How to help your toddler get through a deployment

By Lt. Amy Wells, MD, FAAP
Naval Hospital Pensacola

As we continue to deploy troops in support of operations around the world, and continue to provide humanitarian aid in time of disaster, we shouldn’t forget the smallest heroes back at home.

These small heroes are the focus of this column … to celebrate and show support for the many children who were grandfathered into the military when their parent[s] chose to serve our nation.

If you have ever experienced a deployment you know firsthand the stress involved before, during, and afterwards. It is often difficult for caregivers to know how to help their children deal with suddenly having one or both parents gone for an extended period of time.

Children develop exponentially and, depending on the age, handle stress differently.

Toddlers are unable to appropriately express their feelings of anger and stress. Changes in your toddler commonly seen after a parent deploys are more frequent temper tantrums, sudden night awakenings, regressions on formerly mastered skills, and more intense stranger/separation anxiety.

A very common occurrence is a regression from potty training. It is important to remember that the above changes are expected; however, always consult with your pediatrician for further guidance or reassurance.

Unfortunately, children don’t come with an owner’s manual, and parents often have to learn by experience. But listed below are a few tips that you can do to help your toddler deal with a deployment:

Frequent showing of photos: Make a picture album specifically of your child and deployed parent in different settings. Talk to your toddler about Daddy or Mommy being away and when doing so, show them the photos. They absorb more than we think! Before leaving, have the deploying parent video record them reading their child’s favorite book. After the parent leaves, play it while showing your child the book. By doing this, they can continue to have valuable reading time together. Frequently showing visual reminders of

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**Toy Drive**

Equipment Operator 2nd Class Kyle Louiselle helps organize toys to distribute during a toy drive in memory of Adi Elias in the pediatric in-patient ward at Naval Medical Center San Diego (NMCSD). Elias was a pediatric patient who enjoyed playing with the toys in the play area in the pediatric in-patient ward while receiving treatment at NMCSD for rhabdomyosarcoma. Sadly in 2010, Elias lost his battle with cancer, he was just two years-old. The Elias family held a toy drive in honor of their son to help other pediatric patients pass the time while being treated at NMCSD. The family collected more than three cribs full of toys.

**FORT DETRICK, MD. —** The U.S. Army Research and Materiel Command invites you to the 2011 Advanced Technology Applications for Combat Casualty Care Aug. 15-18 at the Marriott Harbor Beach Resort and Spa, Fort Lauderdale, Fla.

“It’s that time again. I have to admit that I find the ATACC conference exciting. I enjoy the interaction among the attendees. The input is good, but the output of the conference is the most important part,” said Col. Dallas Hack, director of the Combat Casualty Care Research Program.

The ATACC is the Department of Defense’s premier scientific meeting that focuses on the battlefield medical needs of our Nation’s warfighters and on recent advances in trauma surgery and medicine. Previous ATACC meetings have proven successful in providing the broadest possible view of combat casualty care as it is applied in the operational environment. The conference generates intense discussion, focused meetings and informative presentations to help identify strategies and set goals and milestones for the DOD’s combat casualty care research programs.

The conference will focus on battlefield medical care issues that have arisen during combat operations in support of Operation Iraqi Freedom and on the technologies available today and perhaps in the future to meet

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**103rd birthday of the U.S. Navy Nurse Corps**

Commander, Naval Medical Center San Diego (NMCSD), Rear Adm. C. Forrest Faison III (left), watches as registered nurses, Capt. Diane Strenn (center) and Ensign Christopher Payne, cut the cake in celebration of the 103rd birthday of the U.S. Navy Nurse Corps. The Nurse Corps was established May 13, 1908 after the signing of the Appropriations bill by President Theodore Roosevelt authorizing the establishment of the Nurse Corps as a unique staff corps of the Navy.
The first shots of the Civil War were fired 150 years ago on April 12, 1861. While the Civil War may bring thoughts of brothers-in-arms fighting side by side, it is now thought that many of those “brothers” may have actually been sisters.

Adriana Schroeder of Springfield, the historian for the Illinois National Guard, said it has been discovered that a number of women dressed as men in order to serve as Soldiers in the war.

“There is a lot of evidence, and now historians think, that women who masqueraded as men number in the thousands during the antebellum period, the post-war period in the United States,” said Schroeder.

Aside from a desire to serve their country, these women dressed as men in order to survive financially, said Schroeder.

“The legal, social and economic status; they could earn a comfortable lifestyle as a man,” said Schroeder. “They could have a bank account, they could own property, they could vote; all things that women could not do.”

Pvt. Albert D.J. Cashier of Saunemin enlisted with the 95th Illinois Regiment Aug. 3, 1862 at age 19 in Belvidere.

