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Mission Stop One

13-23 April 2011

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## From the COMFORT

Greetings from somewhere between Jamaica and the Panama Canal. By all accounts our first mission stop, Jamaica, was a huge success thanks in no small part to our NGO partners aboard and ashore. In our 9 days of activities in the Kingston area we were able to see over 7,400 medical patients and perform more than 120 surgeries. In addition, dental treated just over 1,600 while optometry saw (no pun intended) over 2,100 and pharmacy, lab and x-ray conducted more than 12,000 procedures. Not to be outdone, our

educators provided a wealth of subject matter expertise training for over 2,800 students and health care workers while our veterinarians took care of 393 engagements and preventive medicine conducted 61 assessments. While the numbers are impressive, even more important was the interaction with the residents of our host nation. As a result of this mission, professional and personal bonds have been established that won't soon be forgotten.

The purpose of this newsletter is to highlight some of those interactions and the activities that your incredible volunteers were involved in during Jamaica. It is by no means a comprehensive list of all the events, but captures some of the highlights of the trip. Thanks again for your support and partnership with the USNS COMFORT and Continuing Promise 2011 and I hope you enjoy.

LCDR Jeff Stencil, USNS COMFORT NGO Coordinator

## Wheelchair Foundation

Michael is a nine year old Jamaican boy being cared for by his grandmother. He lives with his mother and two younger siblings, but because of slow development he is considered an outcast and seems to be shunned by his mother. His grandmother was dragging him in by the hand and he was trying to keep up on his tiptoes. Her immediate question to me was, "Can I have a wheelchair for my grandson? My boy here he can't walk". I sat down and talked to Michael and noticed immediately he was different. He was very thin and short for his age. His younger siblings were taller and had healthier appetites. When I asked his name, he put his hands over his ears as if I was talking to loud. The sounds he would make

were not words and he couldn't sit still nor pay attention. As I began to talk to grandma, she told me he was born prematurely and early childhood development was



His physical disability according to his grandmother was that his long bones were not growing correctly and doctors had performed a surgery to help lengthen them. In the mean time, his Achilles tendons couldn't keep up and remained shortened causing him to tip toe permanently. The reason his grandmother was dragging him in was because he couldn't walk properly. The child had poor gait balance, and would topple over if he had to walk more than a few feet without support. Michael needed a wheelchair. I'm not sure if he really understood the concept, but he did like the color. RED! Once he was in the chair, he would bounce up and down with excitement wanting someone to push him everywhere.

## Wheelchair Foundation—cont'd

A gentleman approached me in a wheelchair asking for assistance. He reported that he suffered epilepsy and after going in for a surgical procedure six years ago, he came out paralyzed from the waist down. He was given a wheelchair at the hospital, but it was not fitted correctly. The 60 year old gentleman couldn't have weighed more than 130 lbs but he was given a wheelchair for an obese patient. He had been confined to his living room because the wheel-

chair he was given didn't fit



through any of the doors. Every time he wanted to go to the bathroom or in and out of the house,

someone would have to pick him up, fold up the wheelchair, take him through the doorway and place him back in the wheelchair after passing through. The long process confined him to his house for many years. I swapped his wheelchair for one that fit, and he is now more mobile than ever! He was so happy for his new chair and you could see the excitement in his eyes.

A 68 year old man had been robbed and brutally attacked many years ago. He was beaten to the ground, kicked and stomped on, fracturing his ribs and spine in multiple locations. He was never seen by medical personnel and his bones healed incorrectly leaving him with permanent back pain and causing great difficulty with ambulation. He used his daughter as a crutch and even then he

could only walk a few feet before



needing to rest. Giving him a cane was a viable option, but that

would not enable him to travel the long distances needed in order to be active in his community. He did not drive and everything he needed to get to was a good distance away. When I provided him with a wheelchair, it brought tears to his eyes. He stated that he would never have been able to afford one, but now he hopes he will be able to live a happier life.



“He used his daughter as a crutch and even then he could only walk a few feet before needing to rest.”

