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West Nile Virus (WNV). More than 29 – thousand people in the U.S. have been reported with WNV disease since 1999, and of those 11,000 have been seriously ill and over 1,000 have died. But remember, people can develop WNV from mosquito bites. Symptoms include fever, headache, body aches and nausea. There are a few things you can do to avoid bug bites. You can use a repellent. Use it on your skin, when you go outside. And not just on you, but on family and friends too. Wearing pants and long sleeve shirts will also help protect you and your loved one from bites. For more information on WNV, visit <http://www.cdc.gov/Features/WestNileVirus/>

Naval Health Clinic Corpus Christi First DoD MTF to Achieve Star Status

By **Bill W. Love**, Naval Health Clinic Corpus Christi Public Affairs Office

CORPUS CHRISTI, Texas - Naval Health Clinic Corpus Christi (NHCCC) celebrated a milestone June 12 after becoming the first Military Treatment Facility in the Department of Defense to receive the Occupational Safety and Health Administration (OSHA) Voluntary Protection Program (VPP) Star site award for promoting effective worksite-based safety and health.

OSHA representative Tony Fuentes, assistant director for the Corpus Christi area, expressed optimism when he presented the award to NHCCC Commanding Officer Capt. Randall G. Kelley, that the command would serve as a path-

finder and set the bar high for everybody else to meet.

"What we want to do is encourage you to keep up the intensity in which the facility displayed in achieving this standard," remarked Fuentes. "It is a notable achievement to be the first medical treatment facility in DoD."

The award culminated a process that was the result of several years of promoting a safe working environment, coupled with an extensive application and training procedure that began approximately one year ago under the command of Capt. Robert B. Sorenson.

"I am extremely proud of the

(Continued on page 3)



LA UNION, El Salvador - Medical staff members aboard the Military Sealift Command hospital ship USNS Comfort (T-AH 20) perform frontal bone debulking and recontour surgery on a 16-year-old patient during a Continuing Promise 2009 medical service project June 24. Comfort has 250 patient beds and more than 850 embarked personnel, employing five operating rooms, x-ray machines, CT scan, pharmacy, dental suites, physical therapy and a variety of other services. *U.S. Army photo by Spc. Eric J. Cullen*

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

Navy Medicine - Focusing on the Future Strategy Management

Earlier this spring, I gathered senior leaders of Navy Medicine together to share a strategic level focus on current and future commitments, and to establish a common understanding of Navy Medicine's challenges, realities and direction. I challenged them to identify impacts, gaps and solutions. In just a few long days filled with strategic conversation, the attendees, working in small groups and full interactive dialogue, successfully targeted optimal outcomes across a broad range of issues. My headquarters staff gathered and collated the symposium documents. Dozens of 'ready for action' ideas have been identified, categorized and catalogued into initiatives that are being analyzed, prioritized and implemented where appropriate. Other emerging solutions will require more complex and lengthy analysis, development and implementation, and are being incorporated into the Navy Medicine strate-

gic planning cycle. I have asked the Deputy Surgeon General to press ahead on nine initiatives needed now, including:

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



health service support missions, and Increase Electronic Health Record usability and information transfer.

Some of these initiatives are headquarters work. Others involve subordinate commands and still others impact every individual across Navy Medicine. As I charged the attendees at the Symposium, this is a call to ACTION. As a military force, your first priority is the defense of the United States of

(Continued on page 4)

Naval Medical Center Portsmouth — Fully Re-Accredited

Naval Medical Center Portsmouth has been fully re-accredited, earning the Joint Commission's Gold Seal of Approval.

The commission evaluates and accredits nearly 15,000 health care organizations and programs in the United States, including more than 8,000 hospitals and home care organizations.

The accreditation is for three years.

Congratulations!

NHB Corpsman Receives Purple Heart

By Douglas H. Stutz, Naval Hospital Bremerton Public Affairs Office

BREMERTON, Wash. - Hospital Corpsman 1st Class Danrung Vanichkul was recently recognized with the Purple Heart medal for wounds sustained during combat operations in support of Operation Enduring Freedom in Afghanistan. The ceremony was held at Naval Hospital Bremerton's Naval Branch Health Clinic Bangor.

It was with about a week remaining in his year-long IA deployment to Helmand Province, southern Afghanistan, that Vanichkul's world was completely blown apart.

