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Did you Know...

Approximately 80,000 vaccines for seasonal flu have been administered at Naval Health Clinic Portsmouth and the medical center has received additional supplies of the seasonal flu vaccine. In addition, 8,500 H1N1 vaccines have been administered at NHCP and its clinics.

Navy and Marine Corps Medical News

A Public Affairs Publication of the Bureau of Medicine and Surgery

Marines Battle Taliban, IEDs, and the Flu in Afghanistan

By Lance Cpl. Walter Marino,
Regimental Combat Team 7

HELMAND PROVINCE, Afghanistan—Aside from the constant threat of enemy contact and roadside bombs, Marines throughout Afghanistan are taking an offensive posture against another potentially deadly enemy – the flu.

Nearly 400 Marines and sailors with Regimental Combat Team 7 at Camp Dwyer, Afghanistan, and many other Marines throughout southern Afghanistan have received the H1N1 vaccination in an effort to keep Marines on the frontlines healthy and in the fight.

"In Vietnam, a lot of people died from malaria. That could have been prevented. We don't want people to ask, 'what did the people die in Afghanistan from,' and it be the

flu," said Petty Officer 2nd Class Christian R. Johnroe, a corpsman with Preventive Medicine, Combat Logistics Regiment 2. "We are trying to keep people safe from what we can control. We want every Marine in this fight so we can win this war."

According to the Center for Disease Control, an estimated 22 million people worldwide have been diagnosed with the H1N1 flu virus from April through Oct. 17, resulting in approximately 98,000 hospitalizations. An estimated 3,900 have died from the H1N1 flu.

"This is relatively low when you consider that in the United States alone, there are approximately 200,000 people hospitalized, with

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CAIRO, Egypt—Dr. Hanifi Hanifi, Senior Scientist in the Vector Biology Department of U.S. Navy Medical Research Unit 3 (NAMRU-3) shows a culture of sand flies to Vice Adm. Adam Robinson, Navy Surgeon General, in the command's cultivation lab, Dec. 10, 2009. The insects were collected to study them to identify effective means to safeguard personnel engaged in operations in the Middle East and Africa. (U.S. Navy photo by Cdr. Cappy Surette, Bureau of Medicine and Surgery Public Affairs/ Released)

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

Patient and Family-Centered Care: Our Concept of Care

Navy Medicine's Core Concept of Care is Patient and Family-Centered Care. It is at the epicenter of everything we do. This concept is elegant in its simplicity yet extraordinarily powerful. It identifies each patient as a participant in his or her own health care and recognizes the vital importance of the family, military culture and the military chain of command in supporting our patients. My goal is for this Core Concept of Care – this commitment to our patients and their families – to resonate throughout our system and guide all our actions.

Many of you may be familiar with our graphic which depicts our Core Concept of Care – Patient and Family-Centered Care – as the “center of gravity” of this triangle. It is enabled by our primary mission to deliver force health protection and a fully ready force; and mutually supported by the force multipliers of world class research and development and medical education. It also leverages our emphasis on the health and wellness of our patients through an active focus on population health.

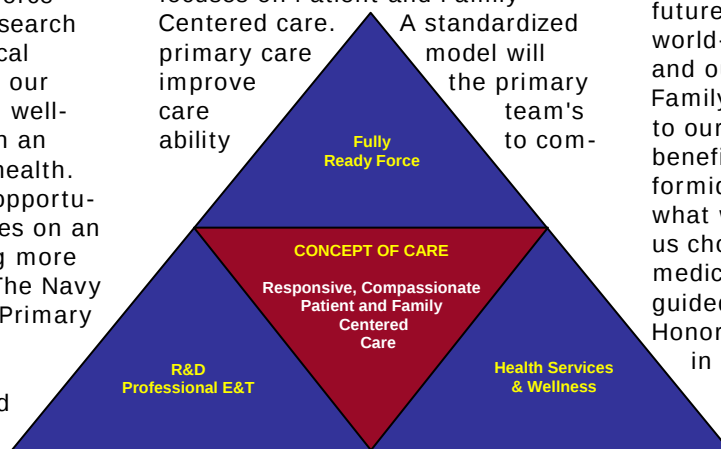
I also want to take the opportunity to share my perspectives on an initiative you will be hearing more about in the coming year: The Navy and Marine Corps Medicine Primary Care Model. Primary care is the gateway for providing Patient and Family-Centered Care to our Navy Marine Corps team beneficiaries; it is the foundation of health and preventive care.

