

MEDICAL NEWS

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KEESLER MEDICS RESUSCITATE FIREFIGHTER'S HEART

By Steve Pivnick
81st Medical Group Public Affairs

KEESLER AIR FORCE BASE, Miss. -- "If this had happened anywhere else, he may not have survived."

This is how 81st Medical Group Commander Brig. Gen. (Dr.) Kory Cornum summed up the actions by the Keesler Hospital staff credited with saving the life of a Biloxi firefighter March 14.

Fire Capt. Kevin Landrum and eight other Biloxi firefighters were training with their Keesler counterparts at the Keesler fire pit near the base's White Avenue gate and adjacent to Irish Hill Drive when he started to feel something was not right.

"I thought I had overextended myself," he recalled. "I was getting progressively worse. As a trained first responder, I knew the signs of a heart attack. I informed my crew I didn't feel well and one of the guys saw I wasn't looking too good. He asked if I needed some oxygen so they started administering it. The oxygen didn't help with the symptoms which were getting progressively worse. That's when someone made a 911 call to get more help."

Master Sgt. Lukus Hancock, 81st Medical Operations Squadron emergency services flight chief, recalled, "We received a call from the Keesler live-fire pit at about 11 a.m. Because he was a civilian, American Medical Response had been contacted to take him to the emergency room. However, we responded to the call. The Keesler ambulance crew arrived on scene before AMR. Upon evaluation, the patient's condition wasn't looking good and the decision was made to transport him to our ER. Within 10 minutes of his arrival, we had stabilized him and he was taken to the (cardiac catheterization) lab."

Lt. Col. (Dr.) Steve Kindsvater, chief of cardiovascular services for the 81st MDOS, and his team then went into action. He said Landrum "had a thrombotic occlusion -- a blood clot stopping all blood flow -- to the main vessel in the front part of his heart which caused a life-threatening drop in his blood pressure. Furthermore, he had six episodes of ventricular fibrillation arrest (a heart electrical problem that occurs suddenly and is 100 percent fatal if not treated). In the setting of a heart attack, restoring blood flow generally fixes both the low blood pressure and the electrical problem, as it did for this patient. Mr. Landrum is a very fortunate man."

Landrum remarked, "I can't say enough about the care I received, starting with my crew, to the

★ See **Firefighter** page 6



(U.S. Air Force photo by Steve Pivnick)

Volunteers place 1,000 pinwheels in front of the 81st Medical Group April 3, 2012, at Keesler Air Force Base, Miss., as they have been every year since 2007. "Pinwheels for Prevention" is an annual program that uses the shining, colorful display to raise awareness of the more than 1,000 allegations of child abuse in Harrison and Jackson counties alone.

'Pinwheels for Prevention; targets child abuse

By Paula Spooner
Family advocacy outreach manager

KEESLER AIR FORCE BASE, Miss. -- Child abuse, in all forms, has been determined to be a consistent factor in predicting a child's future potential for poor academic performance, the abuse of alcohol or drugs, engaging in high-risk behavior or illegal activity and repeating the same cycle of abuse with their own children.

As concerned adults, we want to leave today's kids

a legacy of nurturing homes and schools, safe neighborhoods and myriad opportunities for success. To accomplish this, everyone must play a part in community awareness and prevention. Only by working together can we begin to make a lasting impact in the lives of our children.

"Pinwheels for Prevention" is a national campaign begun by Prevent Child Abuse America. Through this campaign, they hope to change the public's beliefs

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Purple Heart medals received



Above Marine Lance Cpl. Jonathon Schwalm, assigned to the Marine Corps Wounded Warrior Battalion-West detachment at Naval Medical Center San Diego, a Purple Heart medal and below, Marine Cpl. Gallagher Roed, assigned to the Marine Corps Wounded Warrior Battalion-West detachment at Naval Medical Center San Diego, receives a Navy Achievement Medal with Valor from Maj. Gen. Ronald L. Bailey, 1st Marine Division Commanding General, for combat action during a deployment to Helmand Province, Afghanistan, in support of Operation Enduring Freedom.



(US Navy photo by Mass Communication Specialist 1st Class Jason J. Perry/HIPAA's Complete)
Marines Cpl. Zachary Dinsmore, left center, and Lance Cpl. Jonathon Schwalm, right center, assigned to the Marine Corps Wounded Warrior Battalion-West detachment at Naval Medical Center San Diego, stand by to receive Purple Heart medals from Maj. Gen. Ronald L. Bailey, 1st Marine Division Commanding General for combat action during deployments to Afghanistan in support of Operation Enduring Freedom.



Marine Cpl. Zachary Dinsmore, assigned to the Marine Corps Wounded Warrior Battalion-West detachment at Naval Medical Center San Diego, receives a Purple Heart medal from Maj. Gen. Ronald L. Bailey, 1st Marine Division Commanding General, for combat action during a deployment to Sangin Province, Afghanistan, in support of Operation Enduring Freedom.