Editor's Note— Thanks to LTJG Marmalejo for the articles. Wheelchairs donated by the Wheelchair Foundation are being equitably distributed over the 9 mission countries by our physical therapy department.

## EDGE Outreach

Greetings from EDGE Outreach. Our team participating in Continuing Promise 2011 is hard at work distributing water, maintaining sanitary hand-washing stations and teaching health and hygiene techniques.



EDGE Outreach is an international faith-based non-profit, 501

(c)(3) tax exempt organization. Our mission is to train, equip and mobilize ordinary people in sustainable solutions for safe drinking water, health and hygiene and sanitation around the world. We work with individuals and organizations, offering hands-on training in scalable water solutions and hand pump repair.

The Continuing Promise 2011 mission of the Southern Command of the U.S. Military offers EDGE Outreach a unique opportunity to showcase two of its cornerstone technologies; water purification and health and hygiene training. We are most grateful to

the leadership of the Southern Command for allowing us to participate in Continuing Promise 2011 and we are honored to do so.



*Safe Water for those who need it.*



## EDGE Outreach—cont'd

Our experience from our participation in Continuing Promise 2010 identified two main areas in which EDGE Outreach could play a role. We discovered that patients seeking health and dental care from the medical portion of Continuing Promise 2010 would often arrive at the medical site as early as 3 AM and wait in line to receive care. Often the wait might extend to 10 - 12 hours. In an effort to alleviate the discomfort of waiting for such a long period of time, EDGE Outreach concluded that drinking water was a necessity that could not be overlooked. With our New Life International Chlorine generating purifier we produced safe drinking



water, in areas where the water source was possibly contaminated, and distributed that safe water to the patients while they waited. This proved to be a much-needed and much-appreciated commodity.

A second use for our safe water was to provide hand washing stations for the medical staff. In past missions, the lack of clean water to wash hands has led to the repeated use of hand sanitizer. Continuous use of hand sanitizer without periodic hand washing has shown to be an ineffective hygiene practice. Time and again the medical personnel have thanked the EDGE Outreach team for this service.

Through the years, EDGE Outreach has discovered that without proper health and hygiene training, no amount of safe water

would improve health, unless the people using the water understood how to transport, store and use it cleanly. Our health and hygiene team demonstrates the need for sanitary techniques such as proper hand-washing, insect control, parasite control and proper latrine placement. Their target audience is children who are impressionable and need to be taught proper hygiene techniques early in life.



Early in the Continuing Promise 2011 mission the EDGE Outreach team began training other NGO and military personnel in the setup, use and maintenance of our New Life International puri-



fier and in our health and hygiene techniques. During the at-sea time between Norfolk and Jamaica, the team trained 309 people in the ship-board orientation classes for newly assigned personnel, 116 people on the use of the water purifier and 41 people in health and hygiene techniques. During these training sessions, they selected approximately a dozen people to receive more intense, on-the-job training on shore in Jamaica. The training of these people, both military and civilian will continue throughout the mission so that they can continue the EDGE Outreach mission in our absence.

The Continuing Promise 2011 mission has started off with a bang for the EDGE Outreach team. At our first stop, Jamaica, during 8 days of operation at the Jamaican National Sports Arena in Kingston, the team chlorinated 950 gallons of water, distributed 5100 bags of safe, clean drinking water and made 1007 health and hygiene contacts, of which 71 kids and 20 adults were at the Trenchtown Primary School Health Fair. The team has truly been blessed with the opportunity to have one-on-one face time with so many Jamaican people, tremendous support from the EDGE Outreach staff in Louisville, KY, our own families and friends and last but



certainly not least, the military component of the U.S. Southern Command. Without their support and willing acceptance, we could never accomplish this mission. To all, our heartfelt thanks.

The EDGE Outreach CP11 Team:

Chana Gynette, Joe Jacobi, Mike Jones, Lynn Smith, Ed Walter



“...the team chlorinated 950 gallons of water, distributed 5100 bags of safe, clean drinking water and made 1007 health and hygiene contacts...”



