



Navy and Marine Corps Medical News



A Public Affairs Publication of the U.S. Navy Bureau of Medicine and Surgery

February 2012

MEDNEWS Items of Interest

February is women's heart health month. To learn more about heart attack signs and risk factors, watch the video: <http://www.nhlbi.nih.gov/educational/hearttruth/video/tht-video-risk-factors.htm>.

March 3 marks the Navy Medical Corps 141st birthday.

Watch Vice Adm. Nathan's leadership video on Navy Medicine's YouTube page: http://youtu.be/Fmy_1OER0EA.

Navy Weeks 2012 - Navy Medicine will be participating in the following 2012 Navy Weeks: New Orleans (April 16-23), Nashville (May 7-13), Baltimore (June 13-19), Boston (June 29-July 6), Chicago (Aug. 13-20) and Buffalo (Sept. 10-17)

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Did You Know?

Navy Drug Screening Laboratory, Jacksonville, celebrating its 28th year as a command in July 2012, is the Navy and Marine Corps' largest drug testing laboratory, processing more than 1 million specimens in fiscal years 2008 and 2009, and nearly one million specimens in fiscal years 2010 and 2011.

Navy surgeon general highlights warfighter support role

From Navy Bureau of Medicine and Surgery Public Affairs

NATIONAL HARBOR, Md. - The top medical officer for the U.S. Navy and Marine Corps highlighted the key role his medical forces play in support of the operating forces to a capacity crowd at the 2012 Military Health System Conference held at the Gaylord National Resort and Convention Center Feb. 1.

Navy Surgeon General, Vice Adm. Matthew Nathan, told an audience of more than 1,000 U.S. military and federal health care professionals that the main mission of Navy Medicine is to keep the nation's naval forces medically ready to operate around the world in support of U.S. national objectives.

"Our job in Navy Medicine is to support the forward deployed force and

provide readiness," said Nathan. "When the world dials 911, it's not to make an appointment."

Nathan highlighted the Navy's global mission of being forward deployed to provide a power projection and deterrence role while also being ready to respond to humanitarian assistance and disaster response requirements.

"We are a global force for good," said Nathan. "We build our Navy for war. But we operate our Navy for peace."

The annual conference allows all the stakeholders in the U.S. military health system, including the representatives from all branches of service, TRICARE Management Activity, and the U.S. Department of Veterans Affairs to come together and share lessons learned and

See WARFIGHTER, Page 3



Photo by Johnny Bivera/Released

Vice Adm. Matthew Nathan, U.S. Navy surgeon general, speaks during the second day of plenary sessions during the 2012 Military Health System Conference held at the Gaylord National Hotel and Convention Center in National Harbor, Md., Feb. 1, 2012. The MHS aims to ensure the medical readiness of U.S. service members, and to provide a ready medical force.

Leadership guidance for Navy Medicine

As I enter my third month as your Surgeon General, I continue to be humbled by the high degree of talent and professionalism I see from our team. We have the finest, most committed and professional medical department in the world serving at home, at sea, and at war. Your status with the American people and among those in the Navy and Marine Corps has never been higher. They recognize that you have met the mission and answered the bell. They recognize that you are part of a group of people that stand up when called and step forward when needed, and I am so honored to be your shipmate.

You perform from the sea, to the land to the toughest environments. You perform well across the spectrum of military missions – from kinetic warfare all the way to humanitarian assistance and disaster relief missions. Over a decade of war with all the various challenges and opportunities we have in Navy Medicine, I recognize that this effort has ranged from the difficult to the arduous for many and even grueling for some. We've been in the fight since September 2001, and many of our number have paid the ultimate sacrifice. Our people have experienced intense and sometimes horrific episodes during the past decade of combat operations. Let's keep an eye out for each other - supporting each other and watching that we remain vigilant to anyone faltering or straying from our world class professionalism.

I believe it is important to share my command philosophy with you all that includes the three following fundamental principles:

- Ship: The ship is our mission. It could involve the Marine Corps itself, the ships upon which we sail, the environment in which we work and the patients who seek our care and depend on us. We must maintain that mission, and we must perform it without fail.
- Shipmate: We must take care of each other. We've got to watch out for one another and maintain our professionalism. After a decade of war and its accompanying stresses, we need to exert intrusive leadership and step in to keep them on the right path. If a shipmate starts to lose his or her bearings and moves down a path that conflicts with our core values of honor, courage or commitment, we need to get in between them and trouble.
- Self: Ensure you take care of yourself. Never be afraid to raise your hand and say I need help. Never be afraid to share your thoughts or concerns about insecurities or inability to perform a mission with your chain of command or someone you feel comfortable with. Raising your hand and asking for help does not mean that you have failed. It just means you acknowledge that you are not in this alone. We are all in this together.