Morale, Welfare and Recreation, St. Patrick's Day 5K Fun Run/Walk



(U.S. Navy photos by Mass Communication Specialist 2nd Class John O'Neill Herrera/Released)

Service members, hospital staff, families, and beneficiaries begin Naval Medical Center San Diego's Morale, Welfare and Recreation, St. Patrick's Day 5K Run/Walk event, which had 108 participants.



Hospital Corpsman 2nd Class Rashaun Saunders (left) and Chas Beher lead the race during Naval Medical Center San Diego's Morale, Welfare and Recreation, St. Patrick's Day 5K Run/Walk. More than 100 hospital staff, families, service members and beneficiaries participated in the event.



Above: Hospital Corpsman 1st Class Michael Hines (right) encourages participants during Naval Medical Center San Diego's Morale, Welfare and Recreation's, St. Patrick's Day 5K Run/Walk.. More than 100 hospital staff, families, service members and beneficiaries participated in the event.



Right: Eighty-one year-old retired Air Force Master Sergeant Charles Kachadoorian, crosses the finish line as he completes the Naval Medical Center San Diego Morale, Welfare and Recreation, St. Patrick's Day 5K Run/Walk.. More than 100 hospital staff, families, service members and beneficiaries participated in the event.

Team forges telepathology guidelines at Keesler

By Col. (Dr.) Daniel Smith

81st Diagnostics and Therapeutics Squadron

KEESLER AIR FORCE BASE, Miss. -- A 20-person telepathology high-performance Team convened at Keesler's hospital March 20-23 to develop the requirements for the telepathology capability in the Air Force Medical Service. Telepathology uses imagery and video and allows pathologists to study diseases without being physically present. The session was directed by the Surgeon General's Requirements for Operational Capabilities Council.

Representatives from the Air Force Medical Support Agency in Washington, D.C., acquisitions; medical information; research, development and innovation; Air Force Medical Operations Agency Medical Logistics at Fort Detrick, Md.; and pathology subject matter experts from the 59th Medical Wing, Lackland AFB, Texas; 60th Medical Group, Travis AFB, Calif.; 81st Medical Group, Keesler; 96th MDG, Eglin AFB, Fla.; and 10th MDG, U.S. Air Force Academy, Colo., successfully established requirements to develop telepathology as a part of personalized medicine and the interactive electronic health record.

Telepathology systems involve advanced software capabilities, hardware options, scanning speeds, maintenance plans, repair support and unique benefits that require a strategic evaluation using expert pathologists, highly skilled information technologists, histotechnologists and other expertise to implement telepathology in support of the vision of personalized health care in



U.S. Air Force photo by Steve Pivnick

Maj. Mona Dionisionelson and John Marsh, Air Force Medical Support Agency Acquisitions Requirements Development, foreground, act as facilitators for a meeting March 21, 2012, at the 81st Medical Group, Keesler Air Force Base, Miss., as telehealth subject matter experts Master Sgt. Larry Boyce, AFMSA Medical Information, and Russell Henderson AFMSA Telehealth, look on. The meeting was to discuss and develop the requirements for a telepathology capability at Air Force Medical Centers.

the AFMS.

Anatomic pathology across the world is currently undergoing the digital revo-

lution that occurred earlier in the field of radiology. It has become a standard of practice for radiologists to use digital

technology to view radiographic images and other scans performed on patients. As computer speeds have dramatically increased and computer storage capability has expanded, the more complicated images from microscopic slides can be stored and sent to servers for immediate viewing and consultation. Many hardware and software companies have been investing considerable efforts to improve the practice of telepathology with clearly defined images and accelerated availability of their digital pathology products. The U.S. Food and Drug Administration is beginning to license the equipment as medical devices as increasing advances are made in the field.

The advantages of telepathology are far reaching. Microscopic slides can be scanned and stored as whole-slide digital images. Pathologists can view the digitized tissue images from a high-definition computer screen and move around the digital image just as they would using a microscope, zooming in and out of areas of interest with the click of a mouse. Using the internet, the pathologist can securely consult another pathologist or an expert at a university setting who can instantly view the digital images and render an opinion. Digital images can be available and be viewed any place in the world where a secure computer and internet access exist. This would allow immediate viewing by many trained eyes to consult on infectious disease cases or other medical problems in the deployed environment that can be diagnosed using light microscopy and result in immediate treatment.

Victims of TRICARE Data Theft report financial fraud

By Bob Brewin

Last fall, not long after someone stole computer tapes containing the health records of 4.9 million TRICARE beneficiaries, some of the victims discovered bogus charges on their credit card statements and unauthorized bank transactions.