## LDS Charities

LDS Charities NGO volunteers have been working in many areas on and off the Comfort as she lies in port in the harbor of Kingston, Jamaica. Team members have been seen serving in the galley Chow line and wiping tables. Because all military library workers have been working ashore, we have been volunteering during time off in the library to keep it open. Aboard the ship word has spread that the library is open and more people are using the library, which also contains the ship's internet café, and taking advantage of being in contact with family and friends more often through the ship's internet.

Joining the team of workers who painted the Trenchtown School were members of LDS Charities. A day was spent at the school adding the finishing touches to the school with the leadership of the Sea Bees and with other NGO Organizations helping also. Members of the team returned to the ship very tired but commented

what a rewarding experience it had been to be with the children and serve.

A member of our team was among the group that participated in the special program called "Samaritan Feet". Children that live at a Boys School spent the day learning how to wash their hands and having play time with those who washed each child's feet and then fitted them with new shoes. The project was sponsored by Rotary International. Our LDS Charities volunteer was so touched by the gratefulness of the school's leaders and the broad smiles from each of the children!

Woman's Health is an important issue among most women in the world and Commander Suzanne Lemaire with the help of a LDS Charity midwife volunteer created posters that taught Nutrition and Personal Female issues. They presented this information at two sites and had it translated into Spanish for our future mission in

Central and South American Countries.

LDS Charity Nurses assisted Volunteer Tom DiDonna in training onboard the Comfort other nurses how to present a program called Helping Babies Breathe. Following this training LDS Charities partnered with Project Hope to train 20 local Jamaican nurses and midwives at the Maternity Hospital. This valuable training will continue throughout the mission.

Team members volunteer in many medical and dental capacities. Our surgeons mended cleft palates, hernias and orthopedic cases.

Our Team looks forward to continuing on this mission with high energy and a willingness to give a little something back in gratitude for all they have been given during this 5 month deployment.

Dr. David Fitch, LDSC Team Lead



**“Our Team looks forward to continuing on this mission with high energy and a willingness to give a little something back...”**



## Project Hope

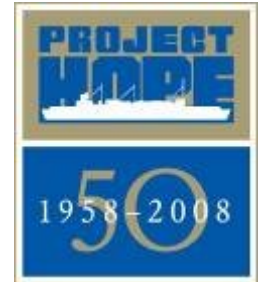
Project Hope had a team of nine volunteers in Jamaica: three physicians, four nurses, a FEMA staff person and a PAO. The physicians spent a total of 16 workdays in the field, and our nurses and FEMA staffer worked a total of 14 days doing health promotion at the arena in addition to 21 staff days providing nursing services in PACU and ICU.

In addition to that, there was an important relationship established

between Dr. Rudolph Stevens, Senior Medical Officer of Victoria Jubilee Hospital and Tracey Kunkel, Medical Director for Project Hope on this mission. During our visit to this large maternity hospital to teach Helping Babies Breathe, Dr. Stevens was delighted to see Ms. Kunkel and Ms. Allen were from Project Hope. He spoke highly of how beneficial Project Hope had been on previous trips to Jamaica in the areas of raising immunization

rates, providing research and education on VBAC births, and the reduction of dental caries. He expressed his current need for training of neonatal nurses, and he has already begun discussions with Project Hope mission director Matt Peterson about the possibility of PH providing such training.

Kathryn Allen



## WorldVets

World Vets had a Danish veterinarian, Helle Bernstorff Hydeskov, working along with veterinarian CPT Rachel E. Lee and the two veterinary technicians SGT Heather R. Robinson and SGT Bethzabe Delgado in Kingston, Jamaica for eight days.

The team conducted a parasitological study, similar to a survey

Jamaica did back in 1980. The aim of the study was to give the Jamaican government an idea about the parasite infectious level, especially in their meat animals. A total of 393 fecal samples were collected by the team and local veterinarians from several places in Jamaica and included samples from cattle, sheep, goats, pigs, dogs, horses, guinea pigs, a cat

and multiple captive wildlife species from two zoos. All the samples were processed at the National Veterinary Laboratory and manually examined by the team under microscope. The results were all logged in an Excel sheet a given to the Jamaican government on the teams last day of work.

