

Hospital Corps Quarterly



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Winter 2010

HOSPITAL CORPS QUARTERLY

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FROM THE FORCE'S DESK

S hipmates, 2010 is an exciting and rewarding time in our history to serve as Hospital Corpsmen. As we continue to manage the shore-based healthcare of our active duty and eligible beneficiaries, we remain embarked on overseas contingency operations and have Sailors deployed throughout the world providing much



needed humanitarian assistance. As I write this, more than 1,500 military and civilian aid workers are providing round-the-clock care aboard USNS *Comfort* as USS *Carl Vinson* and USS *Bataan* and a host of other ships provide both medical expertise and continue in the provision of humanitarian assistance. Such efforts lend credence to the CNO's view that humanitarian operations, such as those in which we are currently embarked, are in line with the execution of our maritime strategy.

The versatility of the Hospital Corpsman is unmatched in the annals of warfare. Our history is fraught with the accounts of heroism and virtue that have forged our identity. As we embark upon the unprecedented integration of training that will serve to coalesce the medical practices of all armed services, I ask that you never forget your heritage as a Navy Hospital Corpsman. In the coming months our first students will arrive in San Antonio, many receiving training alongside Airman, Soldiers, and Coast Guardsmen. This is an important transformation, helping streamline schooling in such a way that inter-service mission commanders can rely on expertly trained healthcare providers. This, I believe, will play to the strength of the Hospital Corps, as we are already the benchmark for care across services. Make no mistake, our emphasis has been, and always will be, on maintaining the identity of our Hospital Corps. We are not, nor shall we ever be, Medics, Soldiers or Airmen. We are Sailors and United States Navy Corpsmen.

~FORCM Martinez

THE IMPACT OF TACTICAL COMBAT CARE

By HMC Scott Thrasher

Issued in June 2009, BUMED-INST 1510.23C mandated that BSO-18 Corpsmen shall become and remain proficient in Tactical Combat Casualty Care (TCCC), and deploying Corpsmen shall complete TCCC within 180 days prior to an Individual Augmentation (IA) or Health Services Augmentation (HSAP) assignment. Such training also includes expeditionary web-based training as an adjunct to the TCCC course. So, why TCCC you ask? The fact is that the application of TCCC guidelines, coupled with the most prolific evacuation transport in the history of armed conflict, has contributed to an unprecedented rate of survival on the battlefield.

Put simply, prior to TCCC, the military maintained a largely civilian-centric standard of battlefield care. Because pre-hospital trauma care on the battlefield differs from that performed in the civilian sector, and because the austere environment that surrounds armed conflict further projects those differences, CAPT Frank Butler, MC, and his colleagues published a supplement to *Military Medicine* in 1996¹, outlining the concept of TCCC. Originally initiated as a joint effort between the Special Operations community and the Naval Operational Medical Institute, TCCC has enjoyed enormous success, so much so that in 1999, the Pre-hospital Trauma Life Support manual included a chapter

on military medicine, making TCCC the first set of battlefield guidelines ever to receive the dual endorsement of the American College of Surgeons and the National Association of Emergency Medical Technicians.

In 2004, the Bureau of Medicine and Surgery (BUMED) sponsored the funding and ownership of the course, noting that the committee for TCCC should include individuals representing all levels of combat care including Corpsmen and Medics as well as physicians. In 2007, because of the integration and continuity of TCCC training, oversight of TCCC was placed under the auspices of the Defense Health Board which has its own trauma subcommittee. Changes to TCCC now occur via the TC3 committee, then to the Trauma Subcommittee, and finally to the Corps Board of the Defense Health board; providing at least three separate and objective views to any proposed change. Thus, because of improved communicative technology seamlessly driven from the battlefield to regulatory agencies, changes to best practices are now fluid, rapid, and exceedingly effective.²

The primary focus of TCCC is based on performing those interventions that address preventable causes of death on the battlefield until the tactical situation improves enough to support comprehensive care. Thus, the three guiding principles supporting battlefield care are to: (1) Treat

the casualty, (2) Prevent additional casualties, and (3) complete the mission. There has necessarily been a huge paradigm shift in treating battlefield casualties. For instance, military trauma courses, even into the early 1990's, discouraged the use of tourniquets and supported their use only as a last resort. As Dr. Butler has pointed out since he published his TCCC article, the most common cause of preventable death on the battlefield was extremity wound exsanguinations, responsible for 2,500 fatalities in Vietnam alone.

