis as the MRAP program.

“My concern is that our services are still not moving aggressively in wartime to provide resources needed now on the battlefield,” the secretary said during an April speech to Air War College students. “While we have doubled this capa-

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## Surgeon General’s Column continued...

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embracing unique individual perspectives, enhancing the potential for personal and professional growth, and encouraging the contributions of all personnel. This is not just the job of Navy Medicine leadership, it is incumbent on every member of the Navy Medicine workforce to contribute to mission success.

We should all actively foster work environments where people are valued, respected, and provided the opportunity to reach their full personal and professional potential. This is my responsibility and your responsibility, and we all must take ownership of what we do to cultivate a diverse Navy Medicine team.

We will continue to nurture diversity by:

- **Outreach** - Navy Medicine leadership’s educational and community outreach efforts embrace a wide variety of groups to stimulate an interest in careers with us.
- **Recruitment** - We must all work together as a group to multiply our effectiveness in recruiting the best and brightest young people in the United States. It is important that we continue to work with the Navy Recruiting Command, Bureau of Medicine and Surgery corps recruiters, the Uniformed Services University of Health Sciences, and the Navy

Diversity Directorate (N134) in this initiative. In order for people to learn about and become excited about Navy Medicine, we must go out to their communities and engage with them.

- **Mentoring** - Navy Medicine leadership is responsible for developing the next cadres of diverse senior leaders throughout all corps. We need to support and expand mentoring opportunities and create mentoring environments across Navy Medicine, beginning with the Surgeon General and cascading throughout the chain of command.
- **Retention** - It is important to expand opportunities for our personnel. One way is through post-graduate and continuing education. Another way is to adopt work-life balance policies that meet Navy Medicine’s needs and the needs of our personnel.

Navy Medicine recognizes the shifting demographic realities in the United States, with the growing competition among the military services and corporate America for talented personnel. With this in mind, the goal of the Navy Medicine Diversity Program is to ensure we attract, develop, and retain individuals whose contributions are valued, and respected and who have the right skills to allow Navy Medicine to meet the dual mission of Force Health Protection and taking care of our beneficiaries.

# Seabees Provide Medical Assistance in Romania

By Builder 3rd Class Sherry Clark, Naval Mobile Construction Battalion 4 Public Affairs

**SINOE, Romania** - Seabees from Naval Mobile Construction Battalion (NMCB) 4 renovated a medical clinic in the village of Sinoe, which opened its doors to the people on Dec. 11.

The Seabees began the project in September, renovating the concrete floors with new ceramic tiles and vinyl. They also installed plumbing, a septic system and electricity, which the building did not have for more than 10 years. All the windows and doors were replaced with new ones, and all the walls were repaired, sanded, and re-painted. In addition to the remodeling, the Seabees were able to get some furniture for the clinic to include desks, medical cabinets, beds, and other necessities for clinic.

"This project was tough, and there were many things that had to be done in order to make it suitable for a medical clinic," said crew leader, Construction Electrician 2nd Class (SCW) Neal Walker. "We completely renovated the building so the doctor has everything she needs!"

The existing clinic was built in the late 1930's and was in dire need of maintenance.

"The people here in Sinoe needed a clean, safe medical clinic available to them, and I am excited to be part of this project," Utilitiesman 3rd Class Devin Boyette said.

The town Mayor, Gheorghe Grameni, and Constanta County Commissioner, Danut Culetu, attended the ceremony and were very satisfied with the final results.

"There are over 1600 people living in Sinoe, a village with small economic power, and the village badly needed a clinic. There are poor people that cannot travel to get medical assistance. The clinic is equipped with everything it needs now, a treatment ward... even a bedroom for the doctor," said the mayor.

Daily the Seabees drove an hour to the project site and were able to experience Romanian hospitality as neighbors brought the Seabees fries, chicken soup and fish. The locals were thrilled their clinic was being renovated.

"It's a dream come true. I've been here for seven years, and even if I only come here for two days a week people have many problems, especially financial ones," said Nicoleta Craciun, the doctor of Sinoe village. "The locals are poor, they don't have health insurance and is hard for me too, but they need to be examined. This clinic did not even have [electric] power, and the situation is different now."



## ICU Nurse Awarded Navy-Marine Corps Commendation Medal

By Mass Communications Specialist 1<sup>st</sup> Class (AW) Russ Tafuri

**PENSACOLA, Fla.** - Naval Hospital (NH) Pensacola Nurse Lt. Charles L. Toler Jr., NC, was presented the Navy and Marine Corps Commendation Medal at an awards ceremony Dec. 12 for meritorious service while serving as Inpatient Care Unit Nurse with the Fleet Surgical Team Seven unit assigned to Commander, Amphibious Force, U.S. Seventh Fleet out of Yokosuka, Japan.