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

Our ethos and our ethics are the pride of the world. Navy Medicine is deeply committed to the highest quality of care, and we will take every step possible to ensure we consistently meet those high standards.

As we continue to work in the most challenging environments, I expect you all to be looking out for one another and my leaders to look out for those serving under them. We need to ensure we take care of those whose lives we are charged with, we need to take care of each other and we need to take care of ourselves.

Thank you for suiting up every day. I am so proud to be part of your team, and it is my honor to serve with you. I look forward to seeing you around the Fleet.



Photo by Mass Communication Specialist 2nd Class Michael B. Lavender

Commander, Navy Recruiting Command, Rear Adm. Early Gay greets Navy Surgeon General, Vice Adm. Matthew L. Nathan before a brief visit to NRC, Feb. 9. Nathan visited NRC to show first-hand his support for NRC's medical officer programs recruiting mission.



Navy and Marine Corps Medical News



Navy Bureau of Medicine and Surgery

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Navy Med facilities gain level 3 Medical Home Port recognition

By Valerie A. Kremer, U.S. Navy Bureau of Medicine and Surgery Public Affairs

WASHINGTON - Navy Medicine announced Feb. 7 that 15 Navy medical facilities have achieved Level 3 Patient Centered Medical Home status as designated by the National Committee for Quality Assurance in the last two months.

Naval Health Clinic Quantico, Va., was the first across the entire Department of Defense to be recognized as a Level 3 medical home facility back in December 2011.

"Achieving Patient Centered Medical Home recognition from NCQA signifies that the practice provides a systematic use of the patient-centered, coordinated care management process," said Capt. Maureen Padden, director of the Navy's Medical Home Port Program Management Office at the Navy Bureau of Medicine and Surgery. "Beneficiaries who receive care at our recognized practices will receive comprehensive, well-coordinated care with reduced wait times to see their provider or team."

NCQA Level 3 recognition includes nine standard categories as well as 10 "must pass elements." Such categories include access and communication; patient tracking and registry functions; care management; performance reporting and improvement; and advanced electronic communication to name a few.

NCQA awards levels of recognition from the scores that practices achieve with Level 3 being the highest. To achieve Level 1 recognition, practices must successfully comply with at least 5 of the elements. Achieving Level 2 or 3 depends on overall scoring and compliance with all 10 "must pass elements."

"We are proud that our clinic was the first facility out of the entire Department of Defense to achieve Level 3 Patient Centered Medical Home recognition," said Capt. Mary Elizabeth Neill, commanding officer, Naval Health Clinic Quantico, Va. "Our providers and care teams continue to demonstrate world-class care to their patients, which has led to increased patient satisfaction."

There are an additional 38 sites that will seek Level 3 Patient Centered Medical Home recognition in 2012, according to Padden. These sites include: Family Practice Clinic in Rota, Spain;



Courtesy photo

Naval Health Clinic Quantico, Va., was the first across the entire Department of Defense to be recognized as a Level 3 Medical Home facility back in December 2011.

Family Medicine Clinic at Camp Lejeune, N.C.; Family Practice Clinic at Camp Pendleton, Calif.; and Family Practice Clinic in Oak Harbor, Wash.

"To apply for the designation, facilities complete a self survey indicating the level they feel they can achieve to their area of responsibility regional lead," said Padden. "The facility name is then sent to the BUMED Medical Home Port office who determines if they are ready to seek recognition based on the self assessment and observations during site visits by the BUMED team."

The NCQA is a private, 501(c)(3) not-for-profit organization dedicated to improving health care quality. Since its founding in 1900, NCQA has been a central figure in driving improvement throughout the health care system, helping to elevate the issue of health care quality to the top of the national agenda.

WARFIGHTER

From page 1

decade of combat operations.

"Our main mission is support to the warfighter and we're in the fight," said Nathan. "More than 50 percent of Navy [personnel] wounded over the past decade of war have been Navy Medicine. Our losses are 28 percent."