His squad had followed intelligence reports of a concentration of Taliban insurgents gathered at a remote village. "It was our job to head out to the area and clean them out of there," said Vanichkul. An ensuing firefight broke out that lasted more than three hours. "They took off and we pursued them. It was during our chase that they got lucky," he said.

A land mine hastily placed by the retreating Taliban insurgents was stepped on by a squad member. The

ensuing blast severely injured a Soldier, flung shrapnel into Vanichkul and lifted him 15-meters off the ground.

"The guy was right besides me when the mine went off," explained Vanichkul. "I was knocked unconscious. When I came to, my first concern was automatically for my personnel."

Vanichkul's subsequent actions on the battlefield were the result of his prior training and continuous knowledge gained from having been on over 200 combat operations before that day during his time attached to US Army Regional Police Advisory Command, Afghanistan Regional Security Integration Command (ARSIC) South.

"I don't remember how long I was knocked out but it wasn't long," said Vanichkul. "I do remember immediately wondering if everyone else was alright. When we are in a situation with actual wounded, that's when all the drills and training we do takes over our actions. There was no time to think or react, just to do what we do as a hospital corpsman."

"I've never had such an honor of presenting a medal of this magnitude. I'm just speechless and so proud," said Captain Mark Brouker, Naval Hospital Bremerton Commanding Officer.

NHCCC continued...

(Continued from page 1)

efforts of our command," stated Kelley. "This milestone is not only particularly important in the way that we promote safety, it also shows that NHCCC leads the way."

A team of NHCCC military and civilian staff closely examined occupational safety at the facility with a hands-on approach.

"This committee was pure deck plate," said Kelley.

After extensive training and monthly inspections, the team presented its goals and objectives to the Executive Steering Committee for buy-in.

Using information gleaned from OSHA assist visits, the command prepared and then formally submitted an application in August 2008.

During a formal inspection in November 2008, the OSHA team appraised NHCCC's program and documentation. They also conducted interviews throughout the command. Basing their recommendations on the staff's knowledge and willingness to participate, and the command's established safe working environment, NHCCC passed with zero discrepancies.

According to Ricky G. Foust, the command's Safety and Occupational Health Manager, lots of hard work, time and dedication by the Safety Department, Industrial Hygiene Department and the Occupational Health Department set the standard for the program's success.

"Am I surprised that we were able to achieve this," explained Foust, "the answer is no. The OSHA VPP Program is a perfect fit for Navy Medicine. Where else would you find an entire facility dedicated to the health and well being of others? It is our everyday philosophy of taking care of our shipmates and the service members that we serve."

The highlight of the ceremony was the raising of the VPP flag by the NHCCC color guard. The flag is recognition of achievement and dedication, and signifies the command's commitment to safety and health.

"Now that we have received this award," stated Kelley, "it is our obligation to continue our commitment to occupational safety and health. We will continue our training and make sure our staff and our patients are aware just how impor-



CORPUS CHRISTI, Texas - Capt. R. G. Kelley, the commanding officer at Naval Health Clinic Corpus Christi, lifts the Occupational Safety and Health Administration (OSHA) Voluntary Protection Program (VPP) Star Award after OSHA representative Tony Fuentes (left), assistant director for the Corpus Christi area, made the presentation with Ricky G. Foust, the command's Safety and Occupational Health Manager (center).
U.S. Navy photo by Bill W. Love

tant safety, and their safety, is to us. NHCCC leadership encourages participation by all."

NH Pensacola's Wilkes Becomes Northwest Florida's Only Certified Breast Patient Navigator

From Naval Hospital Pensacola Public Affairs Office

PENSACOLA, Fla. - The National Consortium of Breast Centers (NCBC) recently announced that Naval Hospital (NH) Pensacola's Breast Health Coordinator, Michelle R. Wilkes, has received the designation of Certified Breast Patient Navigator through the completion of NCBC's certification program. This makes her the only certified 'Navigator' throughout Northwest Florida and one of only nine in the state.

"I'm very proud of the Naval Hospital for being a leader with the long-term vision to provide support for its breast cancer patients with sensitivity," said Wilkes, who has been on the job for more than six years.

The certification validates Wilkes' knowledge and skills in navigating breast patients through their continuum of care at the Navy

hospital. Her choice to participate in the certification program "shows her personal and professional commitment to providing quality care for patients," according to an NCBC media release.

