Corpsman brings healing knowledge to Pacific Partnership 2010

By MC2 Cynthia Griggs, *USS Blue Ridge* Public Affairs

A *USS Blue Ridge* (LCC 19) Sailor fulfilled his life-long dream of helping people in need July 26-30.

As part of a medical assistance team assigned to Pacific Partnership 2010, Hospitalman Paul Amores was part of an effort that involved the treatment of more than 1,300 patients in the Republic of Palau by *Blue Ridge* medical and dental teams.

"I love being a corpsman, because I know that I will have an impact on someone's life," said Amores. "I've dreamed of being able to change someone's life even if with just a small care that you've given that person."

Blue Ridge medical and dental teams held free basic medical and dental clinics on the Palau islands of Koror, Peleliu, and Angaur, as well as trained local doctors and nurses on traditional medical care, clinic and personnel management, expenditures and future goals for a more effective medical environment.

Amores said that growing up in a military family influenced his decision to join the Navy. His father, Efren N. Amores, served in the Navy and now serves as U.S. Naval Support Activity Bahrain housing support director.

"I decided to become part of a family tradition and join the Navy and make my own history," Amores said.Pacific Partnership 2010 is aimed at strengthening regional relationships with host nation and partner nations in Southeast Asia and Oceania. This is the first vist for Pacific Partnership to Palau, and all programs have been coordinated with and approved by the government of Palau. This was Amores' first big medical capability exercise.

Hospital corpsmen from the U.S. 7th Fleet command ship *USS Blue Ridge* (LCC 19), U.S. Naval Hospital Yokosuka and U.S. Naval Hospital Guam perform dental procedures at a Pacific Partnership 2010 free dental clinic. Pacific Partnership 2010 is the fifth in a series of annual U.S. Pacific Fleet endeavors to strengthen regional relationships with host and partner nations.

U.S. Navy photo by MC3 Fidel C. Hart

"It's been great interacting with the community," Amores said. Seeing the local peoples' smiles has been one of the greatest gifts in the world for me. Seeing children with smiles on their faces makes me feel good about myself."

Amores said he plans on using the training and techniques he learned during Pacific Partnership 2010 in the future as a dental hygienist.

Pacific Partnership 2010 is an annual joint effort with host nations, partner nations, non-governmental charity and service organizations, and other U.S. government agencies to provide medical, dental, veterinary and engineering civic action programs.

Blue Ridge is commanded by Capt. Rudy Lupton and serves under Commander Expeditionary Strike Group (ESG) 7/Task Force (CTF) 76, the Navy's only forward-deployed amphibious force. *Blue Ridge* is the flagship for Commander U.S. 7th Fleet. Task Force 76 is headquartered at White Beach Naval Facility, Okinawa, Japan, with an operating detachment in Sasebo, Japan.

Overseas screening process discrepancies cost time, money

By Wm. Cullen James,
Naval Personnel Command Public Affairs

Navy leadership is asking commands to sharpen their focus when screening Sailors for overseas service, according to Naval Administrative Message NAVADMIN 209/10.

The message states that the Navy Overseas Screening Program is a key component guaranteeing that proper support is available to the Sailors and families stationed overseas. Discrepancies in the process cost the Navy nearly $1 million in fiscal year 2009.

According to Cmdr. Carl Chaffin, Distribution Management and Procedures branch head, medical issues account for about 50 percent of the discrepancies.

"The transferring medical facility must request a waiver for any condition that will be ongoing after transfer," he explained. "Any medications required overseas must be cleared with the overseas medical treatment facility to ensure the medications are available. Some military medical facilities overseas have had their services reduced and the local medical services have not been certified by TRICARE for reimbursement."

Other issues cited in the NAVADMIN include legal issues, indebtedness and general administrative errors.

"Commands need to focus on every aspect of the screening form, NAVPERS 1300/16," said Chaffin. Specific non-medical areas that require focus are "ongoing legal [criminal and civil] cases and pre-service moral waivers. Also, the spouse's income should not be included in the overseas financial plan unless the spouse has been assured employment upon arrival."

In the event of a discrepancy where a Sailor reports to an overseas command, the family can be uprooted on short notice.

"In the case where a family member is unqualified – the family is returned to the U.S. and the Sailor continues the tour," Chaffin said. "If a Sailor is unqualified or must be present for the care of a family member, then the Sailor is usually sent to a U.S.-based command."

