

MEDICAL NEWS

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Depression is not a symptom of weakness; it is treatable

Story by Wesley Elliott
U.S. Army Medical Command

JOINT BASE SAN ANTONIO – The U.S. Army understands the tremendous impact on readiness that untreated depression causes and Army medical professionals are available to support those suffering with depression and their loved-ones.

“Depression is not a symptom of weakness; it is a treatable condition and if left untreated can not only reduce the quality of life, it can reduce longevity,” said Lt. Col. Samuel Preston, Psychiatry Consultant to the U.S. Army Surgeon General.

Depression is more prevalent than most people believe and by educating yourself regarding depression during National Depression Awareness Month in October, you could save a job, improve someone’s health and wellness, or possibly preserve life.

“Depression is not simply feeling in a down or sullen mood, nor is it simply a reaction to day-to-day stress, though stress may contribute. Depression is a major public health concern associated with increased functional disability and early death,” said Preston.

According to Preston, there are several disease surveillance studies assessing the negative impact of depression. A commonly cited study of United States citizens in 2010 determined the estimated annual economic consequences of or depression, including direct medical costs and workplace costs, exceeded \$200 billion. During a 12-month period of time, approximately 6 percent of individuals in the U.S. will experience a depressive episode.

“Depression takes many forms, but the two fundamental symptoms associated with depression include a change in mood and loss of interest in activities which previously brought joy,” said Preston. “Other symptoms of depression may include loss of energy, poor concentration, unintentional weight fluctuation or changes in appetite, excessive feelings of guilt, feeling generally heavy or sluggish, and thoughts of death or suicide.”

Anxiety is closely related to depression and people with depression may experience increases in their anxiety levels. Males also tend to display irritability as a presenting symptom of depression.

Preston noted that the U.S. Army is tremendously supportive of behavioral health assessment, treatment, and early intervention. Early intervention

See **TREATABLE**, Page 2

U.S. Navy Sailors’ teamwork treats critically injured plane crash survivors in Chuuk

Story by Chief Petty Officer
Matthew White
30th Naval Construction Regiment

SANTA RITA, Guam – After responding and rendering aid to the passengers and crew of Air Niugini flight PX56 following its crash landing in Chuuk, Federated States of Micronesia Sept. 28, Sailors from Underwater Construction Team (UCT) 2 continued their humanitarian efforts by donating blood to the injured.

As the immediate rescue operation wound down and local authorities took over control of the incident, the Sailors regrouped and explored other ways to support the survivors and authorities at the scene.

The team was later informed that three of the critically injured passengers at the Chuuk State Hospital intensive care unit needed blood a blood transfusion. After quickly canvassing the Sailors to see who had the right type of blood, three volunteers from UCT-2 rushed to the hospital where they each donated a pint of blood to the patients.

On the morning of Sept. 28, while working on a construction project near the airport, UCT-2 Sailors displayed their training, readiness and teamwork in dramatic fashion by instantly responding to help rescue the airline’s passengers and crew, and continuing to care for the injured following their safe evacuation



(U.S. Navy photo /released)

Builder 2nd Class Brock Farmer donates blood for transfusion to a critically injured passenger from Air Niugini flight PX56 that crash landed in a lagoon near Chuuk, Federated States of Micronesia, International Airport. Farmer is assigned to Underwater Construction Team (UCT) 2, which was among the first responders to the crash and they assisted local authorities pull passengers and crew from the aircraft before it sank.

from the sinking aircraft.

While Construction Mechanic 1st Class John Monahan led a group of six Sailors to the partially submerged Boeing 737 before the emergency doors had even opened, Chief Hospital Corpsman Erich Weber was on shore, setting up a triage point to treat or move patients. “As soon as we reported to the boat ramp, a boat full of patients came ashore. We triaged the worst of the group to our vehicle, one of which was

conscious but in the fetal position due to severity of injuries [and] pain,” said Weber, independent duty corpsman assigned to UCT-2.

Back on the slowly sinking aircraft, UCT-2 Sailors entered the plane to conduct a sweep of the passenger compartment and crew areas. Builder 3rd Class Brock Farmer needed to swim through the aircraft’s interior to

See **CHUUK**, Page 2

INDEX

From a toothache to a transfusion.....page 3
Male lineage helps identify missing service members.....page 5
Career opportunities.....pages 6-11

• **Treatable** (Continued from front page)

improves readiness and the U.S. Army has invested hundreds of millions of dollars to improve resilience, combat suicide, and expand behavioral health services for Army communities.

For those who think they may be suffering from depression, Preston recommends they seek professional guidance as soon as the concern arises, as the earlier the condition is identified and treated, the earlier symptoms resolve with reduced severity.

“The key is understanding depression may take many forms and if you are concerned personally or for another, it is important to refer to medical or behavioral health professionals to assist,” stated Preston.

“There are times when individuals know they need an intervention to gain health and wellness but for personal reasons decide not to engage services. Depression is especially tricky because lack of motivation and energy are common symptoms. Therefore, individuals who would normally seek services for an

issue may not because while depressed they lost the motivation, desire, or energy to change.”