TCCC continues to evolve with technology and best practice analysis. The battlefield presents unique challenges in documenting the efficacy of TCCC practices. In order to overcome such obstacles, we instead gather information from published case reports and take seriously the lessons learned by first responders describing their experiences with combat casualty care.

Finally, nearly as important as trained medical professionals, the deployment of Combat Lifesavers, Marines and Soldiers with TCCC based training, is an essential component of care on the battlefield. This combination of good medicine with good tactics and supported by faster CASEVAC times and enhanced protective equipment has resulted in the highest casualty survival rate in the history of United States warfare.■

¹ Butler FK, Hagman J, Butler EG, Tactical Combat Casualty Care in Special Operations. *Military Medicine*. 1996: 161 (Supp) 3-16.

² Butler FK Jr, Holcomb JB, Giebner SD, et al. Tactical combat casualty care 2007: evolving concepts and battlefield experience. *Military Medicine*. 2007: 172 (Supp):1-19.

2010 BUMED SEA & SHORE SAILOR OF THE YEAR COMPETITION

By André B. Sobocinski

The week of 18 January 2010 was one for the annals as six of the best and brightest medical Sailors in the Navy came to Washington, DC, for the last leg of the BUMED Sea and Shore Sailor of the Year competition. After a highly competitive contest culminating in a rigorous Selection Board, two sailors—HM1 Maria Reinoso and HM1 Oluyinka Adefison—were awarded the top honors in a ceremony presided over by VADM Adam M. Robinson, Jr., and FORCM Laura Martinez, at BUMED on 21 January.

There's was no denying that each Sailor could not have been prouder representing their commands and regions in the hard fought contest. HM1 Reinoso related that she felt privileged to compete. "The experience has been very remarkable. I feel very privileged and honored to be able to represent my command, USNS *Mercy* (T-AH 19) and being selected as the BUMED Sea Sailor of the Year amongst the top caliber Sailors and finalists." HM1 Reinoso represented the Sea Sailors nominees, and due to the recent deployment of the other candidate, ET1 (SW) Darrell Larocque, was the only one present.

The Shore Sailors were represented by HM1 (FMF) Oluyinka Adefison (National Capital Region), HM1 Randi Acheson (Navy Medicine Support Command), HM1 Richard Marquis (Navy Medicine East), HM1 Jason McDonald (Navy Medicine West), and HM1 Charles Schaefer (Bureau of Medicine and Surgery). Each of them won top Sailors honors in their respective regional commands.



2010 BUMED Sailors of the Year Candidates (L-R): HM1 Maria Reinoso, HM1 Randi Acheson, HM1 Oluyinka Adefison, HM1 Jason McDonald, HM1 (FMF) Charles Schaefer, and HM1 Richard Marquis.

Photograph by author

In addition to representing the U.S. Navy Medical Department, and their respective geographical commands, the two awardees could also boast of representing two foreign nations—Nigeria and the Philippines.

HM1 Adefison was born in Nigeria to a family possessing a long and proud military heritage. From an early age, Adefison believed he too would end up in joining the military or else find employment in the sciences—but in his birth nation. He admits that when he looks back at his 12-year career as a U.S. Navy Hospital Corpsman it is still a shock.

HM1 Reinoso is also a 12-year Navy veteran and like Adefison takes great pride in her achievements as a Hospital Corpsman. But like all of this year's group of nominees, Reinoso is not one to boast of her many accomplishments. Each of the six candidates are soft spoken and possess a quiet dignity. It is hard to imagine how any one of them could be more humble. They are Hospital

Corpsman because they are proud to serve and are passionate about what they do.

When asked what type of advice you would give to new hospital corpsmen, Reinoso advised that anything and everything is possible as long as you stay dedicated, determined and mentally driven toward your future goals. "Always stay driven and true to your principles, and character and stay optimistic when new opportunities come your way. Take pride in what you do and stay humble." Undoubtedly, this is sage advice for the ages.