Helle Hydeskov

“[Dr. Stevens] spoke highly of how beneficial Project Hope had been on previous trips to Jamaica...”



## The Education Coalition

Onboard Training and Partnership

The coalition's activities began during the transit to Jamaica as representative, Kari Williams, cross-trained with health and hygiene partner, EDGE Outreach, on the organization's water sanitation and hygiene techniques. After arriving in Jamaica, she visited the main medical site which was at the National Arena to volunteer as a member of the EDGE Outreach team. For three days, Kari taught hygiene techniques with EDGE members to children and adults passing through the medical site and handed out water to patients waiting in line.

Edge Outreach purified and distributed over 1,000 gallons of water over the course of the mission in Jamaica. Their water assistance helped to prevent dehydration, allowing many Jamaicans to stay hydrated while waiting for their medical care. The organization provided a tremendous need to those visiting the American medical clinic.

International Collaboration and Capacity Building

Thanks to the wonderful support

of partner organizations, Samaritan's Feet International and the Dictionary Project, much needed donations of shoes and dictionaries were distributed to children at Alpha Boys School, Northstreet Primary, Mustard Seed Communities, August Town Primary, and Harbour View Primary in and around Kingston, Jamaica.

The Rotary Club of Kingston, the coalition's host nation partner, prioritized these targeted schools and orphanages to leverage current initiatives already in progress in their community. Once the partner Rotarians had identified locations for aid support, members of the USNS COMFORT and US embassy worked to organize and approve logistical support for the distribution. Local Rotarians provided feet washing materials, transportation and storage for donations as well as in-country coordination assistance. This host nation NGO support enabled the US military to allocate its resources for other mission-related activities, saving both cost and time for the project's execution.

Volunteers were recruited from several areas aboard the USNS COMFORT. US Air Force, Navy, Military Sealift Command, and

even the Commodore, Ship's Master and Executive Officer participated in the project as well as NGO representatives from the Latter Day Saints. During the two day project, 230 children's feet were washed and 275 dictionaries were distributed while interacting with the children, parents, school staff, Rotary partners, and local community members. Additional donations were given to the Rotary Club of Kingston to allocate, since more time was needed for a personalized distribution and the Rotarians will provide long-term support and follow through.

The coalition had a great start for CP11 and is looking toward another amazing experience with our host nation partners, the Rotary Club of Paita Centro in Peru.

Thank you all for your support and encouragement!

Kari Williams

Editor's note: For CP11, the Education Coalition represents several organizations including The Dictionary Project, Loving Hugs, Give a Kid a Backpack and Samaritan's Feet.



“During the two day project, 230 children's feet were washed and 275 dictionaries were distributed while interacting with the children, parents, school staff...”



Photos courtesy of USNS COMFORT Public Affairs



## An Eye on Sustainability

The USNS Comfort (T-AH 20) started off their Continuing Promise 2011 Mission in Kingston, Jamaica. While in country I had the opportunity to participate in a subject matter expert exchange (SMEE) at the Victoria Jubilee Hospital, the first maternity hospital in the country and the major referral center for all complicated cases. I was up early Friday morning the 15<sup>th</sup> of April, 2011 prepared to give a presentation to the ministry of health only to find out that some miscommunication had them expecting a different party to speak with them about disaster medicine. A polite request to save the morning by going to visit a local hospital led the ministry representative scrambling on her cell phone to make arrangements as she thought it an excellent idea. We took a short van ride through downtown Kingston to arrive at the facility enclosed by security gates and guards. As we drove through the gate a man was exiting – he had a mask over his mouth and was wielding a large machete hidden running up the inside of his arm and an unfriendly look in his eyes. Our uneasiness at this site quickly abated as we entered the hospital and received a warm welcome from several matriarchs and the senior medical officer, Dr. Rudolph Stevens, who gave us a tour of the hospital.

During the tour I learned of the rich history of the institution. The hospital was named after Queen Victoria and was conceived in the year of her Jubilee 1887 by several benefactors concerned over the high death rate of laboring women. After some fund raising and matching contributions from legislature the local public works department was converted to a 12 bed maternity hospital. They opened for business in 1892 with 1 midwife and have continued to expand ever since. It is now a 450 bed women's hospital with a 120 bed baby nursery and serves 70,000 patients a year. The hospital's motto is "the birthplace of a nation" because 1 out of every 5 Jamaicans in the entire country is born here.