"This is a great professional milestone for Wilkes," said hospital Commanding Officer Captain Maryalice Morro, "and underpins NH Pensacola's commitment to delivering the highest quality of care."

Certified Breast Patient Navigators directly benefit patients by personally guiding them through a highly-individualized care process. Patients are guided through the continuum of care knowing how to contact the appropriate staff on whom they will depend for services and support throughout various stages of healthcare.

During breast cancer navigation, Wilkes, who earned her nursing degree at the University of Memphis, will guide patients with a suspicious breast abnormality through

and around barriers in complex cancer care systems to help ensure timely diagnosis and treatment.

"Wilkes is an invaluable part of the General Surgery clinic and is a true asset to our patients with Breast health issues," said Capt. Joseph DeFeo, general surgeon. "The naval hospital is lucky to have such a dedicated and knowledgeable individual working for us."

According to Capt. John Raheb, Director of Surgical Services, Wilkes is "compassionate, proactive, dedicated, empathetic and resourceful." She has been "successfully navigating the care of our breast patients for as long as I have been here," he continued. "This formalizes and recognizes her unique skills and talents. We are very proud and grateful."

Pensacola has offered breast health coordination for patients for more than 10 years ... "longer than anyone in the area," said Wilkes.

Surgeon General column continued...

(Continued from page 2)

America. In addition, as healthcare professionals in the Department of the Navy, we have an ingrained concept of care that places our patients and families at the center of all we do. These foundational principles echo the Navy core values of honor, courage and commitment and are embedded in and reinforced by our every action. Our medical community is second to none. Our credibility starts with what is observable, and our commitment to excellence is unmistakable. The collective teamwork and enthusiasm that radiated from Navy Medicine's senior leaders during the strategic symposium resulted in tangible products that will drive optimal outcomes in supporting current and future commitments. It's more than just a strategic conversation. We're taking action!

I have challenged the flag officers of Navy Medicine and my headquarters staff to listen, learn and lead by taking the input from these strategic conversations and incorporating it into the Navy Medicine Strategic Goals in our FY10-15 Strategic Plan. The goal champions are reviewing and revising, debating and discussing, clarifying and crafting the way ahead. They have listened to the feedback and input from our strategic symposium; they are learning from these cogent conversations; and they are leading the development of the Navy Medicine Strategic Plan for fiscal years 2010-2015. Based on the

current timeline developed by my Office of Strategy Management, the Bureau of Medicine and Surgery will release the FY10 Strategic Action Plans this summer, to be immediately followed by the development and promulgation of FY10 Plans by Navy Medicine East, Navy Medicine West, Navy Medicine National Capital Area, and Navy Medicine Support Command. Echelon IV commanding officers will align their command focus to bring all of Navy Medicine to green on the cascading metrics. Every person in Navy Medicine will know our strategic goals and will align his or her activities and actions in support of our force health protection mission.

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

USAID, Comfort work Together to Ensure Success of Continuing Promise 2009

By Mass Communication Specialist 2nd Class Marcus Suarez, USNS Comfort Public Affairs

LA UNION, El Salvador - In January, Secretary of State Hillary Rodham Clinton said, "As we look toward the future, it is essential that the role of U.S. Agency for Internal Development (USAID) and our other foreign assistance programs be strengthened and be adequately funded and be coordinated in a way that makes abundantly clear that the United States understands and supports development assistance."

Over the past three months, the USAID has worked closely with the Department of Defense (DoD) to aid Continuing Promise 2009 – a four month humanitarian and civic assistance mission to Latin America and the Caribbean incorporating all branches of the U.S. Armed Forces, nine international partners and more than 20 non-government organizations.

USAID is an independent government agency under the U.S. Secretary of State that provides assistance to democratic nations in the areas of economic growth, agriculture and trade, education, humanitarian assistance and healthcare.

"USAID aids countries that want our assistance," said USAID political advisor Melissa Francis. "We try to help as many people as possible and we've found while working with the military on Continuing Promise 2009 that we can reach out and help people we wouldn't normally be able to."

"USAID has a very tight budget that is regulated for specific uses by the Secretary of State," Francis said. "The military has a much larger budget and the capabilities to reach out to people who may not otherwise receive aid."