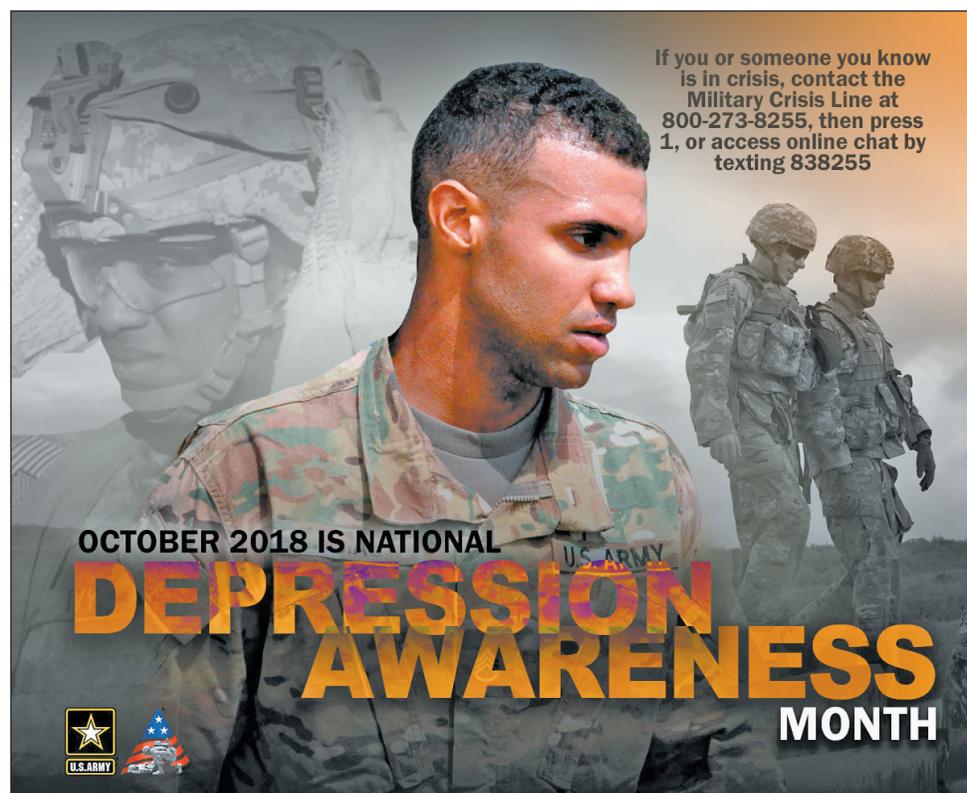
Preston recommends non-judgmental support for depressed people unwilling to engage in therapy. Because depression has a high correlation with other medical conditions, concentration on the associated medical condition (diabetes, heart disease, chronic pain) with less stigma is one approach. If the affected individual is able to make the connection between physical ailments and mental health, the person may seek help on their own.

“However, if the individual verbalizes suicidal thoughts with an intent or plan, this should be treated as a medical emergency. As long as you are safe, do not leave the person alone, escort the person to assistance, and if they are unwilling or unable to engage emergency medical services, call 9-1-1,” said Preston. “Treat suicidal ideation with verbalized plan and intent as you would chest pain or loss of vision. Do not delay access to emergency services.”

Family members who need support can contact the Military Family Life Consultant (MFLC), available through Army community Services, for general counseling and advice, and use the Military One Source at <https://www.militaryonesource.mil/>. The site provides confidential telephonic and on-line help resources for Military Families in need.

Chaplains are also available for non-medical, concerned care, and support for those who are unsure if behavioral health services are appropriate and act as a resource to guide those in need.

There are several causes of depression including stress, bereavement, pain, sleep



(U.S. Army Image by Rebecca Westfall, MEDCOM/OTSG)

Depression is more prevalent than most people believe and by educating yourself regarding depression during National Depression Awareness Month in October, you could save a job, improve someone's health and wellness, or possibly preserve life.

apnea, anemia, thyroid disorders, medication side effects, and genetic factors and since there are so many causes and contributing factors, it is important to discuss changes in mood, energy, or motivation with a medical professional.

There are several options for treating depression and your medical care provider can help you select treatments best fitted to you and your severity of depression.

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• **Chuuk**

(Continued from front page)

complete the inspection before the Sailors exited the plane, as fears arose the airliner would soon sink.

The teamwork didn't end with the initial response from UCT-2.

The United States Coast Guard flew a C-130 aircraft from Coast Guard Air Station Barbers Point, Hawaii, to Chuuk to medevac the patients in critical condition from flight PX56 to U.S. Naval Hospital Guam, where they received medical care.

The Coast Guard also sent a disaster medical assistance team, consisting of six doctors, to Chuuk, to assist local medical officials treat injured passengers who remained on the island. FSM authorities have requested assistance from the U.S. Navy to recover the aircraft's flight data recorders, which may reveal the reason behind the plane's crash landing.

UCT-2 is in Chuuk providing a range of operations improving the wharf area, including inspecting of existing navigational aids; assessment of the wharf; and placing environmental offsets at popular scuba diving sites which will protect the coral reef from damage due to boat anchors.

UCT-2 provides construction, inspection, repair, and maintenance of waterfront and ocean facilities in support of Naval and Marine Corps operations. Underwater Construction Technicians have the unique ability of providing shallow and deep water repairs, as well as being a highly skilled construction force.