According to Nathan, the continuum of care for combat wounded is unprecedented with a survivability rate of approximately 97 percent. He told the crowd that now the average time from when a patient receives near-mortal wounds on the battlefield until they end up at an intensive care unit at Walter Reed Bethesda, Brooke Army Medical Center, or Naval Medical Center San Diego is three to five

days. He noted this is due to the cooperation of the Navy, Air Force and Army medical teams along the way.

Nathan reminded the crowd that wounded warrior care is a long-term mission that will require continued collaboration among the services and other federal healthcare agencies.

"This is going to be a military, Veteran's Affairs and private sector call to duty of America to deal with the numbers of service men and women who are dealing with traumatic brain injury and post-traumatic stress," said Nathan.

Nathan concluded his remarks by highlighting the unprecedented achievements the joint medical team has accomplished together and affirmed his commitment to working with his service counterparts to look for greater efficien-

cies and better ways to conduct the business of healthcare for the U.S. military, families and veterans.

"I've seen the synergy of what happens when the Army, Navy, and Air Force come together during medical operations," said Nathan. "We celebrate our victories together and mourn our losses together. We are family."

As the Navy Surgeon General and Chief, Bureau of Medicine and Surgery, Nathan leads 63,000 Navy Medicine personnel that provide healthcare support to the U.S. Navy, Marine Corps, their families and veterans in high operational tempo environments, at expeditionary medical facilities, medical treatment facilities, hospitals, clinics, hospital ships and research units around the world.

NAVY DRUG TESTING PROGRAM EXPANDS

From U.S. Navy Bureau of Medicine and Surgery Public Affairs

PORTSMOUTH, Va. - Navy and Marine Corps Public Health Center announced Feb. 23 that Navy Drug Screening Laboratories will begin testing for additional prescription medications in May.

"The change is in response to an initiative from the chairman of the Joint Chiefs of Staff in November 2010, which recommended expansion of drug testing to include the most common prescription drugs of abuse," said Cheri Baird, deputy Navy drug testing program manager, NMCPHC.

The three NDSLs, located in Great Lakes, Jacksonville, and San Diego, are scheduled to begin testing for additional prescription medications May 1 according to a Jan. 31 Department of Defense message.

"We have a projected implementation date [May 1] for the expansion of our drug testing panel at all DOD drug testing laboratories to include hydrocodone and hydromorphone [both semi-synthetic opioids]. Testing for prescription medications is not new for our program. We currently test for codeine, morphine, oxycodone, oxymorphone, and amphetamines. We will now add two more compounds to our panel," said Baird.

The NMCPHC provides leadership and expertise to ensure mission readiness through disease prevention and health promotion. NMCPHC maintains oversight of the three Navy Drug Screening Laboratories in the United States.

While these semi-synthetic opioids - along with codeine, morphine, oxycodone, and oxymorphone - are often prescribed to relieve pain following an injury, they are potentially highly addictive and their use outside medical supervision can place a service member -- and their ship, squadron or unit -- at risk, according to the message.

Inappropriate prescription drug use occurs when a particular substance is used outside its intended purpose, beyond the prescription time period, in excess of the prescribed dosing regimen or when a service member uses another individual's prescribed medications.

"There were a lot of hurdles to jump in preparation - including method development, method validation, and

funding. One of the final hurdles was the 90-day notification to the Forces, which occurred Jan. 31," said Baird.

The May 1 date, set to begin testing for the two additional substances, was designed to provide service members abusing prescription drugs a period to voluntarily seek medical treatment and rehabilitation for themselves on a self-referral basis, prior to the commencement of testing for these controlled substances. Department of Defense and Navy policies indicate that individuals who do not self-refer for treatment and are later identified as positive for controlled substances for which they do not have a valid prescription may be considered in violation of the Uniform Code of Military Justice for drug misuse or abuse.

NDSL Jacksonville Executive Officer Lt. Cmdr. Matt Jamerson said that the testing procedures represent yet another method the DOD is taking to ensure the health, welfare and unit cohesiveness required to ensure Sailors and other service members are maintaining the highest state of readiness.

