JMSDF, U.S. ships provide assistance in Vietnam

By Lt. Cmdr. Arwen Consaul, Pacific Partnership Public Affairs

Members of the Japan Maritime Self-Defense Force (JMSDF) and the United States Navy came together to provide medical care to the people of Vietnam as part of Pacific Partnership 2010 (PP10).

Sailors from the *JDS Kunisaki* (LST 4003) and her embarked medical team and non-governmental organizations have joined partner nation, non-governmental organizations, and service members from the U.S. Navy Hospital ship *USNS Mercy* (T-AH 19) to take part in Pacific Partnership 2010, the fifth in a series of annual U.S. Pacific Fleet humanitarian and civic assistance endeavors aimed at strengthening regional partnerships among U.S. government organizations, host nations, partner nations, and international humanitarian and relief organizations.

"We have a very similar Maritime Strategy to that of the United States," said Japanese Ground Self-Defense Force Maj. Toshihiro Yamasaki, joint medical plans and operations officer for the Ministry of Defense in Japan.

"We want to work with other nations in this region to help stabilize the Pacific." Pacific Partnership was created after the Tsunami that struck Indonesia in 2004. After the devastation caused in Southeast Asia, the U.S. Navy wanted to create an opportunity to return to the Pacific region to build upon the relationships that were established during the aftermath of the natural disaster.

Through the years, Pacific Partnership has grown to include non-governmental organizations and partner nations, who support to Pacific Partnership's motto of "Prepare in calm to respond in crisis."

During the Pacific Partnership 2010 visit to Vietnam, *Mercy* crew members from all four military services and partners from six nations and eight non-governmental organizations will conduct medical, dental, veterinary and engineering civic action programs across the Binh Dinh Province.

Japan is providing the largest partner nation support to Pacific Partnership in Vietnam. Living with the same natural disasters as their neighbors in Southeast Asia, Japan understands the importance of these missions.

"In Southeast Asia we have a lot of natural disasters, like typhoons, earthquakes and floods," said JMSDF Lt. Tobita Mori, a periodontist with the *Kunisaki*.

USNH Yokosuka Hospital Corpsman Tim Beaudry, embarked aboard the Military Sealift Command hospital ship USNS Mercy (T-AH 19), examines a Vietnamese patient to determine if she has cataracts during a Pacific Partnership 2010 medical civic action program. Mercy is in Vietnam supporting Pacific Partnership, the fifth in a series of annual U.S. Pacific Fleet humanitarian and civic assistance endeavors to strengthen regional partnerships.

Photo by MC2 Eddie Harrison

"Having missions like Pacific Partnership gives us the opportunity to train. We are prepared to react to real disasters after having performed on missions like these."

Along with the doctors and dentists on the *Mercy*, the *Kunisaki* medical team brings more than 30 medical professionals to assist at the Nhon Binh and Hai Cang medical treatment sites in Binh Dinh Province. Each medical site is expected to see more than 500 patients a day, with medical assistance provided in the form of optometry, dentistry, physical therapy and general medicine.

On top of the training opportunities for their doctors, Pacific Partnership also gives both Japan, partner nations, U.S. and Vietnam a chance to work together and to learn from one another.

"This mission strengthens our ability to work with other countries and their languages," said Yamasaki. "We build relationships with the local people during peacetime, and that face-to-face interaction builds on our ability to work together in the future."

"To work with the U.S. Navy on PP10 is not only about medical activities, it is also about the cooperation between different militaries and different countries," agreed JMSDF Lt. Tetsufumi Suda, a psychiatrist aboard with the *Kunisaki*. "We are cooperating with the U.S. and the people of Vietnam, it is important to build these relationships for future humanitarian disaster response."

Along with providing medical support, the crew members of the *Kunisaki* are also participating in community service events to introduce the people of Vietnam to Japanese culture.

Along with a Japanese Long Gauge performance, there are also classes on *origami*, which is the Japanese art of paperfolding, and the making of bamboo helicopters, known as "*taketonbo*."

"We wanted to introduce our culture to the Vietnamese, so they could learn more about us," said JMSDF Lt. Toru Yoshikawa, the navigator on the *Kunisaki*. "We were excited to share our culture with them and they seemed to enjoy it very much, they gave us a big hand."

