December 2012

MEDNEWS Items of Interest

December marks Global Health Engagement month. During this month we highlight Navy Medicine’s advancements in global health engagement through research and development, humanitarian assistance/disaster response, and global partnerships. Navy Medicine’s mission is on a global scale and cannot be done without its global partners.

The new Navy Medicine’s conference policy can be found at: http://www.med.navy.mil/Pages/ConferenceInformation.aspx.

The Navy Medicine bath salts awareness campaign will launch Dec. 20. The bath salts video and posters will be found at: http://www.med.navy.mil/Pages/Spice.aspx.

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BUMED headquarters names Sailors of the Year

By Joshua Wick, U.S. Navy Bureau of Medicine and Surgery Public Affairs

FALLS CHURCH, Va. - The U.S. Navy Bureau of Medicine and Surgery (BUMED) announced its 2012 Sailors of the Year (SOY) at its headquarters, Nov. 20.

BUMED’s panel of senior enlisted leaders named Hospital Corpsmen 1st Class Kenneth Matthews the Senior Sailor of the Year, and Hospital Corpsmen 2nd Class Hyekyong Pak the Junior Sailor of the Year.

“Each department selects and nominates their Sailor of the Year following a department-level evaluation,” said Senior Chief Hospital Corpsman Kellie Hamilton, coordinator for BUMED’s Sailor of the Year Program.

The finalists go before the Sailor of the Year Board for further evaluation of their educational accomplishments, physical fitness standards, participation in civic and community activities along with a variety of rigorous tests of professional military knowledge, leadership, military bearing, Navy values, and current events, added Hamilton.

Junior Sailor of the Year is typically awarded to second and third class petty officers (E-4s and E-5s) with the overall Sailor of the Year reserved for first class petty officers (E-6s).

“We all help and mentor each other to prepare for the board and uniform inspections,” said Matthews. “We don’t compete against each other directly. We just motivate one another to give a little extra and do our best, because we know we represent Navy Medicine.”

Matthews serves as leading petty off-

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Did You Know?

The Navy Medicine office of Global Health Engagement was recently stood up at BUMED which will align and synchronize the global health engagements that promote lasting partnerships worldwide.

School Corpsmen 1st Class (SW/AW) Kenneth Matthews from Gaithersburg, Md., assigned to U.S. Navy Medicine’s Fleet Programs, was selected as U.S. Navy Bureau of Medicine and Surgery Senior Sailor of the Year. Rear Adm. Michael Mittelman presented Matthews with his coin during a ceremony, Nov. 20.

Photo by Joshua Wick
Navy Medicine supports global health engagement

Our motto in Navy Medicine is “world-class care, anytime, anywhere.” The task we have before us to provide care, whether it is to a forward-deployed Sailor serving at sea, to someone in need during a medical civic assistance project, or developing a vaccine in one of our overseas research labs, is never done alone. Navy Medicine works with Combatant Commanders, coalition forces, ministries of health, and non-governmental organizations (NGOs) worldwide to ensure we meet our mission on any platform, in any environment.

This month we highlight Navy Medicine’s support to global health engagement. We are a maritime nation and a maritime service. When we look at Navy Medicine’s role of providing not only health care but health to our service members, their families, and those entrusted to Navy Medicine, we are acting on a global scale. Over 70 percent of the Earth’s surface is covered by water, more than 80 percent of the Earth’s population lives near a coastline, and more than 90 percent of the world’s commerce travels by sea. The naval mission of maintaining the safety and security of our sea lanes—being 100 percent “on watch”—and Navy Medicine’s role in keeping our Sailors and Marines fit and ready, to do just that, has never been more important. We can’t do this without our worldwide partners.

Navy Medicine’s mission is one with a truly global footprint. We are forward deployed with operating forces overseas and our research units provide a global health benefit around the world. Navy Medicine personnel serve as ambassadors worldwide and are the heart and soul of the U.S. Navy as a “Global Force for Good.” Building partnerships around the world is imperative to our ability to meet our mission and be a responsive and effective organization. I believe this to be so important that I recently stood up an office dedicated to Global Health Engagement. That office will align and synchronize the global health engagements that promote lasting partnerships worldwide.

Global health engagement includes our humanitarian assistance/disaster response [HA/DR] missions. These HA/DR missions directly support the Navy’s Maritime Strategy and they continue to expand because they have proven to be highly successful in building global relationships. With past support to critical missions like Operation Unified Response in Haiti following the 2010 earthquake, Navy Medicine serves the international leader in HA/DR response.

More recently, Navy Medicine personnel provided essential support following the Fukushima nuclear plant disaster. Radiation Health Officers and Radiation Health Technicians answered the international call for assistance to Japan and provided paramount support following the Fukushima nuclear plant disaster. They provided onsite monitoring of radioactive contamination, counseling to those affected, played a key role in the development of a health registry for those affected in the AOR during the disaster and provided advice to the Combatant Commander and Navy and Marine Corps flag and general officers in the Pacific Area of Responsibility. The Navy hospital ships also conduct planned deployment humanitarian assistance missions where they work with local ministries of health to bring care to the people of foreign nations. USNS Comfort’s mission in Central and South America and the Caribbean for Continuing Promise 2011, as well as USNS Mercy’s 2012 Pacific Partnership mission to Southeast Asia, provide further evidence of our continued commitment to the global efforts to foster security and stability worldwide. Our hospital ships are executing our Maritime Strategy by building the trust and cooperation we need to strengthen our regional alliances and empower partners around the world. With each successful deployment, we increase our interoperability with host and partner nations, NGOs and the interagency.