Over the past 119 years they've continued to expand their capabilities and now offer prenatal care along with a full spectrum of obstetric and gynecological services including oncology, urology, and maternal fetal medicine, most of which are free. It is a teaching hospital for medical students, residents, house staff and has a school of midwifery. On the tour we visited the prenatal clinic where

they see an average of 150 patients per day. They offer many preventative services here but because of the volume of patients and resource constraints they aren't able to offer triple screens, routine ultrasound, hepatitis vaccination, or group B streptococcus screening. Their maternal fetal medicine unit is 2 small rooms where they offer high risk ultrasound, echocardiography, electrocardiograms, and stress tests, some of which they must charge for in order to cover the expense associated with this higher level of care. We also visited the labor ward where I was amazed to see up to 20 women in one large room all in labor only separated by screens – 1 or more midwives were running from bed to bed attempting to care for them.



When we arrived at the NICU I was pleased to see that every visitor was required to wash their hands and put on a gown – rather advanced sanitation practices for a hospital that has no soap, paper towels, or toilet paper in the bathrooms. An attendant ensures it is done because infection along with respiratory distress and prematurity are the leading killers here. The physical appearance of the structure showed the wear and tear you'd expect from a facility that was more than a century old. The NICU was a series of rooms, each with 8-12 infants in a space no more than 100 square feet. Their advertised capacity is 25 but they are regularly pushed to 70 during busy months when they'll have 1,000 or more deliveries. The unit is staffed by one pediatrician with little formal neonatal training yet charged to care for so many sick newborns – in one room alone I saw an infant with bilateral cleft lip and palate, a 28 week twin with severe respiratory distress, a baby with caudal regression syndrome and meningocele, a term infant with meconium aspiration syndrome, and another baby with congenital heart disease. Dr. Stevens informed me that the country doesn't have a neonatology training program so candidates are sent to the US, Canada, or Europe for this level

of education. Unfortunately they either never return or come back for a year only to leave again for better opportunities. There were oxygen tanks lining the walls but no compressed air so any infant that required respiratory support receives pure oxygen, a practice recognized more than 30 years ago as toxic to the neonates' eyes, lungs, and brain. They've improvised a very resourceful bubble continuous positive airway pressure (CPAP) setup for babies with the most severe respiratory distress using cutoff endotracheal tubes, a bottle of water, and leftover vent tubing from adults. Their budget is so constrained that they rarely throw anything away – the nasal cannulas and vent tubing are cleaned with soap and water and reused on the next patient that may need them. They have no mechanism for heating the compressed gas so they must be careful not to set the flow too high or the babies become hypothermic and die in a devastating spiral of cardiovascular collapse.

More than a year ago UNICEF donated two Sechrist Millenium infant ventilators, a Neopuff infant resuscitator, and several pulse oximeters to the unit but they sit in a dusty storage closet unused. They arrived in boxes unassembled and no one ever showed them how the vent or resuscitator device worked, they have no respiratory therapists, and the pulse oximeters were broken. Over this same period nearly a hundred infants have died in their unit due to respiratory distress. Despite all these limitations they still attempt to do their very best with neonates as premature as 24 weeks. Their smallest surviving patient was born prematurely at 26 weeks gestation and weighed 680 grams – three weeks older and double the size of the smallest surviving pretermatures in the US. I was very impressed with their ingenuity with the little that they had but it was no surprise to learn that their infant mortality rate is nearly 4 times higher than in the US.

After our tour we went to a classroom where I gave a presentation on how to improve their resuscitation practices and the bubble CPAP system they currently use to a group of 25 doctors, nurses, and midwives. They took notes furiously as I spoke and I was able to help answer their questions and hopefully improve their practices. I also took the opportunity to setup and teach them how to use the Neopuff infant resuscitator. In addition I gave them a NeoT device capable of resuscitation and CPAP delivery that is significantly less expensive,

## An Eye on Sustainability

easier to use, safer, and cleaner and showed them how to use it. The gratitude on their faces was clearly evident.