We know MTFs have increasingly been challenged in meeting the needs of patients in the primary care environment due to increased deployments and community staffing shortages. These shortages and turnover of personnel have diminished timely access to primary care. As a result, Navy Medicine is launching a standardized care delivery model to be implemented

across the enterprise. The Navy and Marine Corps Primary Care Model will establish primary care teams based on clinical requirements reflecting a location's patient population. Clinical requirements will include ensuring readiness; improving prevention and wellness metrics; and chronic disease management.

The new model is focused on a Patient and Family-Centered concept of care that emphasizes a collaborative, multi-disciplinary team approach. This model will forge a partnership between the clinical team, the patient, and when appropriate, the patient's family. Civilian and military healthcare systems have demonstrated improved quality of care, patient satisfaction and access to care when medical practice is organized around a primary care model that focuses on Patient and Family-Centered care.

A standardized primary care model will improve the primary care team's ability to com-



prehensively manage their patients.

The Navy and Marine Corps Primary Care Model will require innovation and new ways of thinking, working and communicating for family medicine physicians, physician assistants, nurse practitioners and the other providers and staff members who will make up the primary care teams. Successful implementation will have to address many requirements including facility capabilities, personnel



assignments, training requirements, and clear business rules. The road ahead will require strong commitment at all levels of our organization. This is a 2010 strategic priority for Navy Medicine and we are prepared to support clinicians and our patients.

As we move forward in 2010, I want you to know that Navy Medicine is well-positioned for the future. We recognize that our world-wide operational demands and our commitment to provide Family and Patient-Centered Care to our growing number of beneficiaries will continue to pose formidable challenges. But this is what we do and why so many of us chose a career in military medicine. It's also why we are guided by the Navy's Core Values – Honor, Courage and Commitment – in all we do.

Navy Medicine is a vibrant, world-wide health care system comprised of compassionate and talented professionals who are willing to make contributions and personal sacrifices. This team – our team – includes officers, enlisted personnel, government civilian employees, contract workers and volunteers working together in a vibrant health care community. We all have a vital role in the success of our enterprise. I want to thank all of you for the tremendous support this year. I am proud of you and grateful to have the opportunity to serve with you.

Case Managers Take Care of the Warfighter and their Families

By Rebecca Rose, Bureau of Medicine and Surgery
Public Affairs

Over the past several years, Navy case managers have taken on an increasingly important, albeit a behind the scenes role in patient care. The Bureau of Medicine and Surgery's (BUMED) Case Management Department oversees the Navy Case Management Program, which ensures high-risk beneficiaries are well taken care of and their needs are met.

Navy case managers are problem-solvers, have great people and negotiating skills, and a hands-on background in nursing or social work. In addition to having an impressive skill set, these case managers serve as a liaison between patients who are severely injured or have a chronic illness and the services they require.

"We pick up higher-risk patients who need help getting a better health outcome," Joan McLeod,

Program Manager, BUMED Case Management Dept. "Our whole focus is to improve the quality of health care outcomes for our customers."

Besides ensuring beneficiaries receive unparalleled care, the BUMED Case Management Dept. provides support to nearly 200 case managers at various military treatment facilities around the world.

"The biggest thing we do is support case managers out in the field," said Virginia Paganelli, Program Manager, BUMED Case Management Dept. "The support we give our case managers out in the field is invaluable."

This month, the BUMED Case Management Dept. is submitting to the Case In Point Platinum Awards, which recognizes the most successful and innovative case management programs working to improve health care across the care continuum. The winners will be announced in April/May 2010.