As a Global Force for Good, Navy Medicine also conducts international military education and training and bilateral exchanges as a means to build relationships by promoting common interests, while working with local governmental organizations. We also have Navy Medicine personnel engaged in training throughout the world in military-to-military education. Such training helps to bridge understanding between militaries. In addition, building the health capacities of the U.S. and its multilateral partners also improves bio-surveillance and response and protects populations at home and abroad.

As we employ a whole of government approach to global health engagement (military, interagency and NGOs) integrating to reach a common goal, we also harness the power of jointness. As we move forward in this interconnected world, this goal will be more important than ever.

I am extremely proud of the work that all of you continue to do on a daily basis and am proud to be your Surgeon General.
CORPSMEN LEARN TO SAVE LIVES

By Lance Cpl. Mel Johnson, 2nd Marine Division

CAMP LEJEUNE, N.C. - Cries for help echoed through the warehouse as the corpsmen moved from one casualty to the next as quickly as they could.

"Hurry up doc, you got people dying over here," shouted an instructor as the corpsman frantically gathered his supplies and moved to help the next casualty.

After a quick assessment of the simulated casualty, the corpsman rushed to treat the other patients.

Despite the thick layer of fog, ambient noise of gunfire, helicopters and victims, the corpsmen successfully completed the final part of their tactical combat casualty care course.

The Tactical Combat Casualty Care course taught corpsmen the combat first aid needed when tending to wounded Marines in a deployed environment.

"TCCC is designed to sharpen and further advance the skills of junior corpsmen that have never been in a combat situation," said Petty Officer 3rd Class Christopher R. Trimmer, a TCCC instructor with Weapons Company, 3rd Battalion, 2nd Marine Regiment, 2nd Marine Division.

During this week-long course, sailors with various companies from 2nd Medical Battalion, 2nd Marine Division learned how to keep casualties alive while waiting for transport to medical care.

"We start with four days of didactic (classroom instruction) and practical application in the classroom," said Trimmer. "Then we end the class with a training scenario which includes a mass casualty extraction."

All corpsmen learn basic skills in field med, but TCCC goes more in depth, said Trimmer.

"We try to create the best stress environment for the corpsmen by focusing on the casualty side of it and making it as real as possible," said Trimmer. "It’s really a class taught for corpsmen by corpsmen."

Students in the class said that taking TCCC has allowed them to further expand their knowledge of field medicine.

"The training is a great opportunity for us to increase our skills, both as new and experienced corpsmen," said Petty Officer 3rd Class David Smith, a corpsmen with Weapons Company, 2nd Medical Battalion, 2nd Marine Division.

"The course is designed to teach corpsmen to respond quickly, accurately and diagnose the casualty, he added.

"The course taught us the guidelines of combat care but also provided the skills to think independently when treating a casualty," said Smith a native of Sacramento, Ca.

Though the division-level TCCC course aboard Marine Corps Base Camp Lejeune is still relatively new compared to those at Camp Pendleton and on Okinawa, Japan the instructors work hard to ensure the sailors fully understand the importance of the course.

"This is what being a corpsman is all about, not just giving shots and taking temperatures," said Smith. "This is what really matters because it’s going to save lives.”

A corpsman with Weapons Company, 2nd Marine Battalion, 2nd Marine Division performs combat first aid on a simulated casualty Nov. 30, during the 2nd Marine Division Tactical Combat Casualty Care course. This course gives corpsmen the skills necessary to treat wounded Marines.

Sailors

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cer for fleet programs, special duty physical program manager in the Undersea Medicine and Radiation Health Department. He is responsible for designing and implementing programs, efficiencies and manpower supporting the fleet, marine forces, undersea medicine, special operations and other Navy Medicine support functions. As a radiation health technician he is responsible for maintaining 15 years of medical waivers and ensures the streamlining of the reissue process for more than 15,000 Sailors. He holds an associate’s degree in health care information and a bachelor’s degree in health care management.

BUMED’s Sailor of the Year felt that as a leader this selection doesn’t make you a better Sailor ... It only gives your message to other Sailors more credence, adding, “People are more likely listen when you can show results.”

“When the results were announced, I was honestly surprised,” said Pak. “Considering all the candidates, it was both an honor and a great surprise to be announced as Sailor of the Year.”

Pak serves as a tuition analyst at BUMED’s detachment in Bethesda, Md. She is responsible for procurement requests for new Health Professions Scholarship Program (HPSP) recipients and managing an annual budget of $56 million. She serves as liaison to approximately 1,300 scholarship recipients and works with more than 200 universities and colleges. Additionally, she researches and provides funding information for 27 scholarship students recoupment packages valued at $2.7 million. In December, Pak will graduate with her associate’s degree and will continue her studies toward a Bachelor of Science in Nursing.