While forward deployed in support of operational requirements, Toler was the sole critical care nurse supervising multiple intensive care nursing interventions for the Sailors and Marines of the Essex Amphibious Ready Group and 31st Marine Expeditionary Unit. His performance affected more than 400 inpatient stays in addition to providing enroute critical care for more 10 patients in austere conditions during emergency overwater helicopter medical evacuations.

Toler joined the NH Pensacola nursing staff in the summer of 2008.



## PERSIAN GULF -

Hospital Corpsman 1st Class Elisha Manning performs a routine dental cleaning aboard the multi-purpose amphibious assault ship USS Iwo Jima (LHD 7) Jan. 2. U.S. Navy photo by Mass Communication Specialist Seaman Chad R. Erdmann

## USS Abraham Lincoln Assists in Medevac At Sea

By Mass Communication Specialist 3rd Class Kat Corona,  
USS Abraham Lincoln Public Affairs

**USS ABRAHAM LINCOLN, At Sea** - USS Abraham Lincoln (CVN 72) assisted in a medical evacuation (MEDEVAC) from a Liberian-flagged merchant ship Dec. 13, 2008, nearly 300 miles off the coast of Southern California.

At approximately 9 p.m., Lincoln received word from the U.S. Coast Guard that a cargo ship, Marie Rickmers, issued a distress call of an injured Sailor on board who needed emergency medical attention.

"We were told the [cargo] ship had an injured sailor and was over 600 miles off the coast," said Coast Guard Cmdr. Sean Cross, the helicopter pilot who performed the MEDEVAC.

"We didn't think it would be able to happen because they were just too far away. Then we were told Lincoln was out there and we'd be able to use the ship."

Lincoln was on its transit home to Naval Station Everett, Wash., after completing squadron carrier qualifications off the coast of southern California when the call came in.

Through coordination with Lincoln, Marie Rickmers and the U.S. Coast Guard, Lincoln was positioned between the San Diego Coast Guard station and the cargo ship to act as a lily pad for the San Diego-based helicopter to refuel and expedite the MEDEVAC of the injured sailor.

"We were told someone was down on the other ship and needed help," said Lincoln's Senior Medical Officer Cmdr. Benjamin Lee. "We contacted the ship's captain to find out the status of the patient."

The Coast Guard helicopter landed on Lincoln's flight deck at about 1:30 a.m. to pick up a doctor and a hospital corpsman and to be refueled before heading to the cargo ship for the rescue.

"I was really impressed with Lincoln's crew on the [flight] deck," Cross said. "They had everything tied down and fueled quickly. There were some frustrations at first, with different hand signals and getting everything coordinated, but once everyone got on the phones and were able to talk it all came together quickly."

At the cargo ship, the helicopter crew realized there was very little space for them to perform their hoists.



**PACIFIC OCEAN** - An injured merchant sailor from the Liberian cargo ship "Marie Rickmers" is loaded onto a Coast Guard MH-65 Dolphin helicopter after receiving basic medical attention aboard the aircraft carrier USS Abraham Lincoln (CVN 72) Dec. 14, 2008. U.S. Navy photo by Mass Communication Specialist Seaman Apprentice Robert A. Robbins

"There were a lot of cranes and things on the deck that made dropping the hoists more difficult," Cross said.

In all, the helicopter crew performed four total hoists. The rescue swimmer went first, followed by the litter, which held the injured sailor as he was lifted into the helicopter.

After the patient was packaged onto the back board and brought up to the deck of the cargo ship, Coast Guard Aviation Survival Technician 3rd Class Robyn Hamilton, the rescue swimmer on the helicopter, attached the back board to the hoist and the injured sailor was brought up into the helicopter where Lincoln's corpsman and doctor took over care.

Hamilton was hoisted back into the helicopter and the crew began their journey back to Lincoln.

After landing on Lincoln's flight deck, Health Services Department took over care of the patient, but had help from many different departments on the ship to get the patient down to main medical.

*(Continued on page 8)*

## Wounded Warriors continued...

*(Continued on page 4)*

bility in recent months, it is still not good enough."

That's changing, Morrell said. "There are now people who appreciate, as the secretary does, how important this is to our warfighters," he said. "And so I think they are committed to seeing his vision through to reality."