"Vicodin, a combination of hydrocodone and acetaminophen (Tylenol), was the most prescribed medication in the United States in 2010; 131.2 million of the nearly 4 billion U.S. prescriptions in 2010 were for Vicodin," said Jamerson. "There is a perception that prescription medications are safe because they are used by physicians to treat injuries and illnesses. This is not the case when a service member uses prescription medications outside of the time period or amount directed by their physician or when they use medications that have been prescribed to another person. In doing so, they put their health and the safety of their team, equipment and mission at risk."

Navy Drug Screening Laboratory, Jacksonville, celebrating its 28th year as a command in July 2012, is the Navy and Marine Corps' largest drug testing laboratory, processing more than 1 million specimens in fiscal years 2008 and 2009, and nearly one million specimens in fiscal years 2010 and 2011.

NDSL Jacksonville is a subordinate command of NMCPHC, which manages the Navy Drug Testing Program. Both NMCPHC and NDSL Jacksonville operate under the auspices of Navy

Medicine Support Command, which provides a single point of accountability for all Navy Medicine education, training, public health and human resource management for Sailors and Marines as well as providing innovative and responsive leaders in health support services.



Lean Six Sigma Black Belt training in San Diego

Lean Six Sigma (LSS) Black Belt training is being offered for a limited number of military and civilian employees March 5-23 at NEPMU-FIVE (Fleet Support) at the 32nd Street Naval Base in San Diego. TAD costs are the only expense to the command, and Black Belt students must attend all three weeks of the training session, which occur consecutively. To sign up or learn more about Navy Medicine's Lean Six Sigma Black Belt training, contact your Regional Black Belt, or you can contact Capt. Kathy Summers at 904-542-7200, ext. 8255, kathryn.summers@med.navy.mil or Ms. Melinda Canady at 904-542-7200, ext. 8285, melinda.canady@med.navy.mil.

Navy surgeon general calls for health care IT collaboration

From U.S. Navy Bureau of Medicine and Surgery Public Affairs

LAS VEGAS - The top medical officer for the U.S. Navy and Marine Corps called for enhanced health care information management collaboration among the services and other federal health care agencies at the annual Tri-Service Medical Information Management Symposium (TMIMS), Feb. 17.

Speaking to an audience of more than 1,000 military and civilian health care professionals, Vice Adm. Matthew L. Nathan, the 37th Surgeon General of the Navy, stated he believes that by effectively coalescing medical information technology resources, the military will enhance health care access, wellness and continuity of care for service members, their families and veterans.

“We will not make true headway on the cost or access to healthcare without leveraging information management and information technology (IM/IT) at all levels of care,” said Nathan. “We must find common solutions to improve efficiencies and provide quality outcomes.”

Nathan said that the military has already seen payoffs in the enhanced IM/IT innovations during a decade of war and that the unprecedented survivability rate on the battlefield today can be attributed to the work of the military healthcare IM/IT teams.

“During the wounded warrior care mission, we’ve used state of the art communication technology to improve patient care from theater-level medical facilities near the battlefield, to tertiary medical centers in the United States,” said Nathan. “Military medical advancements coupled with heroic work during ten years of war have led to a 97 percent survival rate for coalition casualties, the lowest mortality rate amongst trauma victims coming out of any war in history.”

Nathan stated that medical technologies were at the forefront of the military’s ability to move a patient from point of injury on the battlefield to a military or veterans hospital in the United States in three to five days, as compared to the 45-60 days it once took during the



Photo by Kelly Gann

U.S. Navy Surgeon General, Vice Adm. Matthew L. Nathan, speaks to an audience of more than 1,000 military and civilian health care professionals at the Tri-service Medical Information Management Symposium, Feb. 17. TMIMS precedes the Healthcare Information and Management Systems Society Conference and Exhibition and is focused on both Navy and joint IM/IT throughout the Military Health System.

Vietnam War.

“The complex monitoring systems that travel with the patient on U.S. Air Force C-17 MEDEVAC (medical evacuation) missions from Afghanistan to Landstuhl, Germany are a key element of our success in saving the lives of our warriors today,” said Nathan. “You should be proud of the innovations you’ve helped design as they have made a difference. You’ve changed lives and made them better.”

According to Verlin Hardin, chief information officer for the U.S. Navy Bureau of Medicine and Surgery, the Navy is working with its sister services on exploring ways to modernize the military’s healthcare network by improving bandwidth and other updates that will provide for a better system to support the warfighter and their family, on and off the battlefield.