“The Navy allowed me to become a leader and care for others, which are my passions,” said Pak. “And it motivates me to mentor as well as guide my junior Sailors.”

Leading from the front and by example is what she believes makes a good Sailor.

“We already know all the candidates this year are fine corpsmen,” said BUMED Force Master Chief Sherman Boss, and director of the Hospital Corps. “This competition just determined that HM1 Matthews, and HM2 Pak are this year’s best examples of what it means to be a leader and most importantly, [a] Sailor.”
Social worker helps deployed sailors ‘stop and breathe’

By Mike Hixenbaugh, The Virginian-Pilot

About four months after leaving Norfolk Naval Station aboard the amphibious assault ship Iwo Jima last spring, Lt. Jennifer Ayers noticed a growing number of stressed-out sailors showing up at her door.

So she started a weekly yoga class and invited troubled crew members to take deep breaths, clear their minds and stretch their muscles.

Ayers is the first clinical social worker to join an amphibious warship on deployment, part of the Navy’s efforts to help sailors cope with more frequent deployments and longer stints at sea.

Her job is to help young sailors and Marines deal with stressful life changes, anxiety and disappointments. She thought she might see a surge of new patients after the ship and two others in its strike group were ordered to extend their deployments indefinitely just days before they were due back in Norfolk.

“I was honestly expecting an uptick in business,” Ayers said in a phone interview last week, days after the ships were ordered to reverse course just as they were beginning their return journey across the Atlantic Ocean. But, to Ayers’ surprise, that hasn’t happened.

The Iwo Jima and amphibious ships New York and Gunston Hall were instructed to remain on standby in the eastern Mediterranean as conflict raged between Israel and Palestinians in Gaza. Despite a cease-fire in hostilities, no return date has been announced.

“I haven’t seen a spike,” she said. “The mood on the ship has been very supportive and eager to serve.”

Sailors and Marines have met with Ayers for personal problems, including depression, suicidal thoughts, workplace anxiety and family issues. She provides counseling for the three ships, which deployed together.

Aircraft carriers come staffed with clinical psychologists and a support team, but smaller amphibious ships have always had to ask for assistance or send sailors ashore for mental-health issues.

Ayers estimates she has treated more than 50 sailors and Marines who otherwise would have needed to be flown off the ship for care.

“We have very young sailors and Marines, most between the ages of 18 and 24, and it takes us a while to kind of learn how to deal with life,” Ayers said. “We talk through relationships and difficulties they’re having in the workplace and common problems that come up when you’re away from family…. I provide insight on how to manage stress.”

With some 2,400 Marines and 2,000 sailors attached to the amphibious ready group, Ayers said she has felt stretched thin at times.

Her yoga-at-sea sessions helped her comfort several crew members at once.

Ayers also benefited, she said.

“Sometimes you just have to stop and breathe,” she said.

By Mike Hixenbaugh, The Virginian-Pilot

Lt. Greg Addison, Diving Officer, and David Francis, a dive med tech, both assigned to the Hyperbarics Department at Naval Aerospace Medical Institute (NAMI), supervise a dive where mild traumatic brain injury volunteers are exposed to various concentrations of oxygen. Addison, Francis and other NAMI Hyperbarics Chamber personnel have been involved in a research project designed to test the feasibility of using hyperbaric medicine to treat lasting effects of mild traumatic brain injury.

Hyperbaric Medicine

View more Navy Medicine photos online at: www.flickr.com/photos/navymedicine/
First corpsman to receive National Dental Accreditation

From Navy Medicine Education and Training Command Public Affairs
SAN DIEGO - An advanced dental instructor at the San Diego-based Advanced Dental Assistant Program (ADAP) became the first Hospital Corpsman to be accredited by an American Dental Association-recognized national certification organization Dec. 3.

Hospital Corpsman 2nd Class (SW/AW) Jontrell Chambers was notified by the Dental Assisting National Board (DANB) that he is accredited as a Certified Dental Assistant (CDA).

Chambers said the accreditation - required or recognized as meeting regulatory requirements in 29 states and the District of Columbia to perform expanded functions - is indicative of what corpsmen throughout the Fleet are accomplishing on a daily basis.

“At clinics, hospitals, in the field and on ships at sea, corpsmen are performing at a level unsurpassed in the civilian sector,” said Chambers. “These sorts of accreditations serve to show what we as corpsmen are capable of doing, as well as demonstrate the level of care we have historically provided. This step shows the importance of dental medicine in the military and civilian communities, and I hope my receiving this certification will streamline military dental medicine training schools along with the guidelines of the civilian sector where future active duty dental personnel will qualify for national certification.”

DANB is recognized by the American Dental Association as the national certification board for CDAs. The DANB’s CDA certificate of knowledge-based competency meets the Department of Veterans Affairs requirement for expanded duties dental assistant designation, and all branches of the U.S. Armed Forces are encouraging DANB certification.

ADAP Officer-in-Charge Capt. Brian Ritter said Chambers’ certification showcases the initiative Chambers took in pursuing this degree, and his successful completion of the program can serve as a springboard for other corpsmen pursuing the certification.

“Chambers’ accreditation is valuable to the Advanced Dental Assistant Program because it is evidence that the ADAP curriculum can prepare its graduates to successfully challenge the DANB CDA exam,” Ritter said. “He and our other staff members can now better mentor our eligible students and fully prepare them for the process leading to DANB CDA Certification.”