The Military Sealift Command hospital ship USNS



LA UNION, El Salvador - Lt. Dinorah Cely, a nurse and Spanish translator onboard hospital ship USNS Comfort (T-AH 20), translates for Lt. Cmdr. Kelly Hamon, pediatric nurse practitioner onboard Comfort, as they diagnose a young Salvadoran boy with cold symptoms, a skin rash and diarrhea at the Escuela Ramon Mendoza school June 30 here. U.S. Air Force photo by Airman 1st Class Benjamin Stratton

Comfort (T-AH 20), which is carrying out Continuing Promise 2009, has received millions of dollars in donations from various non-government agencies. Through USAID, Comfort was able to identify where the donations would be best used.

"Without USAID, we wouldn't have been able to get the

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PORTSMOUTH, Va. - Rear Adm. William Kiser, commander, Naval Medical Center Portsmouth, (fourth from right), and members of Navy Environmental and Preventive Medicine Unit No. 2 broke ground at Norfolk Naval Station on May 19, marking the official beginning of construction for their new facility. U.S. Navy photo by Mass Communications Specialist 2nd Class (SW/AW) William Heimbuch

Tactical Combat Casualty Care Training; NMCP East Coast Training Hub

From Naval Medical Center Portsmouth Public Affairs Office

PORTSMOUTH, Va. - Naval Medical Center Portsmouth is an accredited training hub for the East Coast to teach soon-to-deploy medical personnel – officer and enlisted – how to provide lifesaving medical procedures in the environment in which injury occurs: the battlefield.

Tactical Combat Casualty Care (TCCC) is a three-day training course with classroom study and hands-on medical care in a simulation laboratory with mannequins. It concludes in a simulated combat environment in the rough terrain of Fort Story's obstacle course in Virginia Beach. Designed to prepare forward-deploying corpsmen to be the "Doc" on scene for wounded Marines and Soldiers serving down-range, often in harm's way, TCCC is a compact and intensive training course that results in lives saved in combat zones. Regardless of the medical echelon assigned to, all military medics are Echelon I medics.

The "O" course turned hostile combat environment at Fort Story uses Improvised Explosive Device (IED) explosions, the hammering sounds of small-arms fire and trainers rattling off the battle scenario to the "Doc" who is clad from head to toe in protective gear, a medical kit

and a rifle. Various emergencies are played out, including dragging an unconscious 200-pound Marine off the "X" to a safe, protected spot before administering first aid under fire.

Combat casualty care was based on civilian trauma standards. For nearly 35 years, this was the foundation on which Emergency Medical Treatment (EMT) was taught. Then the world environment changed: Military missions became more complex, lengthy and dangerous. Along with the changing environment, wounds – war wounds – became more catastrophic. Civilian trauma strategies no longer worked and military medicine had to adapt to meet the new harsh and dynamic demands.

"I returned from Al Taqaddum in 2005 and I realized the need to create this training course based on my experience of providing medical care in the most austere and sometimes hostile environments," said Cmdr. Thomas Craig, Medical Corps, Associate Director of NMCP's Professional Education Emergency Medicine, and founder of NMCP's TCCC training course.

"As an emergency medicine doctor I worked in a lot of trauma centers and knew a lot going into Iraq," Craig reflected. "But I learned a lot of things that civilian trauma centers or books can't pre-

pare you for."

Craig's tour in Iraq was the impetus that forced TCCC back to the drawing board.

In 1996, proposed combat care techniques based on Special Operations were published, but not accepted, by military medicine. In 2007, the Navy's Bureau of Medicine and Surgery (BUMED) recognized the difference between civilian and Special Operations combat care and endorsed TCCC. Today, one of the three authors of the 1996 publication, Tactical Combat Casualty Care in Special Operations, Capt. Frank Butler Jr., Medical Corps, USN (ret), serves as an advisor to NMCP's TCCC course. Between Craig's 2005 Iraqi tour and BUMED's 2007 endorsement, a grassroots effort began to bring military trauma care into the 21st century. Lessons learned were gathered, techniques were analyzed, front line combat care experiences were shared by veteran corpsmen (usually doctors and nurses do not serve *that* far forward), and TCCC started to take shape.

Techniques once believed to be dangerous became a staple for battlefield medicine, like applying tourniquets. Standard Operating Proce-

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80 Future Doctors Graduated at Naval Medical Center Portsmouth

From Naval Medical Center Portsmouth Public Affairs Office

NAVAL MEDICAL CENTER PORTSMOUTH, Va. – The intern class of 2008 graduated at Naval Medical Center Portsmouth at 10 a.m. on Monday, June 29. The ceremony took place in the Building 3 (high-rise) auditorium.