FROM MICHAEL MORPURGO,
THE CELEBRATED AUTHOR OF THE INTERNATIONAL HIT
WAR HORSE
COMES THE CRITICALLY ACCLAIMED PRODUCTION

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SUNDAY INDEPENDENT

“ASTOUNDINGLY WONDERFUL!”
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DIRECTED AND ADAPTED FOR THE STAGE BY SIMON READE

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(U.S. Army photo by Courtney Dock/RELEASED)

Staff Sgt. Cory Glasgow and Staff Sgt. Branden Mettura, 1st Armor Division, pose for a team photo Sept. 16, 2018. Glasgow and Mettura won this year's 2018 U.S. Army Best Medic Competition. Twenty-seven two-Soldier teams from all around the world travel to Texas to compete in the finals to be named the Army's Best Medic. The competition is a 72-hour arduous test of the teams' physical and mental skills. Competitors must be agile, adaptive leaders who demonstrate mature judgement while testing collective team skills in areas of physical fitness, tactical marksmanship, leadership, warrior skills, land navigation and overall knowledge of medical, technical and tactical proficiencies through a series of hands-on tasks in a simulated operational environment.

1st Armored Division Soldiers win 2018 U.S. Army Best Medic Competition

Story by Courtney Dock
U.S. Army Medical Command

SAN ANTONIO, Texas – After more than 72 hours of continuous competition, 27 teams have been narrowed down to one. Staff Sgts. Cory Glasgow and Branden Mettura, 1st Armored Division (1st AD), have won this year's U.S. Army Best Medic Competition.

The Soldiers' preparation began long before the start of this competition. Each competitor earned the title Best Medic at their respective commands before continuing their journey to the ABMC at Camp Bullis, Texas.

"I feel super pumped, super excited," said Glasgow. "This was my fourth time competing."

"We sat down and studied, specifically TC3 (Tactical Combat Casualty Care)," said Mettura. "We weren't really prepared for the prolonged primary field care, but luckily Cory has taken some courses, so we really relied on his knowledge and expertise in that area."

"Prolonged field care is the future of Army Medicine," Glasgow continued. "I'm going to train my medics in prolonged field care because that's the new focus. Medics will have to sit with patients for a prolong period of time. They need to focus on how they're going to save that person's life."

"We're really excited to represent the 1st AD," said Mettura. "We're bringing this home to them."

In a ceremony at Blesse Auditorium on Fort Sam Houston, Command Sgt. Major Michael L. Gragg, U.S. Army Medical

Command, talked about how the competitors are the future of Army Medicine.

"As you can see from these great Americans, you can see our future is great," said Gragg. "For as long as conflict involves humans, there will be Army Medicine. You Soldiers are what make us global, expeditionary, and medically competent. I'm proud of you."

"Please understand, this competition is a spring board for Army Medicine to continue to care for America's sons and daughters," said Gragg.

For more than two decades, the Army Best Medic Competition has challenged Soldier-Medics throughout the Army in an extreme test of medical and soldier skills. Originally fashioned after the Army's Best Ranger Competition, the first Best Medic competition was held in 1994 at Fort McClellan, Alabama.

Competitors must be agile, adaptive leaders who demonstrate mature judgment while testing collective team skills in areas of physical fitness, tactical marksmanship, leadership, warrior skills, land navigation, and overall knowledge of medical, technical and tactical proficiencies through a series of hands-on tasks in a simulated operational environment.

1st Armored Division, America's Tank Division, is an active component, U.S. Army, armored division located at Fort Bliss, Texas. The division consists of approximately 17,000 highly-trained Soldiers with a lethal mix of combat capabilities including tanks, artillery, attack helicopters, Bradley Infantry Fighting Vehicles, Stryker Combat Vehicles, transport helicopters, and robust sustainment capabilities.

From a toothache to a transfusion

By Jeffery Diffy

ASBP blood donor recruiter, North Chicago, Ill.

In early January of 2012, Navy mom Elizabeth Carroll went to bed after applying a topical tooth pain gel on a sore wisdom tooth and woke up to a chain of events that nearly claimed her life. Today, Carroll looks back on that and was relieved for that unexpected episode. The life-threatening reaction Carroll experienced from applying the over-the-counter dental pain relief alerted physicians to a previously undetected and separate threat: internal bleeding caused by a stomach tumor. The medical intervention that Carroll required that day, including the blood she received as part of that care, spared Carroll's life and restored her to health.

The trouble began for Carroll after she'd applied the gel to her wisdom tooth and woke up to lock jaw the following day. Doctors prescribed a course of steroids as a resolution, but shortly thereafter, Carroll was rushed to the emergency room when her face, neck and tongue began to swell and constrict her breathing. She was then rushed to surgery to have fluid drained from the swelling. Carroll said, "The doctors couldn't figure out why I had the reaction that I did to the Orajel being that I was an otherwise healthy woman. After some routine blood tests, it was found that I had a very low blood count, low iron and low blood platelets."

Carroll explained that the tooth gel label warns of a rare, but life-threatening condition called methemoglobinemia, which causes the amount of oxygen in your blood to become dangerously low. Since having a low blood count increases the chances of such a reaction, the doctors suspected that Carroll was bleeding internally somewhere.