Fortunately I was able to return to the hospital Wednesday and Thursday the 20<sup>th</sup> and 21<sup>st</sup> of April. I brought with me HM1 Stocking and HM3 Brown, two respiratory therapists on the ship with me. We started feverishly working to assemble the ventilators and teach them how to use them – the clock was ticking as 2 more infants had died the night before due to respiratory distress. Once the ventilators were fully assembled we tested them to ensure they were working properly and then conducted an intensive 2 day teaching session for all 27 doctors and nurses that work in the NICU on how the machines operate, how the circuits come apart and go back together, how to clean them, how to operate their heated humidifiers, troubleshooting techniques, and basically everything I know about neonatal mechanical ventilation. We practiced for hours taking the circuits apart and putting them back together and ran through a variety of clinical scenarios until we were all satisfied and comfortable with the new machines.

The day prior to our visit another infant was born at 34 weeks and had severe respiratory distress syndrome; his mother was a gesta-

tional diabetic, a known cause of this disease process. With the proper treatment in the US this infant would almost certainly survive. The Jamaican doctors had already increased him to the highest level of CPAP support that they could provide but he continued to have severe retractions and was breathing more than 100 times per minute. His perfusion was so poor that his extremities were dusky and his blood gas was nearly incompatible with life, he likely only had a few more hours to live. With deep sadness and frustration, the NICU team had already informed the mother there was nothing more they could do and they would have to let the baby die. Dr. Watson, one of the house staff, discussed the case with me and I suggested we put her new found knowledge and equipment to good



use. We gave the baby a dose of surfactant and put him on the new ventilator. Within minutes his breathing rate came down to the 60's, we were able to wean his oxygen down to 50%, and the color started to return in his arms and legs. Dr. Watson was thrilled and realized the baby was now likely to survive. She promptly went to go inform the mother and Dr. Rudolph of the success. This was the first baby in their 119 year history to be mechanically ventilated in their NICU. I never saw so many tears of joy and big smiles as on that day.

When it was time to leave Dr. Stevens asked if I'd come back and work for him for at least



one week a year to continue teaching and demonstrating better practices – he remains eager and vigilant to improve his hospital and is thankful that we have helped take his NICU from the “third world to the first.” I was honored by the request yet saddened to know that we will be leaving soon – on to another country in need. Prior to this visit I had always thought of Jamaica as a tropical vacation destination yet had no idea the conditions I would encounter – I'm now in awe of the most simple things that so many take for granted in the US. As I lay down to sleep at night thinking about some of the patients I've seen at the Medical Civic Assistance Program sites at the National Sports Arena and the Windward Road Clinic I realize those encounters have only helped one patient at a time, but in the words of Dr. Stevens “God only knows how many babies lives will be saved in Jamaica over the years to come” because of our work at Victoria Jubilee Hospital. And this is what Continuing Promise 2011 is all about – helping people and building relationships!

CJ Podraza, MD, LCDR, MC, USN



## Comments From The Crew

It hasn't taken long for me to realize just how much we depend on our NGO volunteers to help us succeed in our mission. We quite literally could not do it without their help and dedication. We are fortunate this year to welcome several volunteer dentists, dental hygienists, and dental assistants from the University of California – San Diego (UCSD) Pre-Dental Society, and Latter Day Saint (LDS) Charities.

One of the more notable qualities of our UCSD volunteers is that many of them have "been there, done that." Dr. Steve Lebo, Dr. Jan Westberry, Registered Dental Hygienist Mannui Bui, and dental assistant Devin Bernhardt are just a few of the volunteers that have participated in previous CP missions with the COMFORT, or Pacific Partnership missions with the USNS MERCY. In a large department where only one of our Navy team members is a humanitarian mission veteran, their experience and expertise have been priceless as we plan for mission sites, work to overcome obstacles, and strive to serve our patients as best we can. Our dental mission in Kingston, Jamaica was able to proceed far more smoothly than it otherwise would have without their help and guidance.