The tapes were stolen in September 2011 from the car of an employee with TRICARE contractor Science Applications International Corp. who was transporting them from one federal facility to another in San Antonio, Texas. The employee left the unencrypted tapes in a parking garage for most of a workday.

In October 2011, the law firm Shulman, Rogers, Gandal, Pordy & Ecker of Potomac, Md., filed a \$4.9 billion class action lawsuit against the Defense Department. Since then, Defense or SAIC have been hit with seven additional lawsuits charging the company and the government with negligence in the care of sensitive personal and health information.

In an amended complaint to the original suit against Defense, which now includes SAIC, plaintiffs said they started to notice fraudulent activity in their financial accounts soon after the theft:

-- Virginia Gaffney of Hampton, Va., a TRICARE

beneficiary and military spouse, said her USAA credit card was rejected at a restaurant; she later discovered the company had canceled her card due to suspicious activity.

-- Antoinette Morelli, a disabled Air Force veteran of the Gulf War, said she and her husband, a retired Air Force colonel, discovered unauthorized charges on two credit cards and unauthorized withdrawals from two bank accounts.

-- James Biggerman, a retired Army command sergeant major who lives in Shelbyville, Ind., was notified about fraudulent charges on his credit card account shortly after the tape theft and started receiving unsolicited calls from telemarketers and scam artists.

-- Juan Diego Hernandez, a Frisco, Texas, Army veteran noticed unauthorized charges on the credit card account he holds with his wife and spent hours on the phone with the bank resolving the errors.

-- Carol Keller, the Revere, Mass., spouse of a disabled Air Force veteran, said she discovered three separate fraudulent charges against her credit or debit cards since last October.

The amended complaint said TRICARE beneficiaries had to take extensive steps to protect their finan-

cial information.

The plaintiffs "had to cancel credit cards and close bank accounts; open new credit cards and bank accounts; stop direct deposits to those compromised accounts and re-enroll in direct deposits for new accounts; stop recurring electronic payments from compromised accounts and re-enroll in electronic payments through new accounts; and otherwise spend time and money in mitigation responding to notifications following the wrongful disclosure that certain financial accounts have been compromised," the complaint said.

Dr. Deborah Peel, founder of the Patient Privacy Rights Advocacy Group in Austin, Texas, said unwanted marketing, credit card cancellation, and identity theft are typical and expected when sensitive, richly detailed personal health data is breached. It could take years to discover the repercussions of stolen medical information, she said.

The new complaint alleges that the theft was targeted. The SAIC employee's car, a 2003 Honda Civic, was parked in a garage that housed many luxury cars, "yet the thief or thieves, who went to great effort to

★ See Fraud page 6

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★ Firefighter

Continued from page 1

Keesler ER crew that brought me to the Keesler Hospital. I arrived at the hospital just in time."

He added that he understands at one point he was clinically dead.

"They defibrillated my heart four times. After the fourth time, I didn't feel any more pain and I told them (the cath lab team) I was ready to leave. I had been in agony the previous 45 minutes. The comparison to having an elephant sitting on your chest doesn't truly describe what I was feeling -- it felt like the whole building was on my chest and the elephant was standing there, laughing." Landrum said he was conscious the entire time, except when they "restarted my heart."

Discussing the event, Landrum stated, "I'm 100 percent certain that if this had happened anywhere else and I had been taken anywhere else, the time involved would have cost me my life." He said only 46 minutes elapsed between the 911 call and undergoing the cardiac catheterization procedure.

When he was taken to the cath lab, he noted, "It seemed Dr. Kindsvater's entire crew was there. It was like someone had kicked an ant hill; people were everywhere. There was no waiting around -- they got with it! You

could tell they knew what they were doing; they didn't miss a beat! I don't know if it was divine intervention that they all happened to be there at that time."

He added, "The care I received in the Keesler Hospital throughout the incident -- in the ER, the cath lab and nurses and techs on the floor -- was first class." (Landrum remained in the Keesler Hospital until the evening of March 18.) I'm very grateful and happy to be alive! I know my family is, too."

Landrum commented that his cardiologist at Ocean Springs Hospital expects him to make a full recovery and he should be able to return to work.

"I still have some recuperation to undergo, but my outlook is that I am definitely going back to work."

Landrum has a connection to Keesler and the hospital. His father, Joseph, retired from the 81st MDG in 2004 after 47 years of federal service and coincidentally has been cared for by Dr. Kindsvater.

Landrum and his wife Renee' reside in Harrison County. They have three adult children and a granddaughter.

★ Pinwheels

Continued from page 1

and behaviors regarding the prevention of child abuse and neglect. This goes beyond just making Americans aware of the issue - it extends to motivating them to take an active role in prevention and in their community.

Since 2007, Keesler Family Advocacy has used "Pinwheels for Prevention" every April to remind the base population that child abuse and neglect is everyone's business and problem. Keesler was the first in the state to use this colorful display for this purpose.