HM1 Adefison and HM1 Reinoso are now slated to compete in the VCNO Shore Sailor of the Year and U.S. Fleet Forces Sea Sailor of the Year Semi-Finalist Administrative Review, respectively. Let's wish each of them luck as they represent the Navy Medical Department. ■



Photographs by Ms. Rebecca Rose

BZ: SAILORS OF THE YEAR



HM3 MAYA BYERS
HM3 Byars reported to USS *Theodore Roosevelt* (CVN-71) in September 2007. She participated in many evolutions leading to USS *Theodore Roosevelt* most recent deployment in support of Operation Enduring Freedom. As a member of the Command Honor Guard, she displayed superior military bearing and provided junior Sailors someone to emulate. Petty Officer

Byars's sustained superior performance and unrelenting focus on the mission, earned her selection as USS *Theodore Roosevelt* 2009 JUNIOR SAILOR OF THE YEAR.



HM1 (SW/AW) JOHN A. MCGILVERY
HM1 McGilvery was recently selected as USS *Dwight D. Eisenhower* (CVN-69) 2009 SENIOR SAILOR OF THE YEAR. Additionally, he was selected as one of five candidates to compete for AIRLANT Sailor of the Year.

MARSOC CORPSMAN RECEIVES SILVER STAR FOR HEROICS IN AFGHANISTAN

By CPL Richard Blumenstein



MGEN Paul E. Lefebvre, the commander of USMC Special Operations Command, presents HMC Jeremy Torrissi a Silver Star on 21 January 2010.

“**Y**ou hear your buddies go down ... You close your eyes... You think about everything ... You hear you’re the only other Corpsman. What would you do?”

Chief Petty Officer Jeremy K. Torrissi, a hospital corpsman with U.S. Marine Corps Forces, Special Operations Command, faced that question on 26 June 2008 in the mountains of Afghanistan during the fiercest firefight of his life.

Torrissi saved the lives of four of his comrades and received the Silver Star Medal at the Court House Bay Gymnasium on Jan 21.

So far, one Navy Cross, two Silver Star Medals, and two Bronze Star Medals with combat distinguishing devices have been awarded in the battle’s aftermath.

“I’m the one getting recognized today, but everybody knows, I hope,

the story that went down that day it wasn’t one person, it wasn’t two, it wasn’t three, it was everybody,” Torrissi said during the award ceremony. “Everybody doing their part. We have a lot of guys around today walking, talking, and breathing because of that. I was just part of the well-oiled machine that we were.”

THE BATTLE

On June 26, 2008, two Marine Special Operations Teams with 2d Marine Special Operation Battalion, MARSOC, and Afghan National Army Soldiers set out on a mission to locate a high value target in the mountains of Afghanistan.

After driving across the desert, the teams came to a draw surrounded on each side by mountains. MSOT 1 pushed into the narrow draw with two tactical vehicles and an additional tactical vehicle from MSOT

2. The forward vehicle of the team encountered a cave system with two abandoned cars parked in front. The team’s vehicles spread out inside the draw. The team dismounted from their vehicles and used their standard operating procedures to insure the vehicles were not rigged to explode; they were not, according to Torrissi, who was with MSOT 2.

That’s when two “ranging shots” gave way to a hail of gunfire that literally seemed to rain down on the team’s position, according to Torrissi.

“I’ve never heard gunfire like that before,” Torrissi said. “It was like four or five guys just depressing on a Ma Duce (M2.50 caliber machine gun) at once.”

The bullets shot into the antennas, doors, windows, gun turrets, vehicles, engine blocks, and tires.

“In the first four to five minutes we received roughly four to five casualties,” Torrissi said.

Among them was SGT Samuel E. Schoenheit, an operator with MARSOC and now a staff sergeant. Schoenheit and SGT Carlos Bolanos, the MSOT 1 communications chief, were in the second vehicle roughly 50 meters away from the forward most vehicle. Both sergeants received Bronze Stars with combat distinguishing devices, for their actions in the firefight

As the gunfire rained down on their position, the sergeants immediately began laying down cover fire in hopes the Marines further on the ground would be able to take cover. Bolanos jumped from the driver seat to man a M240G machine gun and

sprayed rounds into the mountain-side while Schoenheit fired a barrage of Mark 47 Striker 40 automatic grenade launcher rounds.