Gates will continue his efforts to improve defense acquisition and procurement while dealing with major budget issues, Morrell said.

The next defense budget will go to Capitol Hill shortly after the Obama administration takes office. Other issues on the horizon include the Quadrennial Defense Review, a new National Defense Strategy and a new nuclear posture statement.

"So there are a lot of budget and policy matters that are going to eat up a lot of his time, but have the potential to really impact the direction of this department for years to come," Morrell said. "I think you'll see, in the first several months of this administration, a great deal of the secretary's time devoted to dealing with those issues."

# Navy Medicine Continues To Attract Diverse and Talented Medical Professionals

Bureau of Medicine and Surgery  
Public Affairs Office

**WASHINGTON** – People are Navy Medicine's most valuable asset. By continuing to recruit and retain an immense cross-cultural demographic of health care professionals, Navy Medicine is seen as a successful leader in diversity within, and an example for, the Navy community.

"If Navy Medicine is to be fully successful, we must constantly strive to attract and retain the best people from all walks of life. If we expect to keep the talent we recruit, we must strategically communicate and embrace the concepts of diversity to meet the professional aspirations of all our personnel and integrate diversity into the everyday culture of Navy Medicine," said Vice Admiral Adam M. Robinson Jr., MC, Surgeon General of the Navy. "We must have an environment where those we attract receive incentives, meaningful assignments, opportunities for professional growth and options for family stability and a long term career."

Diversity is a strategic impera-

tive for Navy Medicine and critical to the enterprise's mission accomplishment. With the shift in demographic realities in the U.S., there is an ever-increasing competition among the services and the private sector for talented personnel. Navy Medicine's Diversity Program ensures we attract, develop, and retain Sailors whose contributions are of the highest value and respected.

"In support of the diversity strategic imperative, we have formed the Navy Medicine Diversity Council. This council will continue to create new avenues of connecting with groups and communities to attract the best and brightest health care professionals to the Navy," said Cmdr. Victoria Wooden, Navy Medicine Special Assistant for Diversity.

Wooden added, "In order to recruit and retain the highest quality of talent, each member of Navy Medicine, at every rank and pay grade, must be his or her own leader in promoting and embracing what unique qualities and talents every one of us brings to this enterprise. Each of us brings our own unique talents and skills to Navy

Medicine and we must respect and appreciate the work our fellow team members do for our beneficiaries."

The goal of the Diversity Program is to ensure Navy Medicine will remain the medical organization of choice for those committed to culturally competent health care. Also, Navy Medicine will sustain a high quality work-live environment in which our diverse workforce represents all persons at all levels of leadership.

To ensure this success, all Navy Medicine personnel will continue to contribute to mission success and will actively foster work environments where all Navy Medicine personnel are valued, respected, and provided the opportunity to reach their full personal and professional potential.

Navy Medicine provides the health care for our service members, families and veterans of this great nation both on the home front, aboard, ships, and the front lines. It is because of the diversity of life experiences that we continue to cultivate the greatest medical staff for Navy Medicine.

## The Hidden Casualties of War: Moving to Solutions 2nd Deployment Mental Health Symposium

May 7 - 8

University of West Florida (UWF) Center for Fine and Performing Arts  
11000 University Parkway, Building 82  
Pensacola, Florida 32514

\$185 Early Registration (Through Feb 1, 2009)

\$205 Regular Registration (Feb 2 - May 1, 2009)

\$60 Full-time Student Registration (documentation must be provided)

The University of West Florida's Center for Applied Psychology (CAP) and the Naval Hospital Pensacola's Deployment Health and Wellness Center are proud to host a second Deployment Mental Health symposium that is structured to assist with promoting healing and resiliency for US Service members and their families.

The 2-day event will include tools and strategies to assist providers in diagnosing and treating trauma and stress that occur during and after the deployment cycle.

The Deployment Mental Health symposium is recommended for community-based mental health professionals, government and uniformed health care providers, and all others who have an interest in deployment mental or behavioral health.

Continuing Education Credits 12 hours - CE/CME

For more information, visit <http://uwf.edu/cap/DeploymentMentalHealth/> for updates, registration information and scheduled speakers.

## Navy Medicine West Welcomes First Babies in 2009

By Sonja Hanson, Navy Medicine West and Naval Medical Center San Diego Public Affairs Office

**SAN DIEGO-** Navy Medicine West (NMW) celebrates 2009 newborns from San Diego to Japan.

The first baby born in 2009 at Naval Medical Center San Diego was Gavin Jameson Rea. He arrived Thursday, Jan. 1, 2009, at 9:15 a.m. Pacific Standard Time (PST), weighed 7 lb. 15 oz. and measured 21 inches in length. Proud parents, Marine Sgt. Nathan and Jessica Rea are natives of Bakersfield, Calif. Nathan is currently assigned to Marine Wing Support Squadron 372 at Camp Pendleton Marine Corps Base. This is the first child for the Rea's. Mother and baby are both doing fine.

