CAPT Kathleen Down's Log

The 4th of July – As the ship's personnel are either taking part in celebratory activities ashore or preparing for the Ambassador and 7th Fleet Admiral's visit this evening – it leaves me time to catch my breath and share some of my experiences and activities with you.

Where to start – I guess I can describe being aboard a 'gray hull' and differences from the USNS Mercy or Comfort.

The multi-purpose amphibious ship, USS Peleliu (LHA 5), departed San Diego on May 23, kicking off the humanitarian mission Peleliu Pacific Partnership (3P). Throughout the Pacific Partnership mission, the Peleliu will serve as an enabling platform through which military and NGOs can coordinate and carry out humanitarian efforts. The ship can support a variety of medical, dental, veterinarian, educational and preventive medicine services. In addition, the ship will deploy with a team of sailors from the naval construction force (Seabees) to perform repair and construction projects ashore. Some of these construction projects can directly improve medical and sanitary situations. The U.S. Marine Corps show band is also deployed onboard the ship and will be performing in select locations throughout the Bicol and metro-Manila region. The same flexibility and configuration that makes Peleliu an effective **warship** also makes it an extraordinarily effective ship for performing humanitarian assistance missions. Peleliu will visit areas based on host-nation agreements, medical and engineering priorities and where port or anchorage facilities can support the mission. The deployment will strengthen the goodwill forged between the host nation partners, American forces and NGOs during previous assistance missions, such as the 2004 tsunami, earthquake relief efforts and the USNS Mercy (T-AH 19) deployment in 2006.

[Unlike the USNS Comfort or USNS Mercy, the USS Peleliu is a Navy owned and operated battleship, traditionally used to transport Marines to forward war locations. Although it has sick call and operating room capabilities, traditionally medical plays a supportive role to the primary mission of war fighter. This means medical personnel on the USS Peleliu for this mission have to win over not only the 'hearts and minds of host nation people' but also the more traditional line war fighter. They are not used to fighting a war without bullets. It was a bit confusing at first to learn the leadership and their roles. I'm not sure how it is on the USNS Comfort – but on the Peleliu (PEL), there is the overall mission commander, CAPT Robert Stewart – who also is commander of the Destroyer Squadron Thirty One, DESRON-31 – he is referred to as Commodore. Then there is the Commanding Officer of the USS Peleliu, CAPT Ed Rhoades; and his Executive Officer – XO- CAPT Pete Sciabarra. They are responsible for the day-to-day operations/running of the ship. Lastly, the medical contingent commander, CAPT Scott Flinn – oversees the medical operations of the mission.]

3P brings together host nation medical personnel, partner nation military medical personnel and non-governmental organizations (NGOs) to provide medical, dental, construction and other humanitarian-assistance programs ashore and afloat in Southeast Asia and Oceania (specifically Philippines, Vietnam, Papua New Guinea, Republic of Marshall Islands, and Solomon's Island). The effort is being carried out in conjunction with non-governmental organizations and in close coordination and partnership with local medical care professionals. Volunteers from the Aloha Medical Mission of Hawaii, and the University of California at San Diego Pre-Dental Society are

joining Peleliu in Manila, as are a contingent of medical specialists from the U.S. military and Canadian, South Korean, Malaysian and Japanese militaries.

Overall Medical mission and activities were decided prior to my arrival on the ship. Through many months of advance trips, discussions and decisions with host nations, the Navy had identified the following as their overarching medical missions/foci:

– Deliver valuable MED, DEN, VET AND ENG services to underserved populations

– Successfully embedding non-governmental organizations (NGO'S) in operations from a USN gray hull

– Providing a mutually beneficial experience for partner nation participants

Activities and specific services to be offered at each site location were previously identified. The primary focus for those on board during the execution phase is to provide services while optimizing the NGO and partner nation's experiences. I participated in the medical and dental services; three other PHS officers have been participating with the preventive medicine unit providing veterinary, and public health services.

Medical and dental services provided ashore:

- The day starts very early; depending on transportation method (either MH-53 helicopter or LCU – amphibious boat) usually somewhere around 0430 and ends an exhausting 16-17 hours later when you drop into your bed. [Unlike the USNS Comfort mission no private boats, catamarans, or ferries are authorized to tie up with the PEL and transport personnel so all personnel going ashore must be coordinated – medical, Seabees, CommRel, etc.]

- Heat index is very high, typically 106-110. Majority of our sites are being performed in tents – with no electricity, no fans, no A/C. Dental is utilizing battery operated head-gear to provide enough light into patient's mouth for extractions.

- Once on-site, tents set up, registration lines established – medical and dental services are typically provided for ~ 6-7 hours.

- Organizing the flow – the lines patients stand in prior to getting registered; getting registered; getting their service(s) – medical, dental, optometry, pharmacy, derm/minor procedures – was critical. Many (most) sites were initially very chaotic clusters of people – stringing out orderly lines made it easier for us to move people through lines; estimate when we needed to cut off the line (to meet travel arrangements).