MARINES

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36,000 deaths due to seasonal flu annually," said Navy Lt. Connie R. Johnson, the officer in charge of Preventive Medicine, CLR-2. "The difference between numbers does not negate the importance of the H1N1 vaccine, however, as both seasonal and H1N1 flu virus can take a Marine out of the fight, and both vaccinations are a force multiplier."

No chances are being taken on the Marines' health in Afghanistan.

"We are trying to prevent people from being sick," said Johnroe. "We take precautions, we don't take chances."

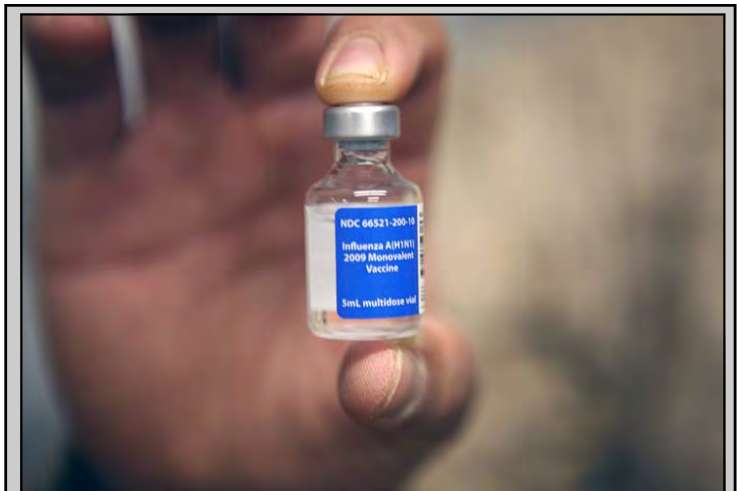
The corpsmen have received extensive training and education on the H1N1 virus and administering the vaccination.

"If the shot is administered in the tricep, and not the deltoid, it could not have the same effect, and the Marines health could be compromised," Johnroe said. "The corpsmen here have been administering it 100-percent correctly."

Small-unit leaders throughout Afghanistan have ensured their Marines and sailors receive the vaccine, and stressed the importance of remaining healthy, as they continue to conduct counterinsurgency operations in partnership with the Afghan national security forces and the Government of the Islamic Republic of Afghanistan.

"From experiencing the flu before, I believe it's pertinent for people to get the vaccine," said Petty Officer 3rd Class William T. Morell, a corpsman with Regimental Combat Team 7. "It's vital to make sure our Marines and sailors are kept in the fight so that they can win those hearts and minds."

The danger in H1N1 is the body's lack of immunity to the virus, explained Seaman Michael J. Arroyo, a



HELMAND PROVINCE, Afghanistan (Dec. 2, 2009) - The H1N1 vaccine has been given to nearly 400 Marines and sailors with Regimental Combat Team 7 throughout Camp Dwyer, Afghanistan. Marines throughout Afghanistan are receiving the vaccination to prevent the H1N1 virus from affecting their counterinsurgency efforts in partnership with the Afghan national security forces and Government of the Islamic Republic of Afghanistan. (Photo by Lance Cpl. Walter Marino, Regimental Combat Team-7, 1st Marine Division Public Affairs/ Released).

corpsman for RCT-7.

"That's why the vaccine is important. It's giving the body immunity," said Arroyo.

The H1N1 vaccine eliminates the specific threat of swine flu, but other flu viruses remain a possible threat. Arroyo advises Marines to get the seasonal flu shot as well and to practice proper hygiene.

"We tell our Marines to wash their hands before meals, and cover their mouths when coughing," said Arroyo. "Keeping your body strong with daily exercise will help too."

PRT Medics Incubate Farah Midwives' Patient Care Knowledge

By Master Sgt. Tracy DeMarco, Farah Provincial Reconstruction Team

FARAH PROVINCE, Afghanistan – Keeping a premature baby warm is vital to its survival, a task Farah Hospital midwives are more prepared to accomplish.

Ready with an Afghan interpreter, U.S. Navy Lt. Cmdr. Dante Villecco, a certified registered nurse anaesthetist with the Forward Surgical Team along with Cmdr. Harvey Wilds, the commander of the Provincial Reconstruction Team medical team met with 10 local midwives to teach them how to use an infant incubator.