“When he’s running out of ammo, I’m shooting and when I’m down he’s shooting, we’re talking guns,” Bolanos said.

The Marines received the order to move forward. Bolanos exposed himself to the enemy’s line of fire to move closer to the forward vehicle. He jumped out of the vehicle and the two sergeants resumed laying fire into the mountainside.

However, the enemy positions seemed impossible to find and their fire was deadly accurate.

A single shot tore through Schoenheit’s night vision goggles and Kevlar helmet, then split and entered his skull.

“My bell was rung pretty good,” Schoenheit said. “At first I blacked out momentarily in the turret and woke up in the truck. In my mind I’m thinking I’m fine, I’m fine, but my ability to speak was shut down.”

Bolanos pulled Schoenheit into a safe position in the truck and banded his head wound. Another Marine ran back to the vehicle to take up the automatic grenade launcher and was then shot through the hand and shoulder. Bolanos pulled him into the vehicle.

Meanwhile, GYSGT John S. Mosser and MAJ Dan Strelkauskas, then a captain and team leader, were dealing with mounting injuries and relentless fire on the ground near the cave system.

Mosser was awarded the Navy Cross and Strelkauskas received a Silver Star Medal for their actions that day.

Over the radio, Mosser, ordered no one else enter the draw.

“He was basically saying over the radio, ‘nobody else comes in. If anybody else comes in you’re going

to die,’” Torrissi said.

Then a bullet ripped through the only other Corpsman on the ground, piercing his lungs and other vital organs.

“That’s when I heard (the other corpsman) was injured. ... They don’t have any other corpsmen in there... You hear your buddies go down ... You close your eyes... You think about everything ... You hear you’re the only other Corpsman. What would you do?” Torrissi said. Torrissi was in the trunk of a MSOT 2 vehicle that was heading toward the draw to provide additional support. However, Mosser’s orders and the rugged terrain halted them.

Torrissi jumped out of the vehicle and sprinted 50 meters through the enemy’s line of fire to the rearward vehicle. He addressed the Marines’ wounds and then sprinted another 50-75 meters to Bolanos’ and Schoenheit’s vehicle.

“The vehicle was getting pinged like it was cool, because they saw me run up,” Torrissi said.

Bullets entered the inside of the vehicle from the turret and windows. Immersed in rapid sniper fire, and unable to provide Schoenheit care, Torrissi did something a little crazy to end the snipers assault on their position.

“I launched a bunch of 203 rounds (grenade rounds fired from an M203 grenade launcher mounted on the underside of a service rifle) up through the turret from my sitting position, probably not the smartest thing, but it stopped the fire,” Torrissi said. Torrissi administered aid and then ordered Bolanos to back the vehicle to a safer location.

The boulders made navigating though the draw difficult, and slowing down or turning around was impossible, Bolanos said.

“There was no maneuvering forward, just backward. There was

just one path in and one path out,” Bolanos said.

Torrissi then fireman-carried Schoenheit the rest of the way to the rearward vehicle. Three of the wounded Marines were evacuated by air support.

As the firefight raged on, Torrissi found himself with seven other Marines taking cover tightly along the side of the forwardmost vehicle. Torrissi was shot in the leg while administering aid to the wounded Corpsman. He refused aid until the Corpsman’s wounds were addressed.

With the Marines pinned down, Moser exposed himself to enemy fire to gather more accurate grid coordinates on the enemy’s position. He then radioed in the grid coordinates and air support dropped a barrage of bombs, distracting the enemy. Three Marines and Torrissi took the opportunity to carry the wounded Corpsman to the cave system.

The Marine driving the forwardmost vehicle smashed it into one of the abandoned cars to clear a path. The vehicles pulled in and the Marines loaded their wounded into the vehicles and headed to a UH-60 Black Hawk helicopter that landed inside the danger zone. The severely wounded were evacuated.

The Marines then pulled out of the draw, to a safe location where the rest of the wounded Marines were evacuated.

“It sounds cheesy, but we don’t do it for the medals,” Bolanos said. “We don’t do it for the awards. We do it for each other and to make sure we come back safe and sound.”