This year, the "Pinwheels for Prevention" display is again set up in front of Keesler Hospital during the first two weeks of April. It is a bright, colorful "garden" of 1,000 twirling

pinwheels. Each pinwheel represents one of the more than 1,000 allegations of child abuse that was substantiated in Harrison and Jackson counties alone.

Come out and visit the pinwheel garden. And when you do, make a pledge to yourself, your children, your grandchildren, your neighbors and your community. You can make a difference in someone's life, so do it. Be a mentor to that brand-new dad. Support your neighbor with the deployed spouse. Take a friend's kids for the afternoon so she can have a much-needed break. Have some parenting or relationship wisdom? Share it! Every time you reach out, you are adding one more thread to the blanket of protection that our little ones deserve.

★ Fraud

Continued from page 5

avoid security, did not break into any of the luxury cars in the garage, targeting instead the relatively inexpensive car containing the confidential data."

The complaint added, "The thief of thieves stealthily broke into the employee's Honda Civic and took the unencrypted backup tapes and records, thereby gaining information worth billions of dollars.

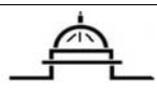
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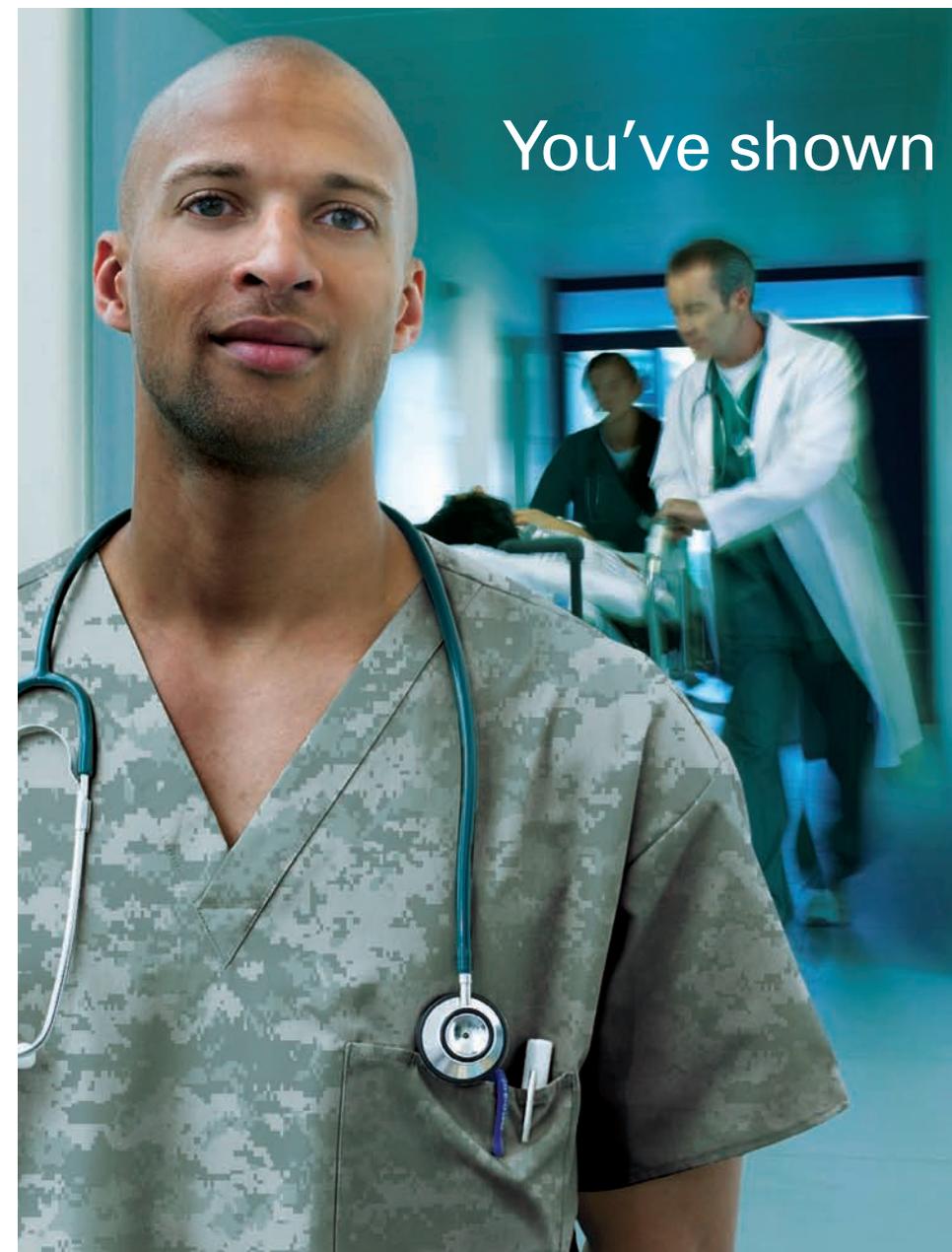
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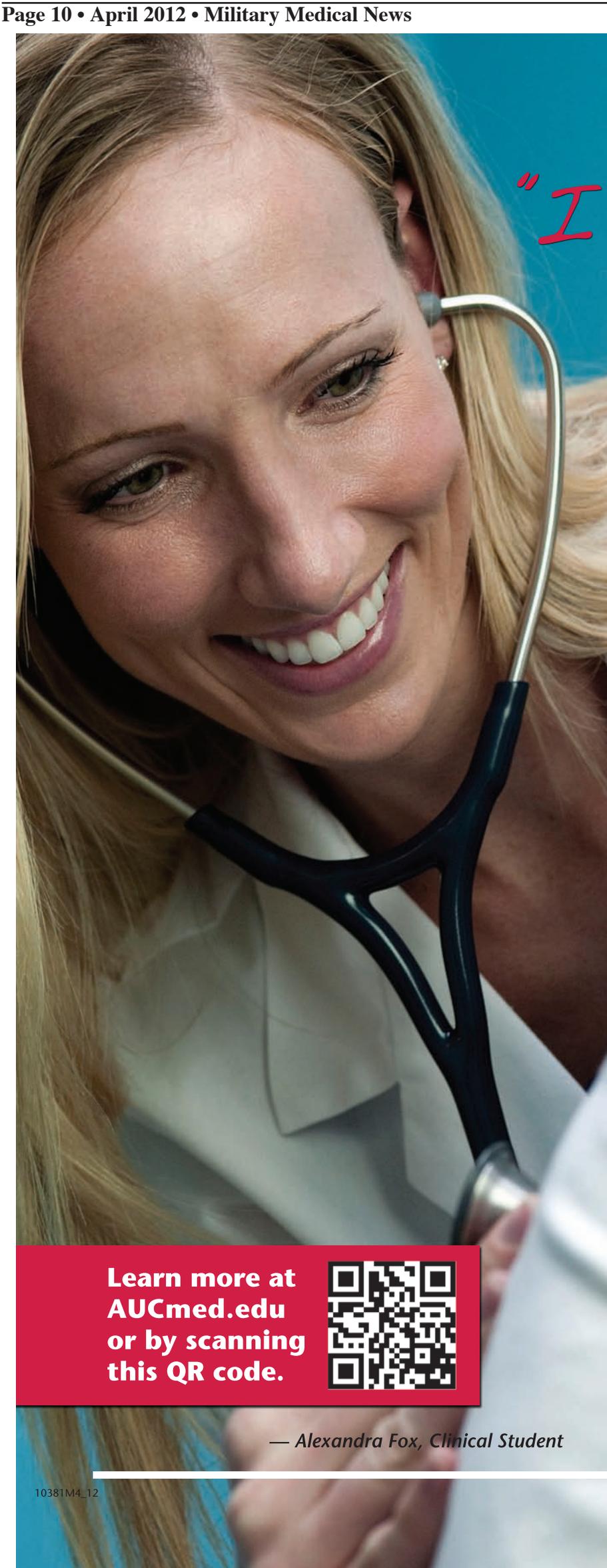
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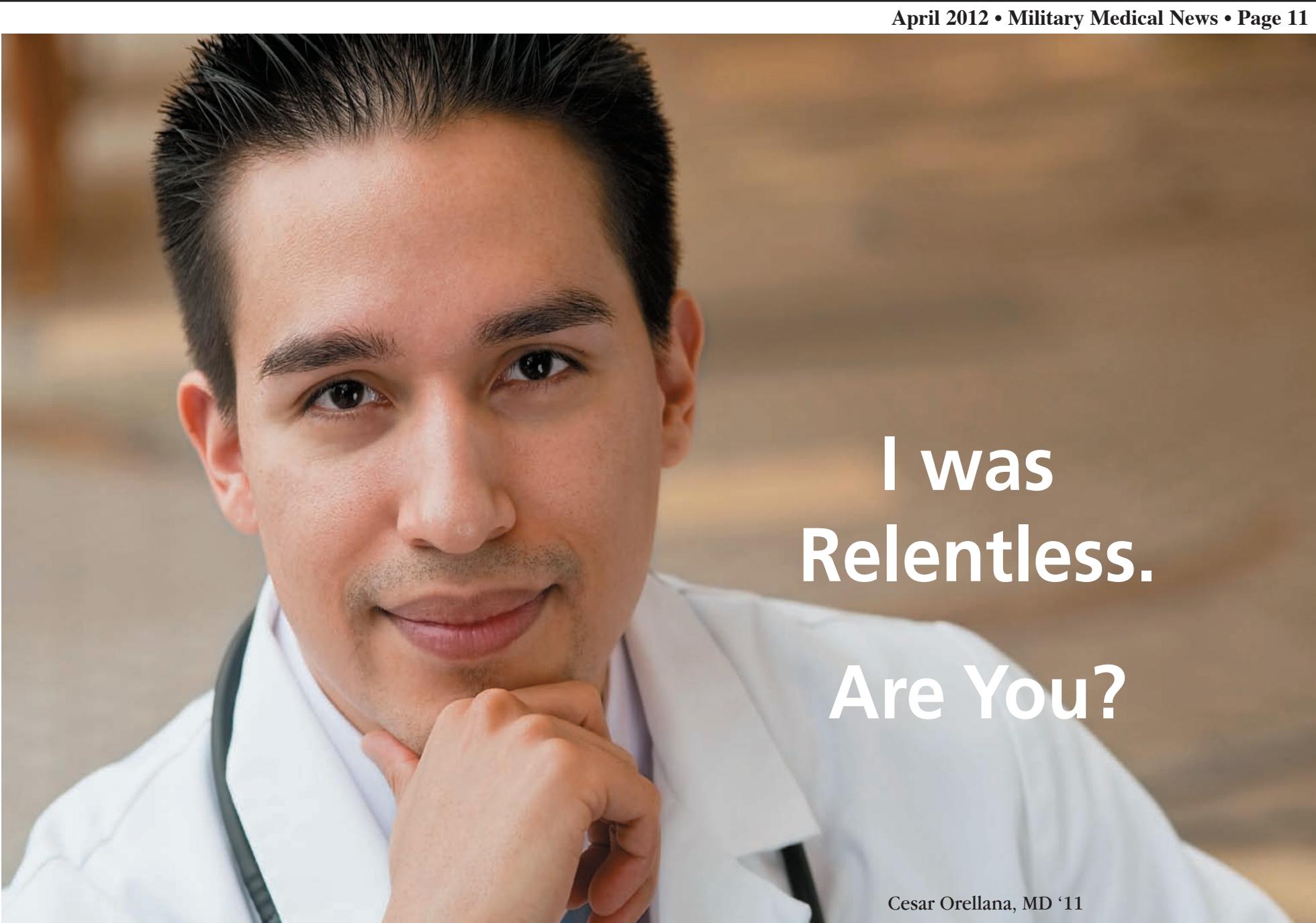
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Mrs. California-America visits
Right: Mrs. California-America 2012, Lahoma Caudill listens to Marine Cpl. Michael Fox share his story in Naval Medical Center San Diego's Comprehensive Combat and Complex Casualty Care physical therapy room. During her visit, Caudill spoke with staff and visited wounded, ill and injured service members throughout the hospital.