The machine was donated to the hospital at least two years ago by a previous PRT and works fine. But, it was collecting dust in a storage room simply because the staff couldn't read the instructions written in English.

"After you plug the machine in," Villecco said, "then the power button is right here," he said as he demonstrated turning the incubator on for his students.

Then Jamili, an interpreter with the PRT, translated Villecco's instructions and the midwives nodded their heads.

Step by step, Villecco taught the

women how to fill the machine with clean water, open the incubator to place the baby inside, attach a temperature monitor to the patient, and also how to sanitize the equipment. The 10 midwives, two of which were pregnant, listened intently and took turns moving to the front to see each action.

"Why do we have to put water in?" asked Magul, the head midwife at Farah Hospital who has worked there for 12 years.

Jamili translated her question and Cmdr. Wilds explained that the water is to keep the air in the incubator moist because premature babies' skin is very susceptible to drying out.

The main objective of the PRT medical team is to facilitate capacity building within the health sector, which is defined by training sessions such as this. Once Cmdr. Wilds realized that the equipment existed at the hospital, he arranged to have the machine transported to the Forney Clinic on Forward Operating Base Farah so his medical team could test it and organize a class for the staff that is most likely to use it – the midwives.

"They asked very particular

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FARAH PROVINCE, Afghanistan – Reviewing the control panel of an infant incubator that was given to the local Farah Hospital, U.S. Navy Lt. Cmdr. Dante Villecco, a certified registered nurse anaesthetist in the Forward Surgical Team located on Forward Operating Base Farah, Afghanistan, teaches Magul, the head midwife at the hospital along with nine other midwives on her staff, how to use this life-saving machine, Dec. 1, 2009. (Photo by Master Sgt. Tracy DeMarco, Farah Provincial Reconstruction Team/ Released)

DOEHRS – IH Is Opening Doors for Navy Industrial Hygienists

By Edward Robinson, Navy DOEHRs Program Manager

After an eighteen-month training and implementation effort, the Defense Occupational and Environmental Health Readiness System – Industrial Hygiene, (DOEHRS – IH) has been successfully introduced into the military healthcare system.

DOEHRS-IH is a web-based system that enables Navy industrial hygienists the ability to capture, analyze, and store exposure history of both military personnel and Department of Defense civilians. It supports industrial hygiene and environmental health decisions, field commanders in decision-making, and helps identify service personnel's placement into medical surveillance programs based on individual exposure history.

"DOEHRS-IH will benefit the Military Health System through the improved tracking of health hazard training, improved operational and work task personnel readiness, and improved compliance with occupational health and

safety federal laws and directives," said Capt. Jon Nelson, Bureau of Medicine and Surgery (BUMED) Director for Safety and Occupational Health, who monitors trends in personnel health hazards and their associated costs. "These improvements will in turn translate into better health for our military and civilian workforce and significant future cost savings for the Department of Defense and the American taxpayer."

The history of DOEHRS-IH can be traced to the Persian Gulf War in 1991. Service member complaints of inexplicable disorders and other health problems led to a number of congressionally directed investigations into the underlying root causes of the "Gulf War Syndrome." In the extensive efforts to identify causality for this syndrome, clinical investigators became progressively more critical of the antiquated manner maintaining health records.

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Navy Pharmacy Operations Achieves SECNAV Recognition

By Valerie A. Kremer, Bureau of
Medicine and Surgery Public Affairs

WASHINGTON – The Bureau of Medicine and Surgery's significant achievements aimed at providing standardization in pharmaceutical inventory control, recently attracted recognition by the Secretary of the Navy in the FY09 Annual Statement of Assurance. The Statement of Assurance is required by the Federal Managers Financial Integrity Act of 1982 and reflects the internal control accomplishments and/or deficiencies in federal government programs.

These achievements include standardizing inventory and drug control measures, revising pharmacy guidance at the command level and increasing use of generic drugs. Navy Medicine spends approximately \$500 million on its pharmacy operations each year.