The ADAP, formerly known as the Expanded Functions Dental Assistant (EFDA) program, was established in December 2006. Upon successful completion of the 21-week ADAP program, Corpsmen will have a greater dental knowledge and increased dental skill that can be used to improve the efficiency and effectiveness of the dental team. Graduates often use the course as a stepping stone to dental hygiene or dental school, and upon graduation, are awarded the 8702 Navy Enlisted Classification and assigned advanced dental duty.

ADAP provides advanced instruction that educates, trains, and prepares hospital corpsmen to serve in administrative, clinical, and/or auxiliary roles in support of dental officers within Navy Medicine. ADAP graduates serve in periodontics, prosthodontics, and operative dentistry departments, as well as leadership positions in clinical management and healthcare administration.

Ritter also said Chambers’ certification stems further still from his current position at ADAP, providing ramifications throughout the Fleet.

“DANB CDA certification provides Navy Medicine with chair-side dental technicians who are fully committed to providing quality care in a modern, efficient manner and are dedicated to improving their skills through annual continuing education,” Ritter said. “And while these sorts of certifications are valuable to our dental technicians because it makes them more competitive for civilian employment as they transition from active duty, while they are on active duty this helps us ensure that Sailors, Soldiers, Airmen, Marines and Coastguardsmen are mission ready.”

The ADAP is a component of the Surface Warfare Medical Institute (SWMI) in San Diego, and the Navy Medicine Operational Training Center (NMOTC) in Pensacola, Fla. ADAP, SWMI and NMOTC are all part of Navy Medicine Education and Training Command (NMETC), located aboard Fort Sam Houston, Texas.

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SAN DIEGO - Medical and safety Sailors from USS Makin Island (LHD 8), along with volunteers from USS Essex (LHD 2) and the guided missile destroyer USS Milius (DDG 69), hosted a “Health and Wellness Fair,” Dec. 5, for Sailors assigned to ships moored at Pier 13 aboard Naval Base San Diego.

The event was open to more than 2,000 Sailors and was designed to promote health and wellness by providing information on nutrition management, command fitness programs, men’s and women’s health, smoking cessation and stress management.

“The health fair is being conducted on an annual basis to help educate Sailors on useful information and programs that range from family services to mental health,” said Hospital Corpsman 2nd Class Crystal Carter, assigned to Makin Island’s medical department. “It is important because the health fair gives you the additional tools and education for various situations.”

More than a dozen booths and displays not only promoted overall health awareness, but provided Sailors with information on the benefits of TriCare, Military OneSource, the Navy and Marine Corps Relief Society, and the San Diego Fleet and Family Support Center.

Volunteers manning the booths handed out informational pamphlets and provided training on their specific topics and programs. A team of hospital corpsman was also available to take blood pressure readings and provide information on smoking cessation programs.

“We have a display that shows the difference between a smoker’s artery and a non-smoker’s artery, and a chewer’s mouth display that shows what all can happen to your mouth if you smoke,” said Hospital Corpsman 3rd Class Karen Dainwood, a tobacco cessation program assistant at Naval Medical Center San Diego.

Dainwood’s booth also featured a glass jar which held approximately eight ounces of tar to show Sailors how much of the

NMCSD’s pathology program reaccredited for two more years

SAN DIEGO - Naval Medical Center San Diego’s (NMCSD) Pathology program obtained a two-year reaccreditation from the College of American Pathologists (CAP) through October 2014.

Over two days, the Pathology department reviewed policies and procedures to ensure adherence to the current practices and any new requirements since the last accreditation in 2010.

The process involved the review of records, staff training, revision of policies and procedures, and inventory management of consumables.

“CAP accreditation demonstrates that NMCSD is meeting the high standards established by the leaders in laboratory medicine. Moreover, the degree to which the laboratory succeeded in the inspection process shows that we are exceeding those standards,” said Capt. Scott Luzi, laboratory department head.

The Pathology program earned the maximum two year reaccreditation. This means that for the next two years, NMCSD is fully accredited to train and graduate pathology doctors. NMCSD trains approximately four pathology doctors a year as well as one community college intern, six phlebotomy students per month and approximately 10 medical lab technicians per class, according to Eileen S. Licuanan, Pathology lab quality assurance officer.

Proper training is critical to the lab’s success. With more than 200 staff comprised of active duty service members and civilians, Pathology is continually running self tests to ensure all standard operating procedures are followed step by step the same way every time. The Food and Drug Administration inspectors can visit unannounced at any time and conduct an inspection, which adds additional incentive for readiness and providing the highest possible standards of care.

Both staff and patients will benefit from the accreditation.

“Our providers and patients can be confident that the laboratory is producing quality results to assist them in guiding their health care decisions,” said Luzi.

In addition to this achievement, the laboratory delivers quality laboratory services on a daily basis in support of the armed forces, including laboratory testing, phlebotomy services, and point of care testing for 330 sites within the hospital and donor center collecting approximately 10,000 blood products annually.

