

Bravo Zulu

Naval Medical Clinic, Pearl Harbor

Senior Civilian of the Year 2000:
William A. Buck, Management Information Department

Junior Civilian of the Year 2000:
Catherine K. Kuwazaki, Community Health Department

Navy Environmental, Preventive Medicine Unit Six

Sailor of the Year
Hospital Corpsman 1st Class Robert P. Libarios

Sailor of the Quater
Hospital Corpsman 3rd Class Donald R. Bergeron

Navy Exchange

NEX Associate of the Year 2000
Lori Bridges

NEX Associate of the 4th Quarter
Sharon (Shorty) Vanek

Associate of the 3rd Quarter
Eileen Lamb

Annual BZ Award Winner
Kimberly Lee

Superior Accomplishment Recognition Award
Mali (Ismael) DelaVega

Superior Accomplishment Recognition Award
Laura McDonald

**Annual Canoe Race Superior Accomplishment
Recognition Award**

First Place: Makalapa Mini Mart
Ella Freeman
Rufina Garma

Second Place: NEX Package Store
Joseph Utley
Katalina Poti
Donna Carvalho
Jackie Zahn

Third Place: Ford Island Mini Mart
Sundy Patinio
Falisha Milton
Rodrigo Liganag
Cynthia Baclaan
Gerrie Saillai

Letter of Accomplishment
Mila Deleon

Bravo Zulu
Charlotte Bayless

Group BZ Award:
NEX Jewelry Department
Diana Behic
Rosalinda Basilio
Tessie Sheridan
Deborah Whisenant
Josie Ishikawa

NEX Men's Department
Barbara Reyes
Aurora Bishop
Emily Gonzales
Perlita Soriano
Lucy Jepas
Ly Thanh
Marie Fernando
Dion Magsipoc
Pearl City Mini Mart
Romeo Yadao
Grace Garcia
Jocelyn Rodriguez
Evelyn Cardenas
Lucina Jayme

NEX Group Letter of Appreciation
Heidi (Heydel) Adviento
Zeny (Zenaida) Tangonan
Sandra Granville
Alani Haina

NEX Length of Service Awards:
5 Years
Remedios Nipales
Antonio Alcaraz
Dominic Manog
Wilfred Madamba
Lisa Lopez-Quismondo
Iwalani Leopoldo
Ben Ibea
John Freitas
Romeo Dela Cruz
Alejo Blas
Emanuel Pollocks
Gordon Yuen
Max (Maximo) Tagata
Jennifer Sorneo
10 Years
Katalina Poti
Sharon Vanek
25 Years
Tobey Woodard
Armando Campo
30 Years
Celia Morris
Pauline Pasion

Search continues: VP-9, HSL-37, Coast Guard carry torch



VP-9 photo

Lt. Mike Buchanan, Patrol Squadron Nine, flies at an altitude of 200 ft. while turning left.

By Lt. Greg Petrovic
Patrol Squadron Nine

Patrol Squadron Nine (VP 9) 'Golden Eagles', along with Helicopter Anti-Submarine Squadron Light 37 and the U.S. Coast Guard, continue the search for the Ehime Maru survivors. This search and rescue effort began for VP-9 on

Feb. 9.

Lt. Kevin Delano was conducting practice landings at John Roger's field when he received a call to support the rescue effort of a Japanese fishing vessel in distress. It was around 5 p.m. when he arrived on scene.

The area was swarming with other aircraft - both civilian and military.

Lt. Delano was soon relieved by a ready alert tactical crew on board with the aid of night vision capability. That action triggered a search and rescue effort far larger than any VP-9 has taken on before.

During the day, search flights have been primarily visual, but at night both radar and the infrared de-

tection systems maximize the chance of finding survivors.

The Golden Eagles have flown over 200 hours in this search alone, in which they have patrolled over 18,000 square miles of ocean.

The search area has been extremely challenging due to its proximity to Honolulu Intl. Airport.

Aircrews were also challenged with bad weather, extreme sea states, and a high volume of air traffic. At times, more than five aircraft jammed into an extremely small search area.

Lt. Cmdr. Wells, mission commander for Combat Aircrew Two said, "Its always dangerous being in a close proximity to so many aircraft with so little altitude separation!"

Lt. Krall, also part of Combat Aircrew Two, remarked "While these flights are extremely challenging, they are one all aviators want to do regardless of the risk."

The search effort has been a joint operation including VP-9, VP-4, HSL-37, U.S. Coast Guard, USS Lake Erie (CG 70), USS Port Royal (CG 73) and USS Salvor (ARS 52).

Singapore representatives visit NEPMU-6

By Lt. Deidra M. Ramos
Navy Environmental and Preventive Medicine Unit Six

The chief naval medical officer of the Republic of Singapore Navy (RSN), Col. Edwin Low, visited the Navy Environmental and Preventive Medicine Unit Six (NEPMU6), Pearl Harbor Feb. 5-9.

Col. Low is the equivalent of the Navy Surgeon General. He was accompanied by the RSN Head Naval Inspectorate Lt. Col. Foon Wai Yim and the Head, Naval Medicine and Hyperbaric Center, Maj. Michael Ong.