"Proper management of inventory ensures Sailors, Marines and eligible beneficiaries receive appropriate, safe and cost-effective drug therapy at our MTFs (Military Treatment Facilities)," said CAPT Stephanie Simon, MSC, Navy Pharmacy Consultant.

The strategy, executed by the BUMED Financial Improvement Program team, includes on-site training to each MTF for pharmaceutical inventory, standardizing best business practices across Navy Medicine, greater oversight over pharmacy stock levels, ensuring drug availability, reducing expired drug returns, and weekly inventories of Schedule II controlled substances to ensure public safety and legal compliance.

"This initiative has significant importance because we're expanding in clinical roles, standardization, and patient safety," said Simon.

The plan, launched in FY09 to

enhance pharmaceutical inventory oversight, is phased across three years and spans across 24 hospitals and clinics (nearly 75 pharmacy locations around the world).

Naval Hospital Jacksonville served as the pilot for the new business processes providing more efficient management of pharmaceutical inventory. Naval Hospital Oak Harbor, National Naval Medical Center Bethesda, U.S. Naval Hospital Guam, U.S. Naval Hospital Rota, and Naval Health Clinic Cherry Point are a few of the Navy Medicine facilities to have implemented the new program this year.

"Taking care of our Wounded Warriors and heroes of our nation and beneficiaries are a way to do optimization of clinical and business practices. It allows us to obtain our mission, why we're here to optimize patient centered care", added Simon.



GUANTANAMO BAY, Cuba - Hospital Corpsman 3rd Class Iesha Savage, assigned to the Joint Medical Group, measures a prescription at the detainee hospital, Dec. 7, 2009. The Joint Medical Group provides care to detainees at Joint Task Force Guantanamo Bay, Cuba. (U.S. Army photo by Sgt. Emily Greene/Released)

MEDICS

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questions," he said, "with actual patients in mind."

"If we have a patient with hypothermia and we have a premature baby, which child should we put in the incubator first?" Magul asked.

Once Lt. Cmdr. Villecco finished teaching all the necessary parts and techniques for the incubator, some of the women walked through the entire start-up process for the machine repeating Villecco's instructions in Dari out loud as they performed each step while the other midwives watched.

"Overall, the class went very well," said Wilds. "I was impressed with the number of attendants as well as their interest and involvement."

Before the women left the clinic, Wilds encouraged them to let him know if there were any other equipment items located at the hospital that the staff is unfamiliar with. He ensured them that the PRT would be more than happy to set up more training classes. In the near future, the PRT will host classes for an electrocautery tool and a ventilator that would both be used in surgery.

In the coming week, Jamili will translate the operator's manual for the incubator and a new Dari or Pashto version will be delivered to the hospital along with the incubator.

Surgeon General Discusses Humanitarian Assistance in Botswana

By Cmdr. Cappy Surette, Bureau of
Medicine and Surgery Public Affairs

GABORONE, Botswana - International government officials, military officers, and health industry leaders gathered at the University of Botswana Dec. 7-10 for a first of its kind Medical Ethics Conference hosted in the country and developed in partnership with the U.S. Navy.

The goal of the conference was to bring together practitioners from Botswana with experts in healthcare, medicine and research from around the world to discuss integrity and ethical issues related to these professions.

"Medical science has led to advancements in knowledge and improvements in health and human life, yet each day, practitioners in the areas of healthcare, medicine and research confront difficult questions that need responses as they seek to conduct themselves in ways that are expected by society," said Prof. Bojosi Othogile, University Vice Chancellor. "I have no doubt that this conference will add to the overall quality of life of Botswana and Southern Africa.

Botswana, a sparsely populated, semi-arid country about the size of Texas, became independent in 1966 and is a model for how an African

nation can utilize its natural resources for the benefit of its citizens. The country is a partner in the fight against HIV/AIDS on the African continent but acknowledges that more must be done to overcome the epidemic. Botswana's leaders also continue to look for innovative ways to face the threats of malaria, cholera, tuberculosis, and various other infectious diseases.