The NMCSD Pathology program is also accredited by the American Association of Blood Banks and required to submit a check-up report halfway through the accreditation period.
SAN DIEGO--Rear Adm. Elizabeth Niemyer visited Space and Naval Warfare Systems Center Pacific (SSC Pacific) on Dec. 6, to learn about programs that support Wounded Warriors (WWs) and service members suffering from post-traumatic stress disorder (PTSD) and/or traumatic brain injury (TBI). Niemyer is currently assigned as the deputy chief for Wounded, Ill, and Injured at the Bureau of Medicine and Surgery and also serves as director of the Navy Nurse Corps.

Commanding Officer Capt. Joe Beel provided an overview of the Center and its mission to the Admiral, highlighting the Center’s key strategic location as a warfare center situated near Navy and Marine bases, with locations throughout the Asia Pacific realm. Additionally, he highlighted several projects, many of them belonging to the Research and Applied Sciences group, led by Steve Russell, who also attended the meeting.

Lt. Cmdr. Justin Campbell, a research psychologist and member of the Research and Applied Sciences group, briefed Niemyer on his efforts to apply the Space and Naval Warfare Systems Command’s (SPAWAR’s) mission of command, control, communications, computers, intelligence, surveillance, and reconnaissance (C4ISR), to the improve the medical surveillance of PTSD and TBI.

Campbell’s research focused on establishing the link between in-theater behavioral health surveillance data and post-deployment health assessments to provide the means to focus psychological health outreach efforts on specific missions and units with the highest risk of adverse psychological health outcomes. In particular, Campbell focused on a unit of Navy Individual Augmentees (IA) that served in detainee operations. Campbell’s research was the first to validate that anonymous in-theater risk assessments could be used to identify IA units with documented elevated risk for PTSD based on post-deployment health assessments.

Through his research, Campbell noted that unlike other Navy missions, it was problematic to conduct mission-wide surveillance for IA groups because IA units serving in Iraq and Afghanistan did not have unit identification codes that have traditionally provided the means for psychological health surveillance.

Based on the findings of this study, Campbell recommended the Navy develop a way to support post-deployment reunions for at-risk IA units to facilitate the healing power of unit cohesion and foster the special bonds that develop between service members who have endured arduous deployments. These reunions would allow personnel to share, discuss, and work through feelings and experiences.

By Ashley Nekoui, Space and Naval Warfare Systems Command

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Marines, corpsman awarded nation’s combat valor awards

Maj. Gen. Melvin G. Spiese, deputy commanding general of I Marine Expeditionary Force, shakes hands with the Marines and corpsman who were awarded by Secretary of the Navy Ray Mabus during a ceremony aboard Marine Corps Base Camp Pendleton, Calif., Dec. 3. Mabus presented a Navy Cross to Sgt. William B. Soutra, Jr., and Silver Stars to Maj. James Rose, Staff Sgt. Frankie Shinost, Jr., and Petty Officer First Class Patrick Quill. The Marines and corpsman were awarded for conspicuous gallantry and intrepidity against the enemy while engaged in combat missions in Helmand province, Afghanistan, nearly two years ago.
Lovell FHCC Navy dental team sees first patient

By Jayna Legg, Lovell FHCC Public Affairs

NORTH CHICAGO, Ill. - U.S. Navy Yeoman 2nd Class Philip Barrantes couldn’t have predicted it, but when he went to the dentist at the Captain James A. Lovell Federal Health Care Center on a recent Monday morning, he made history.

Barrantes, who is an Active Duty Navy employee of the Lovell FHCC, was in pain and needed a filling checked. His appointment bright and early Nov. 19 ended up being the very first one booked by the new Active Duty Navy dental team on the facility’s main campus in North Chicago.

Instead of having to leave his workplace and drive to a Lovell FHCC clinic “off campus,” which in the past usually meant losing a convenient parking spot and waiting in a long line, Barrantes took a short walk to the dental clinic and got right in to see Dr. Scott Hocker. Hocker is also known as Lieutenant Hocker, and is the first Active Duty Navy dentist to work in the clinic on the main campus.

“It’s a lot easier to walk up a few steps in the hospital, rather than having to go elsewhere,” Barrantes said. “This way I can get right back to work.”

Hocker and his staff – all Active Duty Navy personnel – started getting the new treatment rooms and supplies ready the week prior and were more than happy to see their first patient. But the planning for the new service has taken longer. The wheels were set in motion after the October 2010 integration of Department of Defense and Department of Veterans Affairs medical facilities in Great Lakes and North Chicago, Illinois, into one federal health care system serving Veterans, Active Duty military and military families.

“It’s an honor to be a part of something new and to help further integrate the FHCC,” said Hocker. “We’ve got a great team here, and we are excited to serve the Active Duty and Veterans here.”

The new team is dedicated to first providing care to approximately 400 Active Duty employees of Lovell FHCC but will be available to see Veteran patients as well, said Hocker.

Hospital Corpsman 2nd Class Amber Berkhous, an Active Duty Navy dental hygienist, said the move is all about “opening access to care for Active Duty employees so they don’t have to travel.” Hocker and Berkhous are joined by Hospital Corpsman 2nd Class Marcus Snearley, a dental technician and the Lead Petty Officer for the team, and Hospitalman Martin Redding, also a dental technician. At the front desk is Hospitalman Quaashie Henly, recently named Sailor of the Month for Lovell FHCC’s Fisher Clinic, where she previously worked.