The RSN officers were visiting NEPMU6 to learn more about the Navy's organization of occupational health and industrial hygiene programs, in addition to the training and capabilities of navy industrial hygiene officers.

Lt. Cmdr. (sel.) Brochu of the NEPMU6's Industrial Hygiene Department organized and executed the success of this visit.

Several briefings on the



NEPMU6 photo

Lt. Cmdr. LeBron (left) discusses microbiological capabilities with representatives of the Republic of Singapore Navy: (left to right) Col. Low, Maj. Ong and Lt. Col. Yim.

Navy Occupational Safety and Health (NAVOSH) program were presented by Cmdr. Kim Taylor, Cmdr. Jerry Formisano, Lt. Cmdr. Jean Williams, Brochu and Lt. j.g. Jason Longwell, all industrial hygiene officers, providing valuable information on the success of the NAVOSH program.

Low and his colleagues al-

so made visits with senior Navy and Army medical department officers and made tours of the occupational health clinics at Pearl Harbor Naval Shipyard and Tripler Army Medical Center.

During this visit, Low took the opportunity to provide a presentation to the Oahu medical department officers

on the mission, vision, and organization of the RSN.

Low's presentation along with the presentations provided by various Medical Department Officers made this visit highly successful and helped foster a spirit of cooperation between the occupational safety and health organizations of the United States Navy and the RSN.

Early intervention is key for healthy, young eyes

**By Naval Medical Center
Portsmouth Public Affairs**

PORTSMOUTH, Va. (NWS) — It would be nice to see the world through a child's eyes. But young eyes need special attention and parents have to know how their children's vision is working so they can quickly identify problems.

"Newborns' vision is very poor and their ability to focus is very limited," explained Lt. Cmdr. Edgar Levine, staff ophthalmologist at Naval Medical Center Portsmouth, Va. "Farsightedness is common. They can't see things up close. For the first few months of life, they can't clearly see their parents' faces."

At this stage, brightly-colored and highly-contrasted toys gain children's interest the most and some experts believe they help develop vision. Black, white and red are the most stimulating colors.

By three months of age, they should be able to fixate their eyes on an object and follow it as it moves around. "It's not unusual for babies' eyes to occasionally wander. But if that pattern of eye movement persists, that should prompt the parents to see a pediatrician," advises Levine.

Fortunately, most childhood ophthalmologic problems are obvious to either the parent or the pediatrician during the well child visits.

All infants nowadays are screened by their pediatrician for a good "red reflex." The red reflex is the red glow that is reflected back from inside a newborn's eye when a light is directed through the pupil. Its presence assures the pediatri-

cian that there is no significant opacity in the visual axis, such as a cataract or tumor.

"Cataracts are one of the leading causes of blindness in children; that's why screening for the red reflex is essential in newborns," urged Naval Medical Center Staff Ophthalmologist Lt. Cmdr. Kristen Zeller. "Any cataract 3mm or greater in size is considered visually significant. Early detection, surgery and aggressive visual rehabilitation are necessary to maximize visual potential. The corneal reflex is also used to check for proper eye alignment," she said.

Once the child is speaking and communicating well, a more thorough eye exam is recommended. Eye charts designed for children give a better indication of visual function and catch significant problems early when chances of successful treatment are best. This should be done between two-three years of age, instead of waiting for school screenings. If the initial exam is normal, the child should be re-checked a few years later, then as needed.

Another common ophthalmologic problem in babies is known as "nasolacrimal duct obstruction." In about 5 percent of newborns, a tiny membrane in the nose blocks the normal flow of tears. Mucous discharge and tearing are the usual symptoms. Massaging with a finger or Q-tip as directed by the pediatrician may open the duct, but if it hasn't opened by 12 months of age, surgery will likely be needed. While requiring general anesthesia, the surgery itself is minor and quite successful.

A more serious problem, "congenital glaucoma," occurs in about 1 in 12,500

births. Symptoms include tearing, light sensitivity, sometimes a cloudy cornea, poor visual function and occasionally corneal enlargement in older children reflecting longstanding pressure elevation. Juvenile glaucoma may have an onset later in childhood.

Examination under anesthesia may be necessary to make the diagnosis. Treatment may be surgical, medical (with drops) or both. It is critical that patients with these symptoms see an ophthalmologist expeditiously.

The layman's term "lazy eye" may be applied to both "strabismus" and "amblyopia." Strabismus occurs when there is a misalignment of the muscles responsible for eye movements. The misalignment may be present all the time or only with fatigue or illness. Any child suspected of strabismus needs a thorough exam by an ophthalmologist. Treatment with glasses or surgery may be indicated.

"The consequence of ignoring strabismus may be that the brain develops a preference for one eye over the other," Zeller explained. "This is called amblyopia, and also occurs when one eye is compromised due to a cataract, scar or merely a greater need for glasses in one eye. If it isn't detected in early childhood and treated with patching therapy, irreversible changes can occur in the brain that will forever limit the vision in the affected eye."

"We are doing a better job detecting and treating problems early. But the adults that we see now have suffered damages that could've been prevented if the problem was detected in their childhood," adds Levine.