This year's class composed of 74 Navy interns and six Air Force interns.

As first-year medical officers, they have completed internship training in Internal Medicine, Obstetrics and Gynecology, Orthopedics, Otolaryngology, Pediatrics, Psychiatry, Surgery and the Transitional Year Pro-

grams. Unlike civilian programs, NMCP's interns are trained to serve their country as officers as well as to be physicians. They complete a rigorous program of general medical training to support the nation's military forces around the world. Upon graduation, they will be eligible for their medical license.

The guest speaker will be Vice Adm. Adam Robinson, Surgeon General of the Navy was the guest speaker for the graduation

Throughout 2009, NMCP is celebrating 85 years of Graduate Medical Education, which started in the Navy in 1924.

NMSC's Facilities Department Receives Recognition for Joint-Service Collaboration

By Mass Communications Specialist 1st (SW) Arthur N. De La Cruz, Navy Medicine Support Command Public Affairs

WASHINGTON, D.C. – Navy Medicine Support Command's (NMSC) Facilities Department was recognized as one of the winners of the fiscal year 2008 Department of Defense (DoD) Value Engineering Achievement (VEA) Awards at a ceremony held at the Pentagon June 17.

The U.S. Army Corps of Engineers, Louisville District, nominated the Wright-Patterson Air Force Base (WPAFB) Human Performance Wing Project (HPWP) Team for a special VEA award given by the DoD. NMSC's Facilities Department and the Naval Aerospace Medical Research Laboratory (NAMRL) staff were a part of that HPWP team.

"The award is for one of the BRAC (Base Realignment and Closure) projects we're managing: the HPWP in Ohio and the NAMRL relocation that's currently in Pensacola," said Michael Plante, NMSC's facilities director. "I've personally been involved in the project since March of 2005 with the original BRAC announcement."

"But the coordinator has been NMSC Facilities Project Officer Lt. Paul Benoit and the NAMRL staff headed by Cmdr. Rita Simmons. Though it's my name on the actual plaque, they're the ones who should be recognized for this because it really is a very significant team effort, and the award should be a Navy team award," he said.

NAMRL was designated by the BRAC commission to co-locate with the Air Force at WPAFB as part of the BRAC 2005 action. This move not only brought the Navy to Ohio. It also closed and moved the Air Force Mesa re-

search site from Arizona, and the Brooks City-Base activity from Texas.

The project was selected for the award for the Navy, Air Force and Army collaborative use of value engineering.

Value engineering is a systematic process of function analysis to identify actions that reduce cost, increase quality and improve mission capabilities across the entire spectrum of DoD systems, processes and organizations.

The Value Engineering Awards Program is an acknowledgment of exemplary achievements and encourages additional projects to improve in-house and contractor productivity. Award winners from each DoD component are eligible for selection in the following five categories: program/project, individual, team, organization and contractor. Additional "special" awards are given to recognize innovative applications or approaches that expand the traditional scope of value engineering use.

"The point of BRAC is to save money through collaboration, and the intent of this collaboration was to put scientists with like concepts and like ideas from both the Navy and Air Force in close proximity of one another to help foster new ideas, which is exactly what this has done," said Plante. "When you put things together, you don't only gain efficiencies from a building perspective."

The end cost for this BRAC project came to \$195 million. And thanks to collaborative value engineering, the overall project saved \$45 - \$50 million.

Comfort continued...

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donated supplies to the people who need them the most," said Lt. Martin Battcock, a maritime civil affairs officer with Comfort who has worked closely with USAID throughout the mission.

"USAID has an established relationship with the non-government organizations (NGO) in these countries that we, the military, don't," Battcock said. "They identified to us which organizations can use and can distribute the supplies best. They are the subject matter experts in the area of humanitarian aid in these countries, and it is important for us to work with them in these matters."

Other than the distribution of donations, Comfort crew supplemented several USAID projects in countries they visited. USAID supports numerous low sustainability,

high impact projects throughout the countries in which they operate.

"We're here to compliment USAID," Battcock said. "They have established programs and projects and we want to lend a helping hand where ever they ask. At the same time, we don't want to be a burden or hinder their projects."