“Our team has plenty of experience,” said Hocker. “They are hard-working and great to be around.”

PACIFIC

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that they shared and, just as importantly, demonstrate the Navy’s appreciation for the many sacrifices that these IA Sailors made to serve their country in a combat zone.

“Unit cohesion is the strongest determining factor when determining how personnel will handle stress,” said Campbell.

Both the Navy and Marine Corps have higher cases of personnel reporting risk for PTSD than the national civilian average, states Campbell. In particular, Campbell emphasized the need to reach out to the entire unit as a preventative method versus identifying single individuals.

Campbell is currently looking into ways for SSC Pacific to help fuse the various databases that are used to evaluate the mental health burden of combat deployments in Sailors and Marines in order to better facilitate allocation of valuable and expensive mental health services.

Cmdr. George Byrd, SPAWAR’s regional WW coordinator, and Dan Slack, SSC Pacific’s competency lead for Test, Evaluation, and Certification, briefed Niemyer on SPAWAR’s goals to support WWs.

Byrd highlighted SPAWAR Commander Rear Adm. Pat Brady’s goal of ensuring that seven percent of all new hires be WWs and that the Command conduct one WW networking event a year.

The command has also implemented a shadowing program that allows WWs with an interest in science, technology, education, and maths to trail an employee so they have a better understanding of what a job in the civil service sector entails – this is important as many WWs are young and unfamiliar with employment outside of the military.

“We see and hear the command’s motto ‘Our people are our greatest strength.’ We need to ensure that we support that motto,” says Slack.

In addition to a shadow program, the Center has also provided internships to WWs in its robotics and marine mammal groups.

With several programs and goals for WWs, Niemyer stated that “SSC Pacific is really the gold standard.”

Niemyer was impressed with the Center’s work and is looking forward to future collaborations.
From Navy Medicine Operational Training Center Public Affairs

PENSACOLA, Fla. - Medical professionals from Navy Medicine's recognized global leader in operational medical and aviation survival training instructed a class aboard Naval Air Station Pensacola, Fla., Dec. 10 designed to augment life-saving capabilities.

The Navy Medicine Operational Training Center's (NMOTC) Staff Education and Training (SEAT) Department facilitated the American Heart Association (AHA) accredited Advanced Cardiovascular Life Support (ACLS) course, ensuring more than 20 NMOTC-area medical professionals remained certified.

NMOTC SEAT Leading Petty Officer Hospital Corpsman 1st Class (SW/FMF) Jeffrey Casady said the course - a standardized AHA offering providing continuing education for physicians, nurses, pharmacists and emergency medical services (EMS) practitioners - serves to build on the already significant reputation U.S. Navy medical professionals embody.

“This course is a recommendation for anyone deploying,” he said. “But it's important for everyone. Even though the majority of the students in this class are in administrative or student roles at NMOTC right now, maintaining readiness is key, and something NMOTC takes quite serious.”

Casady said the course, an evolution that encompasses a Basic Life Saving (BLS) skills station as well as blocks of instruction on respiratory arrest, pulseless arrest, strokes, algorithms and brady-cardia/tachycardia situations, serves as a refresher for these students.

“Knowing how to save someone's life is important,” he said. “This course is something Navy Medicine has championed as a requirement every health care provider needs to complete in an effort to do what Navy Medicine does best - save lives.”

NMOTC ACLS students watched an informational video, received instruction from Naval Aerospace Medical Institute (NAMI) staff, took a written exam and demonstrated practical skills during the course, which was administered under the auspices of the Military Training Network, an entity that develops and implements policy guidance and ensures compliance with curriculum and administrative standards for resuscitative and trauma medicine training programs for uniformed service members and Department of Defense affiliates worldwide.

NAMI is a component of NMOTC, which reports to NMETC, the sole point of accountability for Navy Medicine education and training.

Naval Aerospace Medical Institute flight surgeon Lt. Cmdr. Charles Johnson, center, provides student flight surgeons Lt. Jennifer Hunt, left, and Lt. John Jackson feedback during an Advanced Cardiovascular Life Support block of instruction at NAMI in Pensacola, Fla. The ACLS is an American Heart Association-credentialed course which Navy Medicine deployers are required to take.

Lt. Mario Bencivenga, an occupational therapist at Naval Hospital Jacksonville, applies a counterforce brace to the forearm of Lt. Cmdr. Angela Powell during a check-up, Dec. 11. The hospital’s state-of-the-art facility is poised to become a vital regional warrior care center. Equipment includes an aquatic treadmill for patients to build strength and fully equipped living quarters for patients to regain the skills of daily living.
NORFOLK, Va. - The Navy Environmental Preventive Medicine Unit (NEPMU) 2 and the Navy and Marine Corps Public Health Center (NMCPHC) joined forces to conduct an Occupational and Environmental Health Site Assessment (OEHSA) at Camp Lemonnier, Djibouti, Africa, Nov. 8-20.

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The purpose of the OEHSA was to identify environmental conditions at Camp Lemonnier that could affect the health of military personnel who deploy there and provide recommendations to the commanding officer about methods to reduce any health risks.