“I think the family gets the most out of it because they are going to be proud of us no matter what we do,” Schoenheit said.

“It’s an honor, it’s very humbling, but it’s one thing that if you see it on anyone’s chest you know it’s been a really, really bad day,” Torrissi said. ■

A BRIEF HISTORY OF NAVY MEDICINE IN HAITI

By André B. Sobocinski

On 12 January 2010, a 7.0 magnitude earthquake hit the tiny nation of Haiti and shocked the global community. It is a sad fact that this country that clings to the western third of Hispaniola, and no bigger than the state of Maryland, has suffered more than its share of tragedy. Since declaring their independence from France on 1 January 1804, the Haitian people have been ravaged by enough natural disasters, diseases, and political upheavals to fill an almost endless supply of Pandoran boxes.

Following the latest devastation to hit Haiti, the U.S. Navy, in partnership with other Federal departments, NGOs, and global agencies, has helped spearhead an international aid effort of historical proportions. It is an enormous and significant undertaking, but for the Navy and Marine Corps team it is not unprecedented.

It can be argued that the U.S. Navy's first humanitarian effort in Haiti began in 1915. Following a guerrilla (aka, Caco) uprising during the disastrously brief reign of President Vilbrun Guillaume Sam, the U.S. government ordered Navy and Marine forces into Haiti in July 1915 to protect financial interests. The Navy and Marine Corps would remain for the next 19 years in a period often referred to as the U.S. Occupation of Haiti (1915-1934). It should be noted that in addition to quelling the political unrest, the U.S. Marine Corps and Navy developed the Haitian Gendarmerie, or Haitian Constabulary, and established the National d'Hygiene Publique (aka, Public Health Service). Navy medical officers and Hospital Corpsmen



USMC photo by Sgt. Andrew J. Carlson

HM2 Caleb Medders, assigned to Battalion Landing Team, 1st Battalion, 9th Marine Regiment, provides medical treatment during a site assessment in Grand Saline, Haiti.

serving with these two organizations oversaw sanitation and disease prevention by supervising the control of the mosquito population through drainage of the low lying areas, establishing quarantine facilities, and providing frontline medical care.

The Navy and Marine Corps team departed the island in 1934 but returned following several natural disasters that hit the island over the next 40 years. Following Hurricane Hazel in October 1954, helicopters from USS *Saipan* (CVL-48) dropped food, medicine, clothing, and other needed supplies to the stricken Haitians. In 1960, after the flooding of Lake Miragoane in southwest Haiti, Marine Assault Construction Battalion personnel spent 29 days on the island rebuilding damaged infrastructure and constructing a new bridge. Disaster relief efforts were replicated in October 1963 following

Hurricane Flora and in August 1964 following Hurricane Cleo. From October through December 1973, "Operation Navy Handclasp" saw the Navy Medical Department sailing to Columbia and Haiti aboard USS *Sanctuary* (AH-17) to treat several thousands in a 75-day-long effort. And from 1994 through 1996, the U.S. Navy took part in "Operation Sea Signal" rescuing many Cuban and Haitian immigrants fleeing their countries in precarious makeshift rafts and seeking asylum in the United States. Throughout this effort, the Navy provided medical care to over 50,000 migrants at its Guantanamo Bay facilities. Surely, this is a foundation of goodwill that the Navy and Marine Corps team can proudly stand on as we continue to provide support and medical care to citizens of Haiti in 2010. ■

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THE ASSAULT ON KANGWHA ISLAND

By HMI(FMF) Charles Schaefer

In August 1866, a former Confederate blockade runner, then American merchantman ironically re-christened *The General Sherman* ran aground in the Taedong River near Pyongyang in what is now North Korea. Fearful and hostile to outsiders, the local governor ordered an attack on the defenseless steamer. The ship was burned and the entire crew was massacred as they tried to flee. As horrible as this event was, it was far from unusual and many European merchants and missionaries met a similar fate on those unwelcome shores.