It was not until he was hit by a car in 1911, almost 50 years later, that the doctor setting Cashier’s broken thigh, discovered that Cashier was actually a woman by the name of Jennie Hodgers.

As a Soldier, Cashier frequently went above and beyond the call of duty serving in the 95th, a unit that saw much combat including the battle at Vicksburg.

“There were times when she was known for her gallantry in battle,” said Schroeder. “At the Siege of Vicksburg on May 18, 1863, she was captured at a Confederate outpost ... she had her weapon taken away from her, so she fought the guard. “There was a struggle, she captured his weapon. She proceeded to smack him in the head with the butt of the rifle, rendering him unconscious and she (escaped).”

With her secret kept she would later become a resident at the Soldiers and Sailor’s home in Quincy.

After word leaked out that Cashier was a woman, she was committed to the Watertown State Hospital for the Insane, now the East Moline Correctional Center in East Moline, because she was thought to be insane for impersonating a man for so many years.

Although many of her former fellow Soldiers petitioned for better treatment for her, and for her to be released, Cashier died in the mental institution of an unspecified infection on Oct. 10, 1915.

She was buried in Saunemin’s Sunnyslope Cemetery in her Union Army uniform with full military honors.

“To me, her story is one of gusto, inspiration, bravery and tragic heartbreak,” said Schroeder.

“I say that because she sought personal freedom ... by breaking the boundaries that were set for women at the time and Soldiering was the exact antithesis of Victorian womanhood.”

Schroeder said she feels that the women of this era set the precedent for women to have the rights that they enjoy today.

“They weren’t expected to do anything but stay at home and ... (perform) basically a caregiver role, since it was the Victorian Age,” said Schroeder.

“It was the bravado and the gusto of some of these women to buck the system and ... they just proved, they broke the glass ceiling and demonstrated that they could do anything a man can do.”

Pfc. Jami Prichard of North Henderson, the Illinois National Guard historian’s assistant, said she agrees that the women of the Civil War paved the way for the women of today.

“If it were not for the women taking small steps back then, women wouldn’t be where we are today,” said Prichard.

“If they had not taken those initial steps, I do not think women would be allowed to be in the Army today.”

Prichard said even the few women who did not dress as men in the Civil War and were allowed in the camps and to follow the men to war were only responsible for the domestic needs of the Soldiers such as nursing, cooking and laundering.

In addition to performing their jobs of caring for the sick and wounded, preparing meals, laundering, and keeping the camp sanitary, these women provided an much needed emotional support system for the men, said Prichard.

Whether in uniform or not women played a huge role in the Civil War, and in turn proved the strength of women and helped to further the fight for women’s rights.

Fisher Check presentation

Jerry Ellis, left, and James Corley, right, present a $250 donation to Larry Vetter, Fisher House director, from the Biloxi Veterans of Foreign Wars Post 2434. Mr. Ellis is the post’s incoming commander and Mr. Corley is the incoming vice commander.

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First-year PA program graduates two

By Steve Pivnick
81st Medical Group Public Affairs

KEESLER AIR FORCE BASE, Miss. -- The 81st Medical Group Hospital’s newest training program marks its one-year anniversary this month with a graduation ceremony.

Upon their graduation Friday, two of the nine students presently enrolled in the physician assistant program’s one-year training phase -- Officer Trainees Bradley Dispense and Kimberly Bertrand -- will receive their master of science degrees from the University of Nebraska Medical Center and be commissioned first lieutenants.

OT Bertrand will be assigned to Langley Air Force Base, Va., and OT Dispense to Tyndall AFB, Fla. The UNMC oversees the Physician Assistant Program and provides credentials for the participants.

The clinical training phase is expected to expand to 16 months in January.

Capt. Danny Villalobos, 81st Medical Operations Squadron and the program’s clinical coordinator, explained students enter the clinical phase following a year of classroom training at San Antonio’s Fort Sam Houston.

Students there represent all branches of the military as well as the Coast Guard. Air Force members complete their clinicals at one of several Air Force military treatment facilities including Keesler, Andrews AFB, Md., Langley AFB, Va., Travis AFB, Calif., Eglin AFB, Fla., Nellis AFB, Nev., and Offutt AFB, Neb.

He noted that Keesler currently has one Army member and is expecting a Coast Guard student this month. In addition to the nine students now in the Keesler program, the captain said three more will enter this month.

“This is a continuing rotational class with three students added every three to four months,” Captain Villalobos said. Air Force PA students are mainly applicants from the 4N aerospace medicine and surgical services enlisted Air Force specialty. Physician assistants are utilized as primary care providers, the captain observed.