"During this time the doctors had put me in a medically induced coma so that it was easier for me to breathe on the machines and I wouldn't try to fight with the breathing tubes. After a few scans and ultrasounds, it was finally found that I had a tumor that had punctured my uterus and I was bleeding internally from that."

Carroll's daughter, Seaman Briane Matteson said, "That morning was like any other. I woke up, I got ready and kissed my momma goodbye. Next thing I knew, I was being picked up from school and being rushed to the hospital. When we arrived at the hospital, my mom couldn't talk at all. The doctors then came out and took her to surgery. The next six hours were the wait of a lifetime."

Currently, Matteson is attending training to become a machinist mate at her 'A' school in Great Lakes, Ill. She donated blood while attending her basic training as a recruit and says she plans to continue donating blood to help as many as she can.

"Although my mom was in a medically induced coma, she did come out okay. They replaced much of her blood volume during her admission," said Matteson

"I'm so thankful for people that donate so they can save lives like my mom was saved."

Carroll stated that without donated blood, it could easily be said that she may not be alive today. "The doctors had informed me that they had to give me a total of three blood transfusions to increase my blood count and that I essentially had no blood in my body before the transfusions. I was given the gift of life because of someone's selfless act of donating their own blood. I always will encourage the donation of blood to anyone who is willing to do so because it will and does save lives. Save a life and give a little piece of your own."

About the Armed Services Blood Program

Since 1962, the Armed Services Blood Program has served as the sole provider of blood for the United States military. As a tri-service organization, the ASBP collects, processes, stores and distributes blood and blood products to Soldiers, Sailors, Airmen, Marines and their families worldwide. As one of four national blood collection organizations trusted to ensure the nation has a safe, potent blood supply, the ASBP works closely with our civilian counterparts by sharing donors on military installations where there are no military blood collection centers and by sharing blood products in times of need to maximize availability of this national treasure. To find out more about the ASBP or to schedule an appointment to donate, please visit www.military-blood.dod.mil. To interact directly with ASBP staff members, see more photos or get the latest news, follow @militaryblood on Facebook, Twitter, Flickr, YouTube and Pinterest. Find the drop. Donate.

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Keesler Mammography Clinic raises the bar for patient care

Story by Airman 1st Class
Suzanna Plotnikov
81st Training Wing Public Affairs

With the high rate of breast cancer, the mammography clinic at Keesler Medical Center set out to earn the Breast Center of Excellence certification, the first and only in the Air Force.

After Barchie arrived to the KMC in 2012 from San Antonio where they had the Army's first Breast Center of Excellence certification, he sat down with the mammography clinic staff and they set a three year goal to become the Air Force's first Breast Center of Excellence.

"There's a lot of administrative hurdles and a lot of different upgrades we had to do to be able to achieve it," said Barchie. "We not only have to be accredited in mammography, but we have to get accredited by the American College of Radiology in breast ultrasound, breast ultrasound biopsy and stereotactic breast biopsy."

The college observes in detail the procedures, the quality of the images, the technique in how the clinic is doing the biopsies to look at the accuracy and safety, as well as how often cancer is found compared to how many biopsies are performed.

"There's a lot of tracking and maintenance that goes into [the certification] but it's important because it shows the good work that our people

are doing around the Air Force," said Barchie. "We know that we're putting everything we have into not only providing good care but the best care to our patients."

After completing all the requirements, the mammography clinic reached their goal of obtaining the certification in exactly three years.

"We just re-certified for another three years," said Barchie. "To keep the certification, we have to keep ensuring our images are top quality and that we're keeping the amount of radiation that we're exposing the patients to a minimum. We have to continually show the American College of Radiology the good work that we're doing."

The mammography clinic did not only become the first Air Force clinic to receive the certification, they also became the first to become a fully 3D department with Digital Breast Tomosynthesis, an advanced form of breast imaging that uses computer reconstructions to create 3D images of the breasts.

"We got our first machine in 2015 and in 2016 we became fully 3D," said Barchie. "We found that it doubled our cancer detection rate and it also decreased the amount of time we had to call people back for additional imaging. We're finding cancer smaller and earlier, and we're finding more of them before they grow."

On top of all of those advancements, the clinic pressed ahead with a new way to localize

cancers.

Barchie said the first step in treatment once the cancer is found is typically surgery to remove it. On the morning of the surgery the patient comes in to have a wire placed through the skin to mark where the cancer is. The wire hangs out of the skin until the surgeons are able to perform the surgery.

"It's not comfortable to have a wire sticking out of you for half a day," said Barchie. "It's not a good experience. What we've done is we use a new device called the Savi Scout. It's a little marker we can place a month or a couple weeks in advance and it stays inside the patient. When they come back the day of the surgery they don't have to get a wire at all and the surgeons have a wand where they can detect the little device to show them where the cancer is."

The clinic is the first in the Defense Department to use this technology.

"This goes into the center of excellence," said Barchie. "It's more of an attitude of expectation we hold for ourselves. We want to go beyond the standard of care, we want to set the standard of care and provide our patients, our family, with the care they deserve."