“The theme of this year’s conference of linking people, potential and progress encapsulates the proactive attitude prevalent in the IM/IT community,” said Hardin.

“They are driven to enhance to the fullest current capability and quickly develop new technologies to become an enabler for military medicine from the foxhole to the recovery room.”

As the former commander of the Walter Reed National Military Medical Center in Bethesda, Md., Nathan said he has seen the synergy that comes from joint collaboration. He said the services must now work together to translate the lessons learned on the battlefield to the military healthcare system in the United States as the military begins to reset after a decade of war.

“IM/IT innovation will be a pillar on our way forward,” said Nathan. “You all will be involved in helping decide whether the military healthcare system is sustainable in the years to come. We’ve come lightyears since the early days of military medicine, but we’ll need new innovations and joint solutions to take us to where we need to be.”



View more Navy Medicine photos online at:
www.flickr.com/photos/navymedicine/



USS New Orleans Sailors, Marines receive alternative medicine

By Mass Communication Specialist
2nd Class Dominique Pineiro, Amphibious Squadron 5 Public Affairs

USS NEW ORLEANS, At Sea - Sailors and Marines deployed aboard amphibious transport dock ship USS New Orleans (LPD 18) were able to take advantage of a unique pain relief opportunity, Feb. 16.

Cmdr. Yevsey Goldberg, assigned to the Combat Logistics Battalion (CLB) of the 11th Marine Expeditionary Unit (MEU) and embarked aboard amphibious dock landing ship USS Pearl Harbor (LSD 52), came aboard New Orleans for a day to volunteer his unique services to the crew.

Goldberg not only serves as the CLB's internal medicine specialist but is also a trained acupuncturist.

"I've always been interested in acupuncture," said Goldberg, who has been actively practicing acupuncture for a year and a half. "I wanted to do this for many years, and then the Navy sent me to school for it."

Acupuncture is the practice of stimulating specific points on the body through the insertion of thin metal needles through the skin. The process can provide temporary relief of common pains and discomforts such as headaches, knee pain, and nasal congestion.

During his visit, Goldberg treated more than 20 patients with a variety of complaints ranging from minor back pain to a Sailor recovering from shoulder surgery.

"I've had this sort of nagging pain in my shoulder for a long time," said Hospital Corpsman 1st Class Edison Sayaman.



Photo by Mass Communication Specialist 2nd Class Dominique Pineiro

Cmdr. Yevsey Goldberg conducts an acupuncture procedure on a patient aboard the amphibious transport dock ship USS New Orleans (LPD 18), Feb. 16. New Orleans and embarked Marines assigned to the 11th Marine Expeditionary Unit are deployed as part of the Makin Island Amphibious Ready Group, supporting maritime security operations and theater security cooperation efforts in the U.S. 5th Fleet area of responsibility.

"I'm the kind of guy who will try anything once, and I figured since nothing else worked I'll give it a go. I can say even after one day there's a noticeable difference in pain."

In addition to treating patients, Goldberg also gave the independent duty corpsman aboard New Orleans a crash course in proper acupuncture techniques.

After the training, Hospital Corpsman 1st Class Joseph Samonte was able to treat a patient under the direct supervision of Goldberg.

"I'm very open to the idea of treating patients with alternative types of medication and procedures," said Samonte. "I'm a firm believer in doing what's best for

the patient and not just handing out medication."

Goldberg said that one of the most rewarding experiences for him as a doctor was having repeat patients.

"With acupuncture, it's very rewarding to see my patients get better without the help of pain medication or muscle relaxers," said Goldberg.

New Orleans and embarked Marines assigned to the 11th Marine MEU are deployed as part of the Makin Island Amphibious Ready Group, supporting maritime security operations and theater security cooperation efforts in the U.S. 5th Fleet area of responsibility.



Photo by Mass Communication Specialist 2nd Class Ron Kuzlik

Navy Medicine Training

Hospital Corpsman 3rd Class Marie Pardieu, assigned to Naval Reserve Operational Health Support Unit (OHSU) Portsmouth Detachment A, applies a tourniquet on a mannequin during tactical combat casualty care training at Navy Operational Support Center (NOSC) New York City, Feb. 5. The training is designed to enhance operational readiness by ensuring that all active and reserve component hospital corpsmen have the basic skills required in a hospital, operational or tactical setting.