“They see patients just as a physician does and work under a physician whom they can consult when necessary,” the captain explained. “During their training, they ‘shadow’ physicians and staff PAs in obstetrics and gynecology; psychiatry; internal medicine; ear, nose and throat; orthopedics and the emergency room. After two years in the family health area, PAs can apply for one-year fellowships enabling them to specialize in general surgery, orthopedics, ENT or psychiatry.”

★ Toddler

Continued from page 1

the deployed caregiver can provide comfort to them and also make the adjustment easier when the parent returns.

Give them a “Comfort Item”: This can be in the form of a quilt with family photos on it, a pillow with a picture of the deployed parent or simply a blanket or stuffed animal with the smell of the deployed parent such as a frequent worn cologne or soap. This will give them something to sleep with or hold when they can’t hold their Mommy or Daddy.

Don’t change too much at one time: Having a parent gone is a significant change for anyone, especially your toddler. Try to limit changes in daily routine initially after the parent deploys, if possible. If they are in daycare, don’t have them change classes or providers immediately after the parent deploys. If possible, have family and friends come to you to help instead of spending each week in a different household.

Stick with a routine: Toddlers thrive on routine. Continue to eat dinner as a family. Keep the same bedtime routine and don’t let them regress to sleeping in your bed! If you have agreed on a discipline technique with the deploying parent(s) prior to deployment, stick with it. Don’t feel guilty about disciplining when a parent is gone-boundaries make toddler feel safe and loved.

And take time for yourself: When you are pulling double-duty at home, it can really take its toll. Take care of yourself and ask for help. It is okay to leave your toddler with an appropriate caregiver to give you a few hours alone to visit friends, go shopping, or just take a nap. Don’t feel guilty about it! If you feel overwhelmed know help is available. Your Primary Care Manager or your child’s PCM is a great resource, and can help you find counseling, provide a visiting nurse, screen for signs of depression or anxiety, and provide many other services to help you through this tough time!

(Lt. (Dr.) Amy Wells is a Fellow of the American Academy of Pediatrics and a board certified pediatrician at Naval Hospital Pensacola, Fla.)

★ Conference

Continued from page 2

the increasingly complex medical needs of combat casualties. Special emphasis will be placed on ensuring that DOD’s combat casualty care research programs are aligned to best fulfill the needs of DOD’s combat casualty care mission. In addition, many of the DOD’s combat casualty care scientists will present their latest research results in multiple scientific presentations and posters.

The goal of this conference is to provide a forum where scientists and developers have an opportunity to interact with representatives of the warring fighting community to develop a new understanding, ideas and concepts that can best benefit the battlefield casualty and improve survival and well-being.

Some of the focus areas include: blood coagulation, dietary supplements, en-route care, traumatic brain injury, military human performance, suicide, regenerative medicine and neurotrauma.

For attendees, please visit www.ataccc.org to register.

The deadline for registration is July 20.
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Naval Medical Center
San Diego Wounded Warrior

Battalion-West patient Marine 1st Lt. Patrick Glavey steadies himself before swinging during a class coordinated by the Balboa Warrior Athlete Program (BWAP). BWAP is a therapeutic program designed to rehabilitate wounded, ill or injured service members. The focus is increasing their mobility and independence.
Above: Naval Medical Center San Diego Army Warrior Transition Unit patient, Pfc. Job I. Depass receives a surfing lesson from Ben Deleon, a volunteer surf instructor. The Balboa Warrior Athlete Program (BWAP) is a program designed to restore, remediate and rehabilitate wounded, ill and injured service member's level of function and mobility through exercise and recreational activities. Structured fitness, sports and recreation programs promote health and wellness while improving the patient's independence in life activities.

Above left: Service members from Naval Medical Center San Diego's Army Warrior Transition Unit, Marine Corps Wounded Warrior Battalion Detachment and Navy medical hold units observe Randy Henniger, a volunteer surf instructor, demonstrate proper surfing techniques. The Balboa Warrior Athlete Program (BWAP) is a program designed to restore, remediate and rehabilitate wounded, ill and injured service member's level of function and mobility through exercise and recreational activities. Structured fitness, sports and recreation programs promote health and wellness while improving the patient's independence in life activities.

Bottom Left: Ben Deleon (left), a volunteer surf instructor, escorts Naval Medical Center San Diego Army Warrior Transition Unit patient Pfc. Job I. Depass, out of the water after a surfing lesson. The Balboa Warrior Athlete Program (BWAP) is a program designed to restore, remediate and rehabilitate wounded, ill and injured service member's level of function and mobility through exercise and recreational activities. Structured fitness, sports and recreation programs promote health and wellness while improving the patient's independence in life activities.
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Brockton/Plymouth

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For further information regarding the position, please contact: Jacqueline Spencer, M.D. at 857-364-5544.

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