Naval Hospital Lemoore is proud to announce the arrival of 2009's first baby girl, Priscilla Colette Crusing. Crusing arrived at 5:01 p.m. PST on Jan. 1, 2009, weighed 9 lbs. 5 oz. and 21 inches long. Parents Aviation Electronics Technician 1st Class John Crusing and his wife Keishawn are assigned to the stands for Center for Naval Aviation Technical Training Unit (CNATTU) in route to VFA-115 Naval Air Station, Lemoore, Calif.

Naval Hospital Camp Pendleton welcomed their first baby of 2009 on Jan. 1 at 4:32 a.m. PST, weighing in at 6 lbs. 11 oz. and 17.5 inches in length. Ian Juaquin Guerrero was born to Marine Corps Sgt. Jose Guerrero of McAllen, Texas and Heather Guerrero of Montgomery, Ala. Ian is the couple's first child. Guerrero has been in the Marine Corps for more than seven years and is currently assigned to 1st Battalion, 5th Marine Regiment, 1st Marine Division. Both mother and baby are doing well.

Naval Hospital Bremerton began the New Year with the arrival of the first baby born at Northwest Beginnings Family Birth Center in 2009. Proud parents, Lisa and Master-at-Arms 2nd Class David T. Vally celebrated the birth of their daughter, Kayla Fumiko, who was born Jan. 1, 2009 at 12:04 a.m. PST, weighed 8 lbs, 11 oz.

## Medevac continued...

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With the help of Abe's Weapons Department, the patient transited



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from the flight deck to main medical through various weapons elevators.

"It was great to see all the cooperation with the different departments on the ship," Lee said. "Everyone played a small role in the bigger picture. From Weapons [Department] to the flight deck crew, everyone knew their part."

Once with in main medical, Lincoln's doctors and corpsman stabilized the patient and prepared him for the next leg of his journey to shore.

The members of the helicopter

and measured 16 inches in length. Vally is currently stationed at the Naval Base Kitsap Bangor Security Detachment. Kayla is the Vally family's first child. Both mother and baby are doing well.

Naval Hospital Guam and proud parents, Construction Mechanic 2nd Class Mark and Cherie Vieira welcomed the birth of their daughter, Abigail Vieira, who was born Jan. 1, 2008 at 8:25 a.m., weighed 7 lbs., 12 oz. and measured 20 inches in length. Mark is currently stationed at Mobile Security Squadron SEVEN (MSS-7), Naval Base Guam. Abigail is the Vieira family's first child. Both mother and baby are doing well.

The first baby born in 2009 at U.S. Naval Hospital Okinawa was Kaira Renée Andrews, a baby girl born Thursday, Jan. 1, 2009 at 4:32 a.m. Japan Standard Time (JST) to Air Force Staff Sgt. Daniel and Staci Andrews. Kaira weighed 9 lb. 7.3 oz. and measured 21 inches in length. Daniel Andrews is currently assigned to the 0353<sup>rd</sup> Maintenance Squadron at Kadena Air Base. Kaira has two brothers, Quinn, 9, and Corbin, 5. Mother and baby are both doing fine.

The first baby born at U.S. Naval Hospital Yokosuka in 2009 is the son of Information System Technician 2nd Class Bickiana Patton and Information System Technician 2nd Class Dawayne Patton. The new parents proudly welcomed their son, Davian Patton, at 8:08 p.m. on Jan. 1, 2009. Davian weighed 8 pounds, 10 ounces. Bickiana is assigned to U.S. Naval Hospital Yokosuka, Japan and the Dawayne is stationed on the USS McCampbell (DDG 85), Commander Fleet Activities, Yokosuka, Japan. Davian is the Pattons' first child. Mother and baby are all doing well.

crew perform three to four medevacs each month, but never as far from shore as this one.

"We're not specifically designed for this, but the corpsman are trained for emergency care," said Senior Chief Hospital Corpsman Donald Singleton, Lincoln's Health Services Department leading chief petty officer.

The patient was transported via Coast Guard C-130 cargo plane to a medical facility in San Diego the following afternoon to receive follow-on care as Lincoln and its crew set sail back toward home.