Barchie said the most priceless thing to see is when a patient comes in with cookies to say thank you as they prepare to move on to their next duty station, cancer free.

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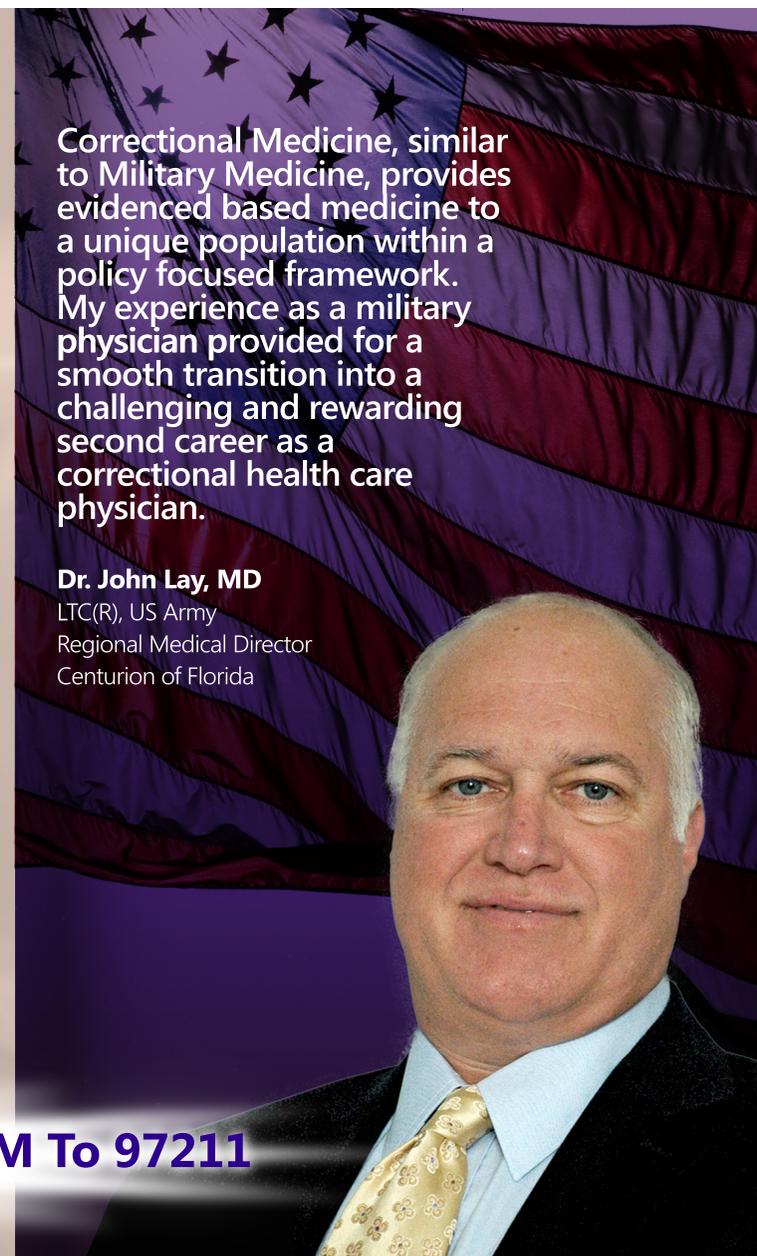
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Male lineage helps identify missing service members

Story by Staff Sgt. Nicole Leidholm
Armed Forces Medical Examiner System

DOVER AIR FORCE BASE, Del. – The Armed Forces Medical Examiner System's Armed Forces DNA Identification Laboratory briefed families of missing service members at the Defense POW/MIA Accounting Agency's latest family member update in Philadelphia, Pennsylvania, September 8, 2018.

The DPAA conducts periodic and annual government briefings for families of service members who are missing in action. These events are designed to keep family members informed of those still missing and to discuss in detail the latest information available about their specific case. Nearly 350 families participated in this month's FMU making it the most attended FMU since Dallas, Texas, 2012.

DNA analysts from AFMES-AFDIL were on site to collect DNA samples from family members using a buccal swab, which looks similar to a cotton swab.

The swabs are used to test for mitochondrial DNA and nuclear DNA. Both of these types of DNA can be utilized for human identification and forensic testing.

Of those, mtDNA is not unique to an individual, but is common to an individual's maternal lineage. Nuclear DNA, where Y-Chromosomal DNA and auDNA are found, is unique to an individual, with half of the DNA coming from the mother and half coming from

the father.