The total number of discrepancies against the number of overseas orders written is relatively low, but Chaffin said commands can do better.

"Sometimes these discrepancies are the fault of the Sailor, but in most cases it is either the command not checking with Family Advocacy, legal, etc., or the medical screener not requesting waivers from the overseas medical provider prior to marking Sailors and, or family members qualified for overseas assignment."

Closing gap on post deployment health reassessment of Sailors

By Lt. Cmdr. Erik Wells, Chief of Naval Personnel Public Affairs

The Navy is stepping up its efforts to require all returning deployed Sailors to complete a mandatory post deployment health reassessment (PDHRA).

The PDHRA is completed online at https://data.nmcphc.med.navy.mil/edha/ and assesses the state of a Sailor's health and provides critical information to military health care providers to identify present and future medical care a member may need.

The assessment is due six months after the Sailor returns home from an individual augmentee manpower management assignment, global war on terrorism support assignment or overseas contingency operation support assignment.

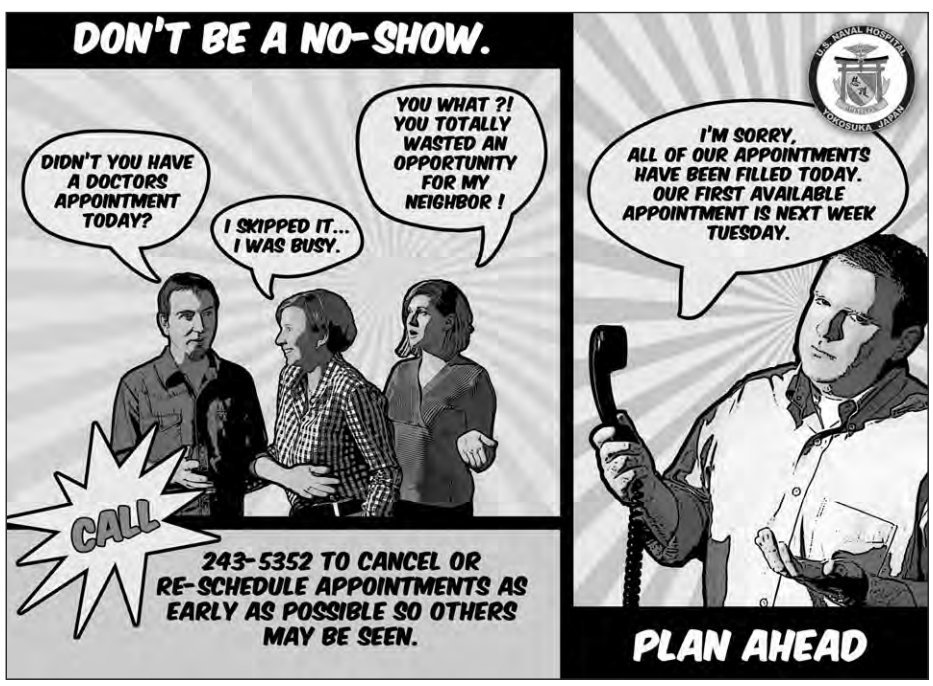
"We don't want to ever forget that a Sailor might be dealing with a struggle in life," said Master Chief Scott Benning, fleet master chief of Manpower, Personnel, Training and Education. "Leadership is very much concerned about their health and well-being."

As of May 2010, the completion rate for the PDHRA was more than 90 percent, but the goal is 100 percent.

To reach that goal, the chief of naval personnel released Naval Administrative Message NAVADMIN 246/10 in June 2010 which ties the completion of PDHRA with the periodic health assessment (PHA).

Sailors who are overdue on the PDHRA will be prohibited from taking the PHA and risk failure of the physical readiness test as a result.

"It is imperative that commands understand the importance of making sure their Sailors follow through on the PDHRA," said Benning. "But it's also the personal responsibility of the Sailor to complete it and seek help, if needed."

According to Benning, a Sailor's life changes when they are sent into theater. Upon their return, they need to be reintegrated back with their families, their shipmates and society. While the process is smooth for most, there are those who may need help but unless they come forward, the help could be elusive which is why identifying needs through the PDHRA is so important.

"Creating a culture where people need to come and ask for help when they need it is what we are trying to do," said Benning. "Operational stress control does that and so does the PDHRA. Ultimately, we all need to be responsible for our professional and personal well being."