Marine Cpl. Michael Fox pets Tommy, Naval Medical Center San Diego's Comprehensive Combat and Complex Casualty Care (C5) facility service dog during his physical therapy appointment. Tommy, a four year-old black lab golden retriever mix, provides emotional support to patients during their physical therapy appointments.

Former Keesler medic proud to be called 'Doc'

By Master Sgt. Lukus Hancock
81st Medical Operations Squadron

KEESLER AIR FORCE BASE, Miss. — Keesler medics are constantly deployed around the world to provide critical medical care wherever needed. And not just in support of Air Force missions. Some medics are deployed with sister-service units.

A former Keesler emergency services technician had his medical expertise put to the test during a seven-month Afghanistan deployment. Staff Sgt. Ryan Hartman, 81st Medical Operations Squadron, who recently separated from the Air Force, was deployed May 30 through Dec. 30, 2011, as one of two Air Force medics attached to a U.S. Army unit at Shindand, Afghanistan.

"I mainly served with the first platoon of the 548th Transportation Company out of Trenton, Mo." he said, "They call you 'Doc,' a title that is earned, never given. In the Army, the company medic is very important and the title comes with great honor and responsibility. They trust you with their lives and are confident in your abilities. They depend on you to care for them and ensure they make it home if things go bad."

He continued, "When you go 'outside the wire,' you have to be prepared for many contingencies, from extreme weather conditions to IEDs. Once you leave base, you are the only medical care they have until you return."

Hartman said his aid bag contained items and equipment needed to save a life in any situation. "There were chest seals for penetration injuries, cricothyrotomy kits, blood volume expanding IV fluids, mass hemorrhage control and about a dozen medications, including morphine and naran."

He commented, "Once you have all of your gear ready -- aid bag, plate carrier, full combat load and your weapons -- it's time to load up in your (mine-resistant ambush protected) vehicle. The best way to describe this vehicle is a heavily-armored dump truck with an enclosed cab."

"We usually conducted our regular missions every other day. The longest was down to Camp Leatherneck, about 200 miles one way and took six to eight hours on the rare good day; it was routinely more than 18 hours. The longest mission I was on lasted 23 hours."