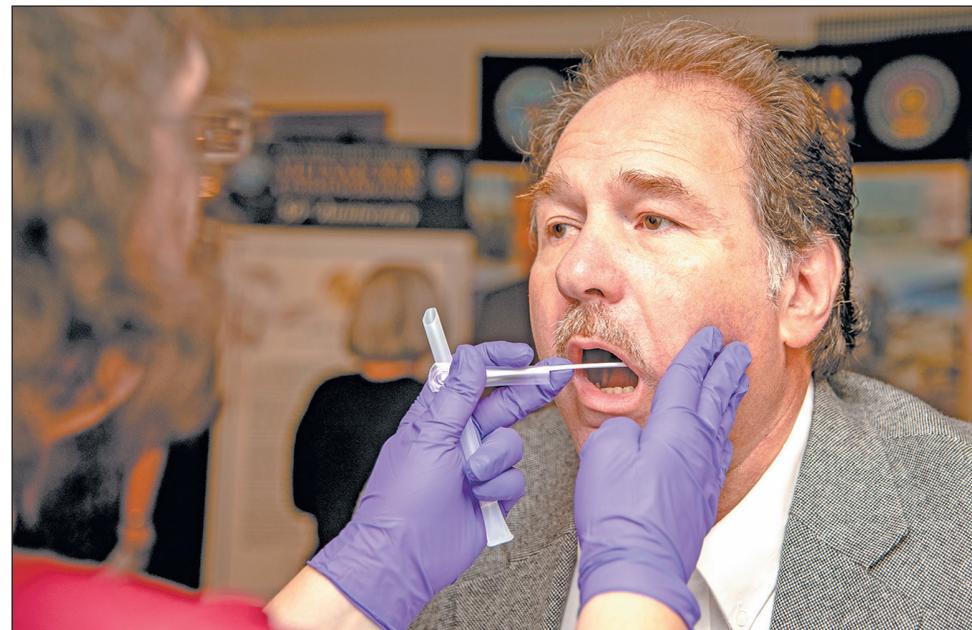
Y-Chromosomal DNA is passed from father to son thru the paternal lineage with brothers sharing the same Y-Chromosomal DNA and the Y-Chromosomal DNA will be passed down to their sons. However, sisters will not have the Y-Chromosomal DNA and their son's would have Y-Chromosomal DNA passed from their son's father.

"There is only one Y chromosome per cell, compared to 100's of mitochondria," said Julie Demarest, AFMES-AFDIL Family Reference Sample technical leader. "However, in cases where a service member does not have any living or available mtDNA references, Y-[Chromosome Short Tandem Repeat markers] testing can provide another avenue for identification, and our technology has improved to the point that more and more often we are able to obtain Y-STR information for an unknown sample."

In 2006, AFMES-AFDIL was able to test for auSTR and Y-STR, with the first case being utilized in the DPAA mission to identify a service member missing from the Vietnam War, according to Dr. Timothy McMahon, Department of Defense DNA Operations director. However, it wasn't routinely used until 2010 when AFMES-AFDIL had an increase in family references.

By 2013, AFMES-AFDIL added a Low Copy Number Y-STR amplification method along with an enhanced DNA purification method.

"This doubled our success rates to 50 percent or greater," said McMahon. "Additional processing efficiencies



(U.S. Air Force photos/Staff Sgt. Nicole Leidholm)

Lena Gunn (left), Armed Forces Medical Examiner System's Armed Forces DNA Identical Laboratory DNA analyst, swabs the cheek of Damien Rispoli, nephew of missing Army Air Force Sgt Vincent J. Rispoli, 703rd Bomb Squadron, 445th Bomb Group (Heavy) waist gunner, during a Defense POW/MIA Accounting Agency Family Member Update in Philadelphia, Pa., Sept. 8, 2018. DNA analysts from AFMES-AFDIL were on site to collect DNA samples from family members using what's called a buccal swab, which looks similar to a cotton swab to test for mitochondrial DNA, Y-DNA and autosomal DNA.

allowed for us to maintain a 60 percent success rate for Y-STR and auSTR in 2018."

This has allowed AFMES-AFDIL to increase the likelihood of identifications of individuals sharing a more common mtDNA sequence or in instances where there are no maternal references. The ability to use any male relative along the

service member's paternal line, increases the likelihood of finding a suitable family reference to have on file.

"Without those family references, that sequence I get from the bone is just a sequence if I don't have anything to compare it to," said McMahon. "They are our greatest resources in identifying missing service members."

McMahon said exclusions are just as important because they can rule-out individuals who may have similar mtDNA but unique Y-STRs.

"It's great when we make a connection to a single service member," said McMahon. "It gives us the best chance to find out who the service member truly is."



Dr. Timothy McMahon (middle), Armed Forces Medical Examiner System Department of Defense DNA Operations director, speaks with Greg Gardner (left), U.S. Army Casualty and Mortuary Affairs Operations Division, Past Conflict Repatriations Branch chief, and Denise Hazlewood, grand niece to missing U.S. Army Privet First Class Paul Carlton Gunter, Company A, 81st Armored Reconnaissance Battalion, during a Defense POW/MIA Accounting Agency Family Member Update in Philadelphia, Pa., Sept. 8, 2018. The DPAA conducts periodic and annual government briefings for families of service members who are missing in action. These events are designed to keep family members informed of those still missing and to discuss in detail the latest information available about their specific case. Nearly 350 families attended this month's FMU.

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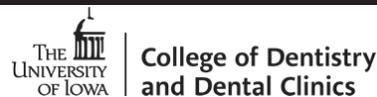
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Miscellaneous



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Nominators should send a letter of nomination. Applicants should send a letter of application, curriculum vitae and names with contact information for three references to:

Dr. Bruce E. Rotter, Dean,
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Simulation augments suicide prevention training

Story by Spc. Adam Parent
U.S. Army Central

CAMP BUEHRING, Kuwait (September 12, 2018) – U.S. Army Soldiers from the Army Central Readiness Training Center spent their afternoon learning about suicide prevention techniques with the Intelligence and Electronic Warfare Tactical Proficiency Trainer at Camp Buehring.