The American government, tired of events like the *Sherman* Incident, wished to open the Korean peninsula to trade, peacefully if possible, but by force if necessary. An expeditionary force dispatched to effect this goal arrived off the coast on the 23rd of May 1871. True to form, the locals were far from accommodating. Cutters from the expeditionary force sent to survey the depth of waters around the Han estuary, took fire from shore forts almost as soon as they came in range. The fire was immediately returned by the fleet and the enemy guns were silenced quickly.

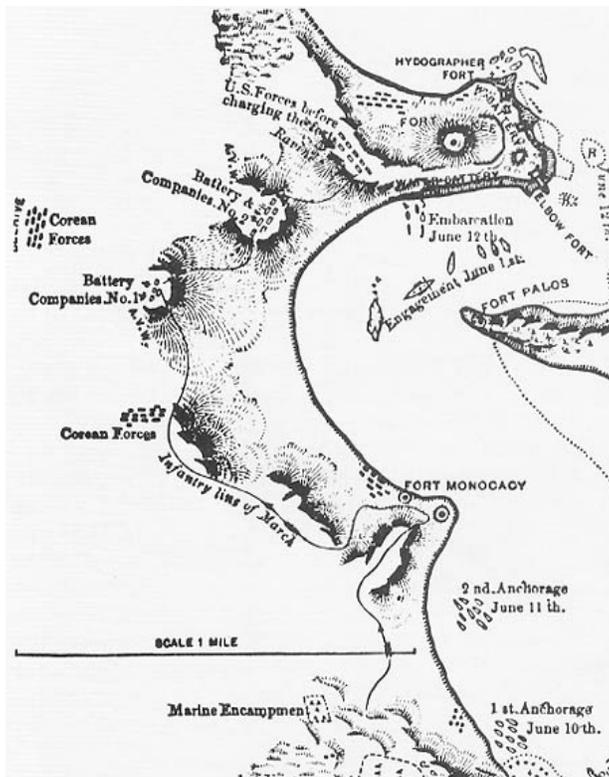
assault would be offered. When, at the end of the tenth day, no apology was forthcoming, a land assault on the forts was ordered with the goal of dismantling them so as to prevent their further use as defensive works.

Six hundred fifty-one Marines and Sailors, protected by fire from the assembled fleet, landed on the Korean coast the next morning. Within three days the trio of forts defending the Han river were reduced. The battle left 300 Koreans dead at the cost of 3 American lives.

After the forts were dismantled, the Americans returned to their ships, and after a long and unsuccessful negotiation process, sailed away. It was not until 1882, and then only with Chinese intervention, that the Korean Peninsula was opened to Western trade.

An interesting aspect of this forgotten campaign was the role of the Navy Medical Department. In one of their first recorded actions directly attached to a Marine force, Passed Assistant Surgeon Henry Wells and Assistant Surgeons Samuel W. Latta and William A. Corwin led a “hospital company” of 12 sailors, armed only with pistols, ashore in support of the action against the Korean forts. ■

So aggressive was the Korean response to the American fleet that Admiral John Rodgers, expeditionary commander, believed that the engagement was not sanctioned by the Korean king, but the result of an overeager officer. Unwilling to commit his forces to a decisive engagement without due cause, ADM Rodgers resolved to wait 10 days to see if an apology for the



Map of the American Naval Operations in Korea, 1871.

Courtesy of Naval History and Heritage Command

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Winter 2010

HCQ MEMORIES: 1918

By HM1(FMF) Charles Schaefer

By the time the 4th edition of the original *Hospital Corps Quarterly* was published in January of 1918, American Sailors were already steaming into harm's way in the Atlantic. World War I was entering its fourth year but before the doughboys could begin to repay our debt to Lafayette, they had to cross the treacherous seascape. Rightly focused on the conditions in Europe, the *Quarterly* attempted to prepare the Corpsmen of 1918 to face war on an industrial scale.

An often overlooked aspect of the American entry into the First World War was marked by a colossal expansion of the military. As manpower was stretched to meet new wartime requirements, some ships sailed without qualified medical officers aboard.

Corpsmen were required to fill the void. Medical Inspector John S. Taylor seeing a need, penned an efficient six page guide to "Corpsmen on independent duty." This "Advice to a Hospital Corpman on Independent Duty" may well have been the only guidance that the predecessors of today's IDCs received as they weighed anchor to join the fight to secure the sea lanes to France.