South African Anglican Archbishop Desmond Tutu opened

**"Where there is
security and stability,
we also find hope."
- Vice Adm. Adam M.
Robinson**

the conference with a presentation about human illness and the fragility of life where he acknowledged the tremendous global healthcare challenges facing practitioners but reminded all present not to forget that sick people are human beings above all else.

"We must remember that people are more than a physical body or a biological machine," said Tutu. "We must remember that the people in

front of you seeking [medical] care are complex individuals with a bundle of emotions."

Vice Adm. Adam Robinson, Navy Surgeon General, provided a keynote address and discussed the critical need for establishing global partnerships to meet common challenges.

"In this uncertain world, the United States and other nations have continued to forge greater bonds of trust and cooperation with people and countries around the world to contribute to the common good," said Robinson. "It is a common good symbolized by this Medical Convention - a first of its kind here in Botswana, a truly remarkable gathering of government officials, military officers, and industry leaders to discuss healthcare issues that we all must meet head on."

Robinson discussed the concept of humanitarian assistance and how by helping those in need around the world, the United States not only helps bolster stability but also works to create conditions of hope, which are the foundations of healthy societies.

"Navy Medicine, along with the rest of the U.S. Department of

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GABORONE, Botswana—South African Anglican Archbishop Desmond Tutu discusses healthcare challenges with Vice Adm. Adam Robinson, Navy Surgeon General, during a Medical Ethics Conference hosted by the University of Botswana in partnership with the U.S. Navy, Dec. 10, 2009. (U.S. Navy photo by Cmdr. Cappy Surette, Bureau of Medicine and Surgery Public Affairs/Released.)



CAIRO, Egypt—Vice Adm. Adam Robinson, Navy Surgeon General, is shown a microscopic slide of a bacteria sample by lab technicians working in the Global Disease Detection Response Department of U.S. Navy Medical Research Unit 3 (NAMRU-3), Dec. 10, 2009. The mission of the department is to support global surveillance, training, research and response to emerging infectious diseases. (U.S. Navy photo by Cmdr. Cappy Surette, Bureau of Medicine and Surgery Public Affairs/Released)

BOTSWANA

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Defense, realizes that the promotion of world peace is dependent upon establishing the conditions of security and stability," said Robinson. "Where there is security and stability, we also find hope."

The conference focused on areas of medicine and healthcare that are key in the reduction of human suffering by eradicating diseases. Much attention was given to the value of scientific research that has led to countless advancements in knowledge and improvements in human health and life.

"Over the years The University of Botswana has led the way to explore ways and methods to bring improved healthcare to its people

and the people of Africa," said Navy Capt. Bruce Cohen, Commanding Officer, Navy and Marine Corps Public Health Center. "We have made tremendous strides and will continue to foster new relationships, take on new challenges, and celebrate new successes in our health care partnerships worldwide."

In addition, the conference addressed the role of science and diplomacy and discussed opportunities to integrate ethics and integrity into institutional and national policies and programs.

"This conference will go a long way to bolstering our already strong relationship with the people of Botswana," said U.S. Ambassador Stephen J. Nolan. "It was significant for the University of Botswana to host such a major

gathering that brought together so many leading practitioners and thinkers about ethics in health, medicine and research. The conference put the University on the map and also highlighted the important role played by U.S. Navy Medicine."

The presentations by international healthcare leaders were complemented by panel discussions, an educational technology exposition and poster presentations, which ran throughout the duration of the conference. After the conference, delegates had the opportunity to visit some facilities in Gaborone including Botswana Baylor Children's Clinical Centre of Excellence, Princess Marina SOS Children's Home and Happy Home.

DOEHRS-IH

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DOEHRS – IH is a major improvement not only to the management of personnel records, but serves as an example of the steps being taken to improve the lives of Sailors by tracking occupational exposures and insuring the health and safety of our workforce. Upon separation from government or military service, the exposure records will be available for lifetime tracking

and, if necessary, follow-up.

"Although DOEHRS – IH is in its infancy, the resulting data capture over time will provide standardized information to assist not only field industrial hygienists but also enhance policy and resourcing decisions at the Department of Defense and Secretary of the Navy," said Capt. Don Hagen, BUMED's Deputy Assistant Chief for Installations and Logistics. "The bottom line is DOEHRS will be a critical piece of our effort to protect the health of Sailors, Marines and civilian workforce."