According to Steve Sorgen, an environmental health scientist and the team's leader from NMCPHC, the OEHSA is an all-hazards assessment to help ensure and sustain readiness.

“Each complete or potentially complete exposure pathway is further evaluated by environmental sampling to determine what, if any, health risk exists,” said Ned Berg, NMCPHC industrial hygienist and team member.

Disease vectors and workplace exposures are also included in the assessment.

“The most important part of the OEHSA was identifying and assessing any environmental and/or occupational stressors that could affect the health of deployed personnel,” said Lt. j.g. Victor Camaya, NEPMU-2. “Area noise dosimetry was one of the parameters I assessed while there. It is important to identify areas where personnel should be wearing hearing protection.”

Overall, the partnership led to an affective, thorough assessment.

“It was great to go with teammates like Steve Sorgen and Ned Berg,’ said Lt. j.g. Nii Adjei Oninku, member of NEPMU-2. “It was nice to have many people with different viewpoints, and to learn how to ask questions without being intrusive.”

The group was able to analyze all potential environmental and occupational hazards in under two weeks.

NEPMU-2 and NMCPHC are part of the Navy Medicine team, a global health care network of Navy medical personnel around the world who provide high-quality health care to more than one million eligible beneficiaries. Navy Medicine personnel deploy with Sailors and Marines worldwide, providing critical mission support aboard ship, in the air, under the sea and on the battlefield.

Baby makes debut at 12:12 p.m., on 12-12-12 at Portsmouth

By Rebecca A. Perron, Naval Medical Center Portsmouth Public Affairs

PORTSMOUTH, Va. - Five-pound, 10-ounce Kennedy Kathleen Robbins made her entrance to the world on Dec. 12, 2012, which alone is significant, but she was also born at 12:12 p.m. at Naval Medical Center Portsmouth (NMCP).

While the rest of the world will have a fleeting memory of what they did that day, little Kennedy will have a permanent reminder – and a great conversation starter.

Proud parents, Kristen and retired Master Chief Aviation Ordnanceman Daniel Robbins, were surprised by the timing, especially since the baby was not due until Dec. 19.

“I had my 38-week check last week,” Kristen said. “But the doctor decided she was a little small. So I got a call to come in on Dec. 11 for a growth scan even though I had a 39-week appointment on the 12th.”

The staff never got around to the growth scan because the baby’s heart rate was low.

“They decided to induce me the afternoon of the 11th because her heart rate was low, and since we were so close to 40 weeks, they said everything should be ok,” Kristen said. “I was in labor for almost a full day before she was born.”

As Kristen’s contractions got stronger around 11:45 a.m., Daniel said he started joking with the Labor and Delivery staff about the possibility of a 12:12 p.m. birth. As Kristen began to push, Daniel kept one eye on her and one on the clock.

“At 12:05 she was pushing, and I knew it would be close,” Daniel said. “At 12:12, Kennedy popped out.”

“I wasn’t really aware of the time as it was happening,” Kristen said. “I was just, oh my God, it’s over. Then when doctor called it – 12:12 and 26 seconds – I realized the time and thought ‘no way.’”

Other family members were also in disbelief, including big brothers Shawn, 16, and Julian, 10.

“Everyone thought we were lying – no one believed it,” Kristen said. “When it sunk in, then they said it was a miracle, a sign. Regardless, she’s a blessing.”

“Just the date alone is once in a century, but to have the time, too, is amazing,” Daniel added.

There’s still another 12 to look forward to when Kennedy reaches her twelfth birthday.
NAMRU-3 supports medical research capacity building in Liberia

From Naval Medical Research Unit No. 3 Public Affairs

CAIRO - U.S. Naval Medical Research Unit No. 3 (NAMRU-3) is playing an important role in medical research capacity building in Liberia, which is recovering from a brutal 14-year civil war that devastated the country’s infrastructure.

Since 2010, Navy biomedical researchers have been collaborating with the Liberian Institute of Biomedical Research (LIBR) on two research projects funded by the Armed Forces Health Surveillance Center/Global Emerging Infections System (AFHSC-GEIS). These projects focus on disease vector surveillance, detection of vector-borne viral pathogens such as malaria, and vector control. The projects are enabling the country to independently expand vector-borne disease surveillance and detection capabilities in Liberia to benefit the Liberian Armed Forces as well as the entire population of Liberia.

“Our projects in Liberia directly support our warfighters,” said Capt. Buhari Oyofo, NAMRU-3 commanding officer. “We also need to leave the knowledge and tools behind so they can continue to support themselves once we’re done.”

The NAMRU-3 team visited Monrovia, Liberia in November to meet with key collaborators, including Dr. Walter Gwenigale, the Minister of Health and Social Welfare; Dr. Fatompa Bolay, the Director of LIBR; and U.S. Marine Col. Vernon Graham, the officer in charge of Operation Onward Liberty (OOL).

The Minister of Health and Social Welfare gave high praise for NAMRU-3’s capacity building engagements in Liberia. He expressed specific thanks for the collaboration at LIBR, where he also serves as the chairman of the Board of Governors, and he expressed the hope that the current collaboration with NAMRU-3 will open doors for future projects for the benefit of Liberia and attract other potential collaborators to LIBR.