- The initial plan was for the host nation health department to issue patient registration forms for 500 'deserving' individuals from the surrounding area to be seen per day; with the agreement we would see more if we could. Immediately – this was problematic – as forgeries (photocopies) were discovered, increasing the number of individuals receiving priority (over 'walk-in' patients). Constant vigilance (walking the lines, managing the numbers waiting to see providers, tracking numbers able to be seen per hour to estimate where to cut off the line) was required and took significant personnel. We used two officers (myself and Navy LCDR) plus 10 sailors of keep control of the line – so potential patients were kept regularly apprised of how the line was being managed; if certain services were no longer being offered, etc. Importance of this step should not be overlooked.

- Similarly – evaluating all points of patient interaction for impact on flow had to be observed. Critical pathway – patient registration – initially used 2 people expanded to 10 by the fourth

location (Tabaco Elementary School). The faster you can get people registered – the faster the providers have someone to see.

- Average medical complement so far (60-70 personnel; includes US military, partner nations, host nation, NGO; and translators):

§ 8-9 physicians

§ 3-4 dentists

§ 2 optometrists

§ 2 dermatologists / minor surgery

§ 1 pharmacist

§ The rest are site officer-in-charge (overall administrator), 2 observers (looking at flow, process, etc.), optometry techs (2); pharmacy techs (2); dental students assisting dentists (3); Corpsman assisting with translation, medical records, patient registration, patient tracking, etc.

- Some of the statistics we've tabulated so far:

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Location	Ziga Memorial Hospital		Josefina Belmonte Duran Hospital		Travesia Elem. School		Tabaco Elem. School		Gogon Elem. School	
Goal: 500pts/day	1	2	1	2	1	2	1	2	1	2
# Patients Registered	607	552	402	842	846	1117	1263	1415		
# Prescriptions Filled	651	673	482	466	872	1043	909	1446		
# Glasses – Optometry	186	272	221	302	309	387	483	517		
# Extractions – Dental	187	145	94	126	131	209	243	242		
# Patients Seen – Medical	437	393	291	498	512	688	688	794		
# Minor Surgeries – Derm.*	55**	24**	8	7	10	8	16	25		

* breast lumpectomies, circumcision of an adult, removal of large (golf-ball sized) lipomas, via local anesthesia in tent, classroom, etc. (see pics)

** numbers are much higher because had 4 visiting surgeons from NGOs visiting and working in Ziga hospital with us

I've requested something from the 3 PHS officers working with the preventive medicine unitand will send it to you as soon as they compile something.

Tomorrow is our last site in PI; there will be a 2-day MEDENCAP at the Gogon Elementary School. It has been 4 of the hardest weeks of my career.

We are supposed to depart the region on the 8th, I believe, for Vietnam. Final execution planning is underway for it. Also – CAPT Flinn and I have requested each department (medical, surgery, dental, nursing, etc.) to review their proposed staffing manifests (military personnel, partner nations, NGOs) and identify specific types of personnel that would be useful (i.e., anesthiologist, civil engineer, etc) for PNG, RMI, and SI.

(Although an ADVON team has visited the countries and identified *potential areas* for activities – that does not mean we (the ship) will DO all of those things. It is only once the ACE – advance coordinating embed team, I think – gets there, and really firms up what can be done with the personnel and supplies we have – that 'activities' are determined. This is where CDR Landro may be able to use a PHS engineer – but they really need experience in working with developing countries; making technologically appropriate recommendations and guidance; living/working in austere conditions. Absolute must – understanding and adherence to force protection issuances.)

June 27th – bit of excitement as a fully loaded helicopter (~41 medical personnel, including myself) being flown off the ship to the Legaspi airport experienced a fire in the cabin! The crew handled it calmly using fire extinguisher to put out the flames; luckily the back is open and the windows were propped open so the smoke cleared quickly. The pilot dumped the fuel and prepared for an emergency set down.

Photos show a different helo a day later (in good running order); the helo with engine burned out, being worked on at the Legaspi airport, the pilot and I the next day, a shot out of the back of the helo, and a group selected to have lunch with the Commodore and the LTG of the Armed Forces of the Philippines.

June 26-27 Josefina Belmonte Duran Hospital

Transit time from the ship 2-3 hours ONE way. Some of the team fly (~20min) ship to airport; then take 30-45 min bus ride to hospital. Remainder take amphibious boat from ship (~1 hr); then (~2 hrs) bus ride to site. Makes for very long days.

Photos show a Canadian partner dentist working on a pt; a Japanese partner dentist working on a pt.; a box of injectable drugs (trash) just sitting outside; registration canopy; pharmacy tent; damage to the hospital from typhoon last November; delivery room damage; surgical area damage; the walk-in line; the AFP (Armed Forces Philippines) helping us maintain line control; two more shots of registration line further along; and the Marine band (helps with distraction of standing in line so long).

Hope this helps –

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