A letter from Dr. George Brewer, a civilian doctor then serving in France details the alarming facts of the situation. His aid station received 900 combat casualties in 24 hours, but this was an exception. An aid station in an active sector could expect to receive 200 casualties a day on average.

Several pages of the *Quarterly*

were devoted to the current state of casualty transportation via motorized ambulance (a revolutionary development), with both the British and American volunteer services being reviewed.

Of special note is the commendation of ChM Mate E. C. Ware. CPhM Ware, while aboard an unnamed warship (name redacted for security concerns) received two wounded seamen from a British steamer after a submarine attack. PhMC Ware "rendered valuable assistance both in transferring the patients and during the whole treatment aboard ship and could, in my opinion, have handled them quite well alone." ■



A BATTALION MEDICAL UNIT.

Lieut. Comdr Wm. H. Michel, (MC), U.S. Navy, Battalion Surgeon of the Third Battalion, Sixth Marines, A.E.F., his junior medical officer, his dental officer and the corpsmen of his battalion.

(The junior medical officer at the time was an Army doctor named Southworth, and the dental officer was Lieut. Benepe, U.S. Navy.)

BUMED Library and Archives

WHAT IS THE HCQ?

The Hospital Corps Quarterly is YOUR publication. In the coming months the staff of the *HCQ* will be customizing the pages to fit your needs as U.S. Navy Hospital Corpsmen. But we need your help. We are in need of your ideas, stories, and photographs for the following sections of the *HCQ*:

BZ (include full name, date of award, and synopsis of action): Recent awards and honors given to our fellow Hospital Corpsmen.

FALLEN HEROES (250-1,000 words): Stories and memories of our fallen Hospital Corpsmen.

GREEN SIDE (250-500 words): News, notes, and stories about Hospital Corpsmen with Seabees and Marines.

IDC CORNER (250-500 words): Information for and about the IDC community (both submarine and surface).

MOTIVATION (medium to high resolution): Your photographs at work and at play.

MTF (250-500 words): Highlighting the excellent work being done by our hospital corpsman at hospitals.

NAVAL HISTORY (250-1,000 words): Stories that remind us about our proud heritage as Hospital Corpsmen.

NAVY PERSONNEL CORNER (250-500 words): News from PERS IRT HM Community.

REDBAG (250-500 words): News and notes relating to occupational safety, environmental protection, and emergency management.

SQUADRON OPS (250-500 words): News, notes, and stories about Hospital Corpsmen serving the aviation community.



PLEASE SEND YOUR CONTRIBUTIONS VIA E-MAIL TO:
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FALLEN HEROES



James R. Layton

Petty Officer Third Class

Age 22

Petty Officer James Layton, of Riverbank, CA, was killed on 8 September 2009 as he attempted to aid a fallen Marine in combat support operations in Kunar Province, Afghanistan.

Petty Officer Layton was serving with an embedded training team with the Combined Security Transition Command in Afghanistan.

He is survived by his grandmother; his mother, Nikki Freitas, and his father, Brent Layton; two younger brothers, Jonathan and Jesse; a stepsister, Andrea, and a stepbrother, Jason.

HM3 Layton was laid to rest in Burwood Cemetery, outside Escalon, CA, on 15 September 2009.



Xin Qi

Petty Officer Second Class

Age 25

Petty Officer Second Class Xin Qi of Cordova, TN, died on 23 January 2010 after suffering wounds from a suicide bomber in Helmand Province, Afghanistan.

Qi was a Hospital Corpsman assigned to the 4th Light Armored Reconnaissance Battalion, Marine Expeditionary Brigade Afghanistan. The battalion is headquartered at Camp Pendleton, CA.

Petty Officer Qi is survived by his mother, Zihonh Li, and father Gang Qi, of Cordova, TN.

HM2 Qi was laid to rest at Arlington National Cemetery on 2 February 2010.

LOOKING
BACK



JANUARY
1909



Navy Hospital Corpsmen witness firsthand the devastation in Messina, Sicily following a 7.2 magnitude earthquake and 40-foot tidal wave. Medical teams from the USS *Celtic* (AF-2), *Culgoa* (AF-3) and *Scorpion* would assist in the global relief operations.