One such project is the creation of an ecotourism site at the Embera village of Ella Drua in Panama along the Rio Gatun River. The Embera tribe is one of seven indigenous groups to the Republic of Panama. To protect their customs and way of life, the Embera people, along with the help of USAID, have begun making their village more tourist-friendly.

At the Embera village, more than 100 crew members from Comfort dedicated hundreds of man-hours to the hauling and laying of concrete and piping to create a dam

to provide the village with fresh, running water.

"We thank the members of Comfort who have taken the time to come out here and help us," said a village spokesman. "In a week they have saved us months of labor."

Julio Segovia, a program development specialist for USAID and the point of contact from USAID for the military in El Salvador, said it has been an honor working with DoD.

Segovia said this mission shows what can happen when different branches of the government work together to accomplish a single objective.

"This is the first time USAID has been invited to participate in this type of mission," Segovia said. "The mission was accomplished and we're happy to have been given the opportunity to be involved in it."



KUANTAN, Malaysia - Malaysian Army Dentist Capt. Chan Ichizensg examines a patient at Seberan Taylor Primary School as U.S. Navy dentist Lt. Brant Cullen looks on during a Cooperation Afloat Readiness and Training (CARAT) Malaysia 2009 medical civil action project June 24. CARAT is a series of bilateral exercises held annually in Southeast Asia to strengthen relationships and enhance the operational readiness of the participating forces. *U.S. Navy photo by Mass Communication Specialist 1st Class Michael Moriatis*

Tactical Combat Casualty Care continued...

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dures for medical attention were reset. The ABC's – Airway, Breathing, Circulation – clearing the airway and administering CPR is the standard for civilian care environments. Not so for a corpsman tending to the wounded in a hot zone while taking fire.

In care-under-fire environments, security is the best lifesaving technique: gaining fire superiority. Next, control bleeding; tourniquets, still not the best long-term solution for hemorrhage control, have been credited for saving lives and limbs when used properly. Then the airway is checked. This is known as MARCH: Massive Bleeding, Airway, Respirations, Circulation, Head (injuries).

NMCP has sent health care providers downrange in earnest since 2003 when the first Fleet Hospital was established in Kuwait. It is common for a health care provider who's had two or three individual

augmentee (IA) tours to now be a TCCC student preparing for yet another tour.

Lt. Shelly Maurer, Director, Tactical Combat Casualty Care for NMCP and TCCC co-founder, is a combat veteran nurse. She deployed without the benefit of TCCC training and served as an Enroute Care Nurse in Afghanistan. "When I was deployed, I had a couple of unique opportunities to witness the level of expertise required of the corpsmen who were at patients' sides the minute they got injured," said Maurer. "I was amazed at the ingenuity of these guys and I realized how little knowledge we actually pre-loaded them with when they were sent into these environments."

Maurer's experiences during her tour in Afghanistan helped create and form TCCC training. "TCCC is unique in that it is based on knowledge gained by military service members downrange," explained Maurer. Corpsmen "are looking their (injured) buddies in the eye as they lie there depending on them. They think, 'I wish someone had taught me how to...'. I want to be that someone."

NMCP has conducted TCCC training since August 2007 and plans to put as many as 400 health care providers through this now-required training annually. Maurer takes the mission seriously and to heart.

"As a Navy nurse, my mission is

ultimately to train Navy corpsmen to be an extension of the doctors and nurses who can't be in the battlefield with our troops," she said. "When I teach them a new skill or lifesaving technique, I picture a loved one hunkered down in a fox-hole somewhere, bleeding out with life-threatening injuries. I can't be there, so I try to give those corpsmen as much knowledge as I can in a way that allows them to save that life. That is my mission." For every wounded service member who returns home to their family, it's a victory for Maurer and Naval Medicine.

The TCCC curriculum, finally recognized, endorsed and established with BUMED's blessing, is dynamic. Health care providers like Craig and Maurer and a stream of returning corpsmen are relentless in keeping TCCC current and viable. Maurer said new techniques based on current research are brought back every day from the front lines. While the course is still considered in its infancy, the attrition of instructors was anticipated. NMCP developed its own instructor training course for TCCC to ensure the training remains self-sufficient and on line.

"Since the inception of TCCC, we have battle-readied 300 health care providers to forward deploy with combat forces," said Craig. "Navy Medicine always be prepared to serve anywhere."



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