We're also very fortunate to have volunteers from LDS Charities. Not only are Dr. David Fitch and Mrs. Terry Fitch serving as very active members of our dental team, they are also team leaders for over 70 LDS Charities volunteers onboard COMFORT. Several of the LDS volunteers in other departments have gone above and beyond the call, and have offered to help us out with dental education in addition to their regular duties. Marianne Kartchner, a volunteer with the Training Department, has several years of experience teaching oral health education in Bolivia, and

has graciously offered to spearhead our oral health education programs at the mission sites so that the primary dental team can focus on direct patient care. It has been a "win-win" situation for everyone involved, and highlights the hard work and ambition that our NGO volunteers bring to the mission.

We look forward to the months ahead, and are grateful that we are able to serve alongside such skilled and motivated civilian volunteers.

LCDR Michael Rudmann, DC, USN

Dental Department Head

USNS COMFORT (T-AH 20)

Our Preventive Medicine Team was fortunate to be augmented by two LDS Environmental Health Scientists with broad experience in water systems in the developing world. Max Gyllenskog and Ken Karchner from LDSC provided our team with valuable assistance in initial and ongoing sanitation and hygiene site assessments, as well as supporting our onboard enhanced disease non-battle injury surveillance and preventive medicine knowledge assessment among the embarked NGO crew. Mrs. Laura Romero, a volunteer from LDS Charities, brings 30 years of experience as a Certified Nurse Midwife to the mission. She integrated quickly and interacts frequently with other services to provide truly whole-patient care. In addition, Mrs. Romero initiated her own women's health needs assessment and, based on its results, designed educational materials addressing women's health issues. Ms. Kristi Long, a physician assistant, Ms. Lorena Darnell, a physician assistant, and Ms. Rhonda Jackman, a pediatric nurse practitioner, are volunteers

from the LDS Charities who contributed during the Jamaica mission. The H-1 directorate was sad to lose both Ms. Long and Ms. Jackman after Jamaica; both were dedicated, had a positive attitude, and were easy to work with. Ms. Darnell remains on board and has requested to "branch out," helping out in CASREC. Drs Barry Finnente and Bruce Piccone, a pediatrician and adult hematologist-oncologist, respectively, are volunteers from Project Hope. Both arrived and were "out on the beach" within 24 hours of arrival; they "hit the ground running." Dr Finnente recently returned from an African humanitarian mission and has begun to share his experiences in Africa with CP11 mission personnel.

William T. Scouten, MD, FAAP  
CDR, MC, USN

Director for Medical Services  
USNS COMFORT (T-AH 20)

We have two Project Hope RNs working in the ICU. They are RN Roxana Hutchcroft and RN Gretchen Mengel. BOTH are phenomenal!!!! RN Hutchcroft brings Pediatric ICU experience and RN Mengel Adult ICU Experience. They are reliable, knowledgeable and have jumped into this mission with both feet. Both have held Charge duties already and have been AWE-SOME team players. I can not say enough about them and we are very excited to have them on our team!!!!

LCDR Marsha Hanly, NC, USN

ICU Department Head

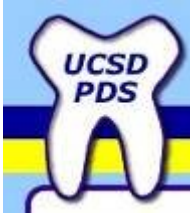


“They are reliable, knowledgeable and have jumped into this mission with both feet.”



## Parting Shot

These are just some of the great activities that you, our NGO partners, were involved in during our first country stop of Jamaica. Additionally, we had Dr. Tim DiDonna from the American Academy of Pediatrics who did a phenomenal job training for the Helping Babies Breathe program utilizing supplies donated by LDSC. John's Hopkins Office of Critical Event Preparedness and Response was also onboard during Jamaica and provided disaster preparedness training to both ship's crew and host nation emergency response and medical personnel and will be rejoining us in Costa Rica and Haiti. Finally, thanks to the UCSD Pre-dental Society and their outstanding group of volunteers who are serving throughout the ship and mission.



The views expressed in this article are those of the author and do not necessarily reflect the official policy or position of the Department of the Navy, Department of Defense, nor the U.S. Government.