The training revolved around a virtual reality scenario in which the participants communicated with a virtual avatar of a Soldier who is experiencing suicidal thoughts and would like to speak with his unit leadership about it.

“The training was awesome,” said U.S. Army Chaplain (Capt.) Jerry E. Thompson, the post chaplain for Camp Buehring. “The Soldier had everything from a potential DUI, marital problems, lost a battle buddy, had survivor’s remorse, and financial problems. So we as first line leaders were able to walk him through the different programs that were available to him and help him see a reason to live.”

The IEWTPT is a suite of programs which allow Soldiers to speak with virtual avatars in a variety of scenarios, most of which are focused on gathering intelligence. This creates an opportunity for Soldiers to train more often without having to set up time intensive roleplaying scenarios with real actors.

September is Suicide Prevention Month, so the lessons that Soldiers are able to learn from the IEWTPT are forefront in service members minds.

“Having this simulation and this virtual reality capability is a nice add-on to what already is out there,” said U.S. Army Master Sgt. Breyda Pereyra, the noncommissioned officer in charge of U.S. Army Central’s Readiness Training Center. “It’s a huge benefit to be able to offer it because it complements everything else that already exists that the Army is using.”

Every Soldier in the U.S. Army is trained in a suicide prevention program called Ask, Care, Escort on an annual basis to ensure any Soldier can help their battle buddies during their most difficult times. The suicide prevention program within the IEWTPT gives Soldiers another tool to practice and prepare for the day when they may be called upon to help another Soldier in need.

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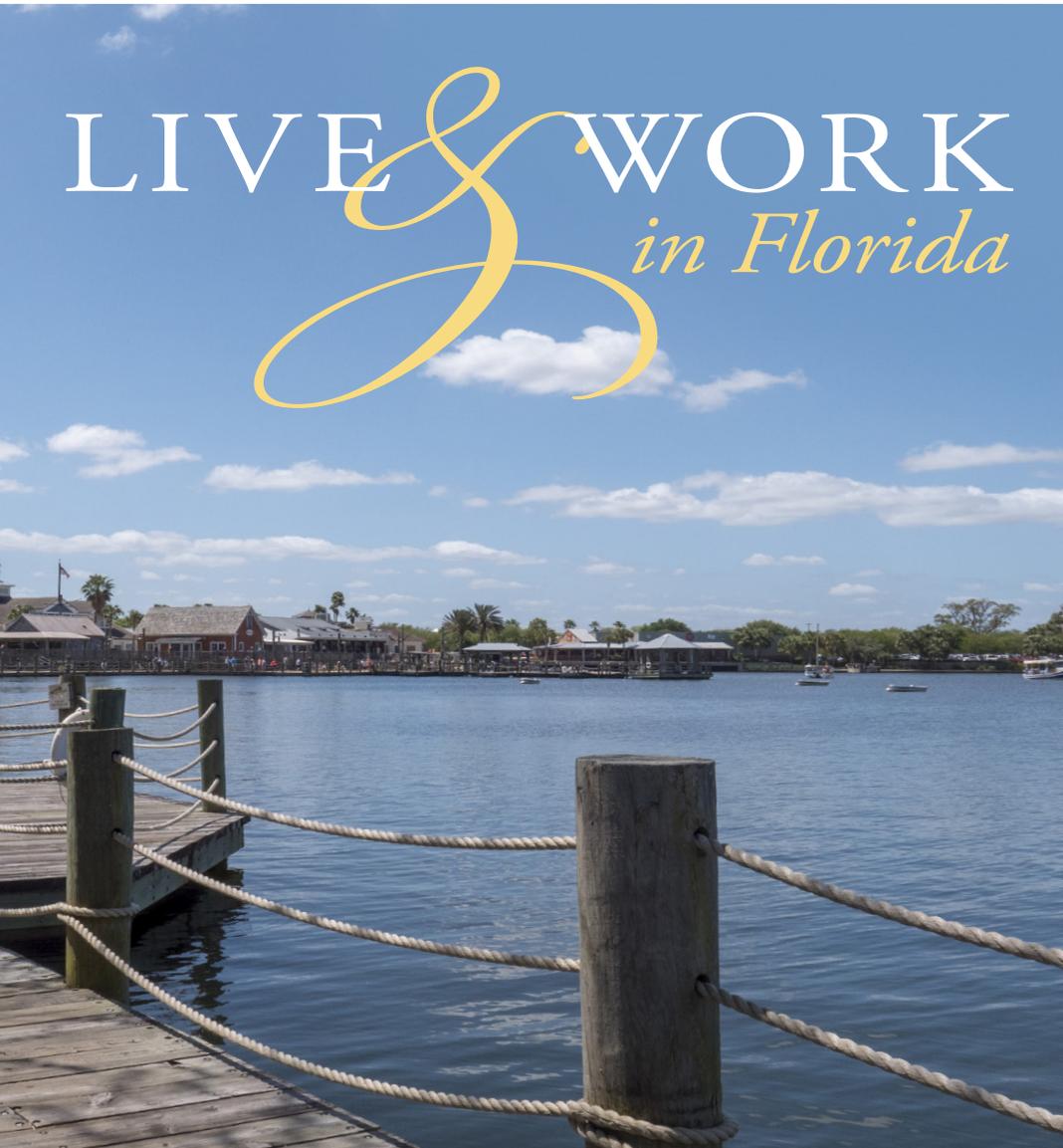
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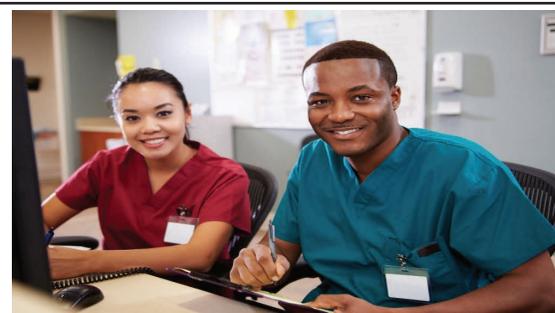
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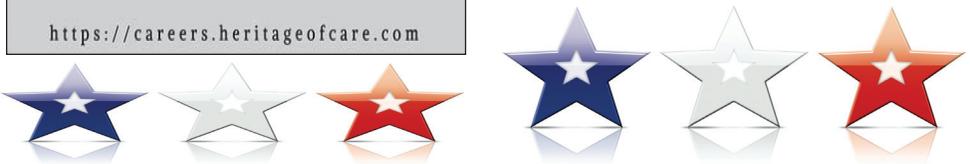
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It all started with a tooth ache