In a separate meeting, the Director of LIBR said, “The collaboration with NAMRU-3 is helping to restore many of the capabilities that LIBR had before the war.”

During a meeting with Graham, he expressed particular interest in the project combining insecticide spraying for all base housing with surveillance and geospatial mapping to determine the distribution of malaria-transmitting mosquitoes. No malaria infections have been diagnosed in U.S troops since the onset of the spraying, which is carried out by NAMRU-3 in collaboration with the Navy Entomology Center of Excellence (NECE). This illustrates the risk reduction made possible with a force health protection policy employing both environmental vector controls and anti-malarial prophylaxis.

With the assistance of OOL, NAMRU-3 has pursued military-to-military engagements with the Armed Forces of Liberia (AFL) through vector control training efforts in collaboration with LIBR.

On a tour of Camp Edward Binyah, Oyofo met with Pfc. Nadoris Nador and Pfc. Henry Morris, two AFL Preventive Medicine Technicians. They told Oyofo how they had benefited from the training offered through NAMRU-3 AFHSC-GEIS projects.

Nador expressed her appreciation for the training in vector surveillance, vector biology/identification and vector control, saying, “The knowledge and the equipment provided by NAMRU-3 has very much improved our ability to protect our soldiers and their families from disease.”

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substance enters the human body after a year of smoking.

“We are promoting quitting tobacco,” said Dainwood. “There are many alternatives to smoking tobacco, but it’s healthier to just quit.”

Both officers and enlisted personnel attended the event, which included a booth about health services available for Sailors leaving and returning from a deployment.

“I’m happy that the deployed services booth is here due to the unique service that they provide to people that have deployed”, said Lt. Cmdr. Roy Hoffman, Makin Island’s command chaplain. “There is great value in what deployment health does because they concentrate on what the service member needs when they get back from deployment.”

Hoffman, who attended the event as a participant in addition to his role as a chaplain, said he signed up for the Senior Health Assessment Enterprise (SHAPE) program and hopes to begin following their diet and workout plan to improve his overall health.

The booth sponsored by the local commissary was a favorite for many Sailors because it not only provided information about the benefits of shopping at the commissary but also provided healthy fruit snacks including bananas, apples and oranges.

“My favorite booth was the commissary booth”, said Aviation Ordnanceman Airmen Travis Clark, assigned to Essex. “I was able to grab a healthy snack which helps with my new diet.”

Clark said he also found out some important information regarding his personal health while at the fair.

“I got my blood pressure checked and found I have high blood pressure”, said Clark. “With this new information, I will now monitor what I eat, exercise more, and visit medical more often to make sure I’m maintaining a healthy blood pressure.”
Happy Holidays from the Navy Surgeon General

By Vice Adm. Matthew L. Nathan, U.S. Navy Surgeon General

As the year comes to a close and we approach the New Year, we have much to be thankful for and many milestones of this past year on which to reflect. First, I would like to personally thank each of you, the Navy and Marine Corps Medicine family and your loved ones, for the great work you do on a daily basis. It is with your continued service and dedication that we are able to accomplish our mission of providing world-class care, anytime, anywhere – from the deck plate to the battlefield. Let me also acknowledge those of our Navy Medicine family who are currently deployed, serving in harm’s way protecting our freedoms here at home. We are forever grateful for your sacrifice and look forward to your homecoming.

This past year, you have heard me talk about the importance of “Ship, Shipmate, and Self.” During the holiday season, it is important to remember these guiding principles. Thank you for taking care of the ship and getting the mission done this year. It is evident in the hard work you do that the state of Navy Medicine is stronger than ever. I am impressed with the advances Navy Medicine made this year in the realms of medical informatics, technology, telemedicine, prosthetics, and research and development. It is because of the hard work you do that these achievements have been possible.

Let’s make sure this holiday season that we take care of our shipmates. Many of our Navy Medicine family, their loved ones and friends may not have a place to go this holiday season and let’s not forget that some of our Navy Medicine family is also forward deployed. Take time to reach out to our shipmates and their families to ensure that no shipmate is left behind. We need every member of our Navy Medicine team in order to succeed.

It is also essential to take care of yourselves during this holiday. We all have a tendency to work hard and burn the midnight oil. However, you cannot care for others if you are not properly caring for yourself. Make sure to get plenty of rest and find time to reflect on your own needs and the needs your family. Self-reflection and awareness is also an important part of leadership and success. The holidays are also a time of reflection. This past year, Navy Medicine has become more streamlined than ever in its approach to provide patient and family centered care, while aiming for our goals of readiness, value, and jointness. In 2012, we have seen the down shift in operations in Afghanistan; a significant reorganization within the Navy Medicine enterprise including the establishment of a Navy Medicine global health engagement office, the Navy Medicine Education and Training Command, and a research and development code (M2) within BUMED; the rollout of our strategic map and charted course; and a fond farewell to standard issue glasses, also known as “Birth Control Glasses” or BCGs, among many others achievements.

As we look to the New Year, I am confident we will keep the state of Navy Medicine strong and agile. Thank you for your continued hard work, dedication and collaboration. As always, I am proud and honored to serve as your Surgeon General.

I wish you all a happy and safe holiday season!


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