Hartman recalled an incident while returning from a mission to Leatherneck.

"We had a group of host-nation trucks in our convoy. An HNT's trailer wheels locked up and were dragging on the road, eventually causing the tires to burst into flames. We stopped and some soldiers grabbed fire extinguishers to try to put out the flames. After a few minutes, a tire exploded.

"Then I heard over the radio, 'We have

a soldier down; we need the medic!' I immediately grabbed my aid bag and weapon. I left the vehicle and ran to aid my countryman and friend. He was knocked out temporarily and covered in molten rubber and soot. I assessed him and found he had (pieces of tire) in his eyes. After I irrigated his eyes, we evacuated him and two other patients, suffering from smoke inhalation, to a Slovenian forward operating base near our position. I learned later the doctor told the blast victim he would have lost his eyesight had I not treated him as I had.

"The soldiers I served with treated me as one of their own. All the guys from the first platoon became my brothers. I'll always be their 'Doc.'"

Hartman noted, "I was one of about 17 Air Force medics there. All did great things. We are all very proud of what we accomplished and the lives we impacted. Nothing can replace our experience and the bonds we created."

Chem/Bio response team earns Navy Medicine-wide Top 10

By Lt.j.g. Natalie Johnson
Naval Hospital Pensacola

Twenty-four members of Naval Hospital Pensacola's Chemical, Biological, Radiological, and Nuclear (CBRN) Response Team recently conducted semi-annual field training; and had Top 10 Navy-wide response times for the setting up equipment, donning of protective gear and ready to provide decontamination treatment to patients.

The training was conducted to ensure team readiness in the event of a CBRN incident. Team members participated in classroom and hands-on field training led by CBRN instructor Brent Fenton, a contractor attached to the Navy's Bureau of Medicine and Surgery in Washington, D.C.

"After we finished training, the team felt they could handle any real world CBRN event," Fenton said. "They had some of the best Navy-wide response times -- certainly in the top 10 among 62 other Navy medical facilities."

For the team, being mission capable means they are prepared to provide the necessary treatment and protection of victims involved in a CBRN event. Complete set-up and use of equipment includes the decontamination tent, connection and use of the heater, as well as donning gear and each member being ready to receive patients at their station.

The hospital team was mission capable in 4 minutes and 29 and completely setup for patient care use within 10 minutes and 17 seconds, according to Fenton.

Lt. Scott McGill, a Triage and Treatment team member, assisted the instructor by designing a tool consisting of a syringe and tube that is used to ensure the longevity of the decontamination shelter's heater, an important item used by the CBRN Response Team.

NHP Emergency Manager Kim Thiemann earned kudos from Fenton for locating a new water source closer to the site and obtaining more up-to-date and effective Personal Protection Equipment which "reduced their previous times by more than half."

The teamwork, energy and leadership displayed would make a casual bystander proud of what the Navy is capable of throughout its ranks and when it comes to being prepared for an emergency patient care situation, according to Fenton.

Hospital Corpsman 2nd Class Geoffery Sims, leading member of the Detection Team, pointed out the importance

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of the equipment. "Its availability and use was a key ingredient in our efforts of decontamination. Detection of a CBRN contaminant protects our patients and staff, allowing the hospital to set up as First Receivers" of would-be casualties.

For those new to the team and CBRN response procedures, the evolution provided valuable knowledge and experience regarding the expectations of first responders to such an event.

The more experienced and knowledgeable team members provided guidance that was instrumental to the success of the CBRN Response Team in a real-world situation.

Teamwork is considered an area of strength throughout the military. The training completed by NHP's response team reflected this strength, as well as the ability to provide effective response to patients during an event.

There are a total of 66 response team members that include both active duty military and federal employees from the hospital, and the branch health clinics at Corry Station and Naval Air Technical Training Center.

(Lt.j.g. Natalie Johnson is the Assistant Emergency Management Department Head at NH Pensacola.)

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ASSISTANT MEDICAL DIRECTOR

SouthEast Alaska Regional Health Consortium

The Assistant Medical Director (AMD), Community Health Care Services (CHCS) provides administrative and medical oversight of multiple rural, primary health clinics and associated programs within the division. This includes direct oversight of the village midlevel and Community Health Aide/Practitioner (CHA/P) clinics. The AMD ensures consistent adherence to medical standards as adopted by the Medical Executive Committee based on nationally accepted best practices. The position participates in QA/QI activities and is responsible for compliance with appropriate regulatory and clinic accreditation standards. Administrative components of the Community Health Aide Program are addressed in collaboration with the CHA Training Center Director. Additional duties include clinical oversight of the Air Medical Services program. The AMD serves as Medical Director, CHCS in his/her absence. 3-5 years experience necessary. Salary: \$166,000 - \$184,000. This position is located in Sitka. Qualification Requirements: A MD or DO degree and Board Certification in a primary care discipline; A minimum of five years experience as health care provider OR three years of experience plus -- A Masters degree in Public Health, Health Care Administration or similar degree-OR-Certification by the ACHE or MGMA,-OR-Two years of experience with clinical administration; Must have a state license to practice medicine as a Medical Doctor; Must obtain Alaska State Licensure within 6 months. Desirable or additional qualifications: Medical Group Management Association (MGMA) or similar certification demonstrating excellence in health care administration and planning.