Story by Adelola O Tinubu
USS Harry S. Truman

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oral surgery.

USS Harry S. Truman's (CVN 75) dental department works long hours to serve a crew of over 5,500 Sailors. As part of this team, oral surgeon Lt. Cmdr. Fred Palau treats the more serious cases, evaluating Sailors or performing a surgery every day.

"One of the aspects of my job I enjoy the most is that I can do what was done for me to other Sailors," said Palau. "Sailors with dental issues may come in here with pain, and I am usually able to relieve them. It's extremely satisfying."

The satisfaction Palau receives from his job aboard Harry S. Truman was hard earned. After high school, Palau attended Penn State University and Virginia Tech. In his third year at Virginia Tech, he was accepted into the Navy's Health Profession Scholarship Program and began dental school.

The Navy's Health Profession Scholarship Program can provide tuition assistance for candidates who have been accepted into accredited medical schools for up to four years. During this time, candidates attend Officer Development School and upon graduation enter into the Navy as commissioned officers.

By 2007, he had a Bachelor's Degree in microbiology and chemistry, and a doctorate in Dental Surgery.

"The training was demanding," said Palau. "From day one of the residency, you work closely with physicians. The expectation is that your knowledge base reaches their level."

The training prepped him to be able to service what can seem like a never-ending line of patients. Palau diligently sees approximately six cases, seven days a week, which include evaluations and surgical procedures. Palau added that evaluations before a surgery are critical so patients can understand what will happen and feel more relaxed.

"It's never good to treat a stranger if you can help it," said Palau. "People are a lot more comfortable if they understand why they are coming in, what they're having done and more importantly, why the procedure is important." In rare cases of an active infection or a substantial amount of pain, surgery is immediately performed. It's during these moments that Palau is glad to have a dependable surgery team.

"I've always felt that oral surgery was a team sport. None of this would be possible without my surgical technicians," said Palau.

Hospital Corpsman 2nd Class James Gresl, one of Harry S. Truman's surgical technicians, has been working with Dr. Palau for four months and said he is a wonderful leader.

"The first day I met him, I was about thirty minutes late to work," said Gresl. "I expected the scolding of a lifetime, but instead received a free breakfast," he said with a look of lingering disbelief. "He was very forgiving, understanding and sympathetic - I've never had a doctor buy me breakfast after I screwed up."

In addition to record keeping, scheduling and checking patient's vitals, Gresl acts as an extra set of hands for Palau by retrieving tools during surgery and catering to patient's needs.

Under the tutelage of Palau, Gresl said he saw a willingness to teach and work with others, as well as impeccable professionalism with patients and coworkers alike. If Gresl needed surgery, there would be no one else to whom he would turn.

"Unfortunately, that ship has already sailed," said Gresl with a grin. "But, if I were going to have oral surgery, I would have it done by Palau."

Currently operating in the U.S. Sixth Fleet area of operations, Harry S. Truman will continue to foster cooperation with regional allies and partners, strengthen regional stability, and remain vigilant, agile and dynamic.

For more information about Truman, visit www.facebook.com/USSTruman or www.navy.mil/local/cvn75/.



(U.S. Navy photo by Mass Communication Specialist 3rd Class Adelola Tinubu/Released)

Lt. Cmdr. Wilfredo Palau, right, performs dental surgery on a patient in the dental lab aboard the Nimitz-class aircraft carrier USS Harry S. Truman (CVN 75). Currently operating in the U.S. Sixth Fleet area of operations, Harry S. Truman will continue to foster cooperation with regional allies and partners, strengthen regional stability, and remain vigilant, agile and dynamic.