Ultimately, Pacific Partnership 2010 is proving to be a learning experience for all involved. From medicine to *origami*, Japan, Vietnam, other partner nations, and the United States are engaging one-on-one, resulting in the development of friendships and partnerships.

"I am very grateful for this experience," said Suda. "This is a great experience for me and for JMSDF, and we a grateful to be here and offer treatment to the people of Vietnam."

PP10 departed Quy Nhon, Vietnam, June 12 after 13 days of assisting and working along side the people of Binh Dinh Province

Arthritis: Painful disease that can affect anyone

By Cat DeBinder, National Naval Medical Center Public Affairs

Arthritis, the inflammation of joints, can affect one or several joints throughout the body and its symptoms range from mild to debilitating, which can severely affect Sailors during their daily operations.

"Most arthritis is simply damage to the cartilage on the end of our bones in our joints," said Cmdr. David Schroder, staff orthopedic surgeon in the National Naval Medical Center's (NNMC) Orthopedic Department. "One could argue that every adult has some degree of arthritis."

Schroder wants people to know that it's not an awful thing to be diagnosed with arthritis and not something to be worried and scared about.

"Arthritis is generally broken down into osteoarthritis and inflammatory arthritis," said Schroder. "Inflammation is the body's reaction to stress, be it injury, surgery or illness."

Inflammation can affect any of the components inside the joint such as supporting tissue, cartilage, bones or the joint lining. Pain, stiffness and swelling of the joints are all common symptoms, said Schroder. "Inflammatory arthritis is when the body's immune response is overactive in some way; rheumatoid and psoriatic are examples of inflammatory arthritis."

"Osteoarthritis is by far the most common arthritis we see as joint replacement surgeons, and its causes are multifactorial," said Schroder. "Patient activity, family history, prior injury and anatomy all influence the development of osteoarthritis."

Connie Wilkie, who is a patient at NNMC and has had osteoarthritis since 1975, takes one prescription and some over the counter dietary supplements for the symptoms of her arthritis.

"It came on gradually; the first thing I noticed was that my fingers seemed welded together and I couldn't bend them," said Wilkie. "To some degree it has crippled my lifestyle and reduced my ability to do certain things. I can't grasp well, I'm unable to pick up small items and I can't do things such as peel potatoes."

According to Schroder, arthritis has many side effects.

"Most commonly the patient experiences pain, stiffness and even instability of a joint with bad osteoarthritis," Schroder said. "These symptoms can become quite severe, even relegating a patient to a wheelchair if the pain is that [intense]."

According to Schroder, arthritis can cause psychological and emotional effects.

The psychological effects can be great because of the potential for great limitation in mobility. Some patients can become depressed if they cannot do simple tasks for the first time in their lives.

"Orthopedics is an exciting field to be in because I get enjoyment out of helping these people out — like the patient that can't walk and you help them walk," said Schroder. "The best part of joint replacement is patients tend to do well; these are very successful surgeries."

Osteoarthritis tends to get worse with time, according to Schroder.

"We surgeons will often make the analogy of tire wear with cartilage wear," said Schroder. "If the patient goes fast and drives hard on tires, they wear more quickly. Nothing cures arthritis today, we encourage our patients to walk and do as much as they can. We help with injections and ask them to modify their activities — avoiding running and losing weight, for example. We can offer anti-inflammatory oral medications."

The ideal goal in the future is to heal injured cartilage, but without a good blood supply, this currently is not possible. This means some sort of man made device to replace the cartilage.

"Because our patient population is so young here, we have to think of other treatments prior to replacements," said Schroder.

According to Schroder, there are other less invasive treatments for arthritis than replacement surgery. For example, micro fracture induces scar cartilage called fibrocartilage to fill the injury site. Cadaver cartilage and the reinsertion of cartilage cells from the patient are other possibilities.

"We treat each patient based on history, symptoms, examination and X-ray," said Schroder. "I tell every patient that this is a personal process, meaning I don't compare their pain to somebody else's, and I don't operate on the X-rays, I operate on patients."