Got News? If you'd like to submit an article or have an idea for one, contact MEDNEWS at 202-762-3160, fax 202-762-1705 or Valerie.Kremer@med.navy.mil.

A Sailor Reflects on Afghanistan Deployment...

By Lt. Holly Lee, MSC, Bureau of Medicine and Surgery

What should you feel when someone you've never met dies unexpectedly at the hands of the enemy? Logic tells me that there is no reason to feel anything different than I do when I hear of death on the nightly news. But my heart aches and tears fill my eyes despite what logic directs. I've never met her and yet I feel attached. She is a young Naval Medical Service Corps Officer just like me; she is a mother just like me; she is a wife just like me; she is a daughter just like me.

I have only been here maybe a month and I sit and listen to the tragic details of her last moments on this earth and darkness surrounds me. Why her, why now? There are no answers and that is the biggest frustration. It was a random act during war. Suddenly reality overwhelms me and I realize there is no escape; randomness is my enemy. I am here in Afghanistan and every moment of every day there is a chance I will die at the hands of someone who considers themselves my enemy. It's true I volunteered to come and serve. I knew the circumstances but for me, like most Americans, the randomness of war was not something I considered to be the ultimate enemy.

I push the overwhelming urge to cry out of my mind and focus on the mission. I left my children to be

Lt. Holly Lee recently returned from deployment in Kabul, Afghanistan. She is a prior enlisted Information Systems Tech Petty Officer 1st Class commissioned as a Medical Service Corps Officer June 2005. Lt. Lee is married and has two young sons. She is currently stationed at BUMED in Washington, DC.



here so I must make the most of this opportunity. I work tirelessly and still think of my fallen Naval Officer daily. I fill my heart and mind with the concept that if I can just be an ambassador of America's Good Will that the future Afghan generations will remember that and hold onto it as they grow their nation. I realize that in comparison to our Sailors and Marines on the front line that this personal mission pales in comparison to one minute of their daily acts of heroism. Despite its size, this small act is all I have that is within my control.

On my good days I am successful with my personal mission. On my bad days I am overwhelmed with doubt. Doubt that I will make a difference, doubt that we are doing the right thing, doubt that I will make it out of here alive. On my very worse days we lose another member of our small community or we are shook to the core by an enemy's bomb. No matter what my plan is for the day the reality is that randomness may attack anywhere at any time and that is wearing on my soul.

Some days are longer than others and obviously some are more significant. I remember the day that I heard a child's laugh from an open window in the local hospital. It was odd to hear this

little ray of sunshine dance through my heart; I hadn't held my sons for many months. I also remember the day my neighbor was attacked and killed during a routine convoy. I remember watching as other women inventoried and packed her teddy bear into a storage box for his final trip home. A trip he had to make without her. I remember my final flight out of Afghanistan. This was a somewhat happy occasion until reality crept in. Our flight was going to be delayed because we were waiting on a fallen Marine to arrive and accompany us home. I remember standing on the flight line saluting him as his remains passed by during the middle of the night... a true hero was amongst us.

I am just an average deployer. I went, stood the watch and returned. But the sacrifices of my shipmates and the moments I experienced have forever impacted my life and my heart. I came home without the loss of a limb and without seeing a truly gruesome scene but I am different. I am stronger.

I have a new mission these days...never to forget the great strength I have gained and the beautiful life I have been given because too many have sacrificed for it.

Navy Bureau of Medicine and Surgery

Vice Adm. Adam M. Robinson, Jr.
Surgeon General

Cmdr. Cappy Surette
Public Affairs Officer

Valerie A. Kremer
MEDNEWS Managing Editor

Bureau of Medicine and Surgery
2300 E Street NW
Washington, DC 20372-5300

Public Affairs Office
Phone: 202-762-3160
Fax: 202-762-1705

Would you like to share your deployment story with MEDNEWS? Contact Lt. Holly Lee at 202-762-3773 or holly.lee@med.navy.mil.