Contact: Russell Bowman, DO

SouthEast Alaska Regional Health Consortium

Phone: 907-966-8779; Email: rbowman@searhc.org



Physicians

Physicians

Physicians

Physicians

Realm Recruiting seeking PHYSICIANS (Southern Illinois) and FAMILY MEDICINE/ PEDIATRICS (South Suburban Chicago). Please contact Nadwa Razick at: 815-914-1358, or email careers@realmrecruiting.com



Emergency Physician - WV - Fringe Suburb of DC. A private independent group of 11 providing emergency services for WVU Hospitals-East (City Hospital) since 1995 seeks a BC/eligible FT emergency physician to work 16 9-hour shifts. Very stable group with 90 years of combined local experience offers: A rapid 18-month partnership track with competitive financial and benefit package; A-rated malpractice with tail included; 50,000 annual visits, Level III facility; Flexible scheduling; 45 hrs/day physician coverage. New 40-bed ED with leading-edge technologies opened in 2011. Perfect location in WV's Eastern Panhandle, fringe-suburban area of Washington DC, on the I-81 corridor with virtually no traffic! Contact: Daryl LaRusso, MD, MPH, FACEP, Ph: 304-264-1287 x1701, dlarusso@cityhospital.org



**Family Physicians
Manitoba, Canada**



The Parkland Regional Health Authority is currently seeking Family Practice Physicians for several rural communities in beautiful, west central Manitoba. Come enjoy a great quality of life with affordable housing, friendly communities and endless recreational activities

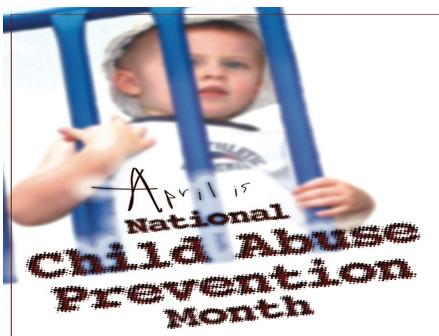
We offer a number of great incentives depending on qualifications and return of service agreement. Other available opportunities include:

- VP Medical/Chief Medical Officer
- GP Obstetrics
- Psychiatry
- GP Anaesthetist

OFFICE RÉGIONAL DE LA SANTÉ
DES PARCS



For more information please contact:
Lori Pakulak, Admin. Asst to VP Medical
625 3rd St. S.W. Dauphin MB R7N 1R7
Phone (204) 622-4187; Fax (204) 629-3400
Email: lpakulak@prha.mb.ca
www.prha.mb.ca



A Visit To The Zoo



(U.S. Navy photos by Mass Communication Specialist 3rd Class Jessica L. Tounzen/HIPAA Complete)

Above left: San Diego Zoo staff member Nicole Gossler, shows a pair of sugar gliders (a small gliding possum originating from the marsupial family) to Katherine Stegner and her mother during the zoo's visit to Naval Medical Center San Diego's (NMCS D) pediatric inpatient ward. NMCS D hosts the San Diego Zoo throughout the year to help with patient recovery and raise morale. Other animals that visited include opossum, a great horned owl and a rose-breasted cockatoo.

Above right: San Diego Zoo staff member Nicole Gossler shows a opossum to parents and children in Naval Medical Center San Diego's (NMCS D) pediatric inpatient ward.

Right: San Diego Zoo staff member Robyn Foster shows a great horned owl to parents and children during the zoo's visit to Naval Medical Center San Diego's (NMCS D) pediatric inpatient ward.





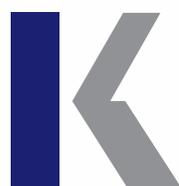
(U.S. Navy photo by Mass Communication Specialist 2nd Class John O'Neill Herrera/HIPAA's Complete)

Wheelchair Basketball Camp

Wounded, ill and injured service members, veterans and other athletes participated in the first military wheelchair basketball camp at Naval Medical Center San Diego coordinated by the Balboa Warrior Athlete Program under the Health and Wellness department. During the camp, 20 participants enhanced their wheelchair skills and built camaraderie through the process of adaptive sports.



Marine Cpl. Jose C. Armenta shoots the basketball during a scrimmage game between wounded, ill and injured service members, veterans and other athletes at the first military wheelchair basketball camp at Naval Medical Center San Diego coordinated by the Balboa Warrior Athlete Program under the Health and Wellness department.



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