Navy's top doc recognizes Navy health care IM/IT managers

From U.S. Navy Bureau of Medicine and Surgery Public Affairs

LAS VEGAS - The top medical officer for the U.S. Navy and Marine Corps presided over the 2012 Captain Joan Dooling Awards during the annual Tri-Service Medical Information Management Symposium (TMIMS) Symposium Feb. 17.

The Dooling Award for Information Professional Excellence was established to spotlight outstanding achievements of individuals or groups in the healthcare information management and information technology (IM/IT) areas.

Capt. Joan Dooling was a pioneer who laid the ground work for the automated patient flow between facilities of all services, using open systems architecture as just one of her many accomplishments.

"This award is to recognize the amazing passion and capabilities of those whose hard work we sometimes take for granted," said Navy Surgeon General Vice Adm. Matthew L. Nathan.

"Our IM/IT community must be a competitive and celebrated part of Navy medicine, which is taking us to the next step in the evolution in healthcare. We will embrace, celebrate and perpetuate their achievements."

Before the ceremony, a special award was presented to Dooling for her pioneering efforts in healthcare IM/IT for the Department of Defense while she was on active duty.

"I offer you my sincere gratitude and appreciation for your work and leadership," said Nathan. "Your passion paves the way for the healthcare innovations we've accomplished today."

Dooling was honored to receive the award and proud of the opportunities she had in the Navy. She expressed optimism for the innovations that are on the horizon.

"We are at a point where we are about to make another historic leap in information management," said Dooling.

This year's individual awards were presented to Lt.j.g. Jesse Stewart of Naval Hospital Lemoore for Professional Officer of the Year; Dean M. Ricario of Naval Medical Center San Diego



Photo by Kelly Gann

Navy Surgeon General, Vice Adm. Matthew Nathan, presided over the 2012 Captain Joan Dooling Awards during the annual Tri-Service Medical Information Management Symposium Feb. 17. (Left to right) For the operational category, Capt. Susan Chittum, Verlin Hardin, Bill Cole, Reginald Adams, Vice Adm. Matthew Nathan, and Capt. Joan Dooling.

for the Civilian Professional of the Year; and Lt. Cmdr. Mark T. Young for the Information Professional Officer of the Year.

The Theater Medical Information Program Maritime (TMIP-M) Team received the award for Information Professional Multi-facility Team of the Year; Naval Hospital Yokosuka's Information Management/Information Technology Department was recognized as the Information Professional Team of the Year; and NATO Role 3 Multinational Medical Unit/Task Force Medical South S6 Team won the award for Information Professional Operational Team of the Year.

"This year's recipients were chosen from an impressive group

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Navy corpsmen support Marine wounded warriors

By Mass Communication 3rd Class Shawnte Bryan, Navy Public Affairs Support Element West

CAMP PENDLETON, Calif. - Navy surgeons and corpsmen volunteered in the 2012 Marine Corps Trials hosted by the Wounded Warrior Regiment (WWR) aboard Marine Corps Base Camp Pendleton, Calif., Feb. 13-22.

The Marine Corps Trials are a part of the WWR's Warrior Athlete Reconditioning program, which provides opportunities for Marines to engage in both physical and cognitive activities outside the traditional therapy setting.

"I think it is pretty amazing to see double, triple amputees still being active and playing sports that I don't know how to play," said Hospital Corpsman 3rd Class Angelique Banks, a volunteer

assigned to 3rd Marine Airwing, Camp Pendleton, Marine Aircraft Group 39, Battalion Aid Station. "Throughout the week, I've seen great camaraderie and teamwork, and they are out there giving their all."

Many of the wounded warriors give thanks to Navy surgeons and corpsman for their continuous hard work and dedication with the program.

"When I first was injured back in 2004, I told the doctors that I want to be physical again," said former Marine Staff Sgt Nick Lerma, "Even if I wanted to quit they would not let me. Now, I am doing something that I thought I would never be able to do after my injury - especially not at this level - and that's competing."

"It is really exhilarating to work with Wounded Warriors because they are so inspiring in so many ways," said Navy

Capt. Bruce Adams, a regiment surgeon for Marine Corps WWR. "And especially working with the Marine Corps, because they are so driven to accomplish their goals and not let anything get in their way."

More than 300 wounded Marines, Marine veterans and international service members participated in the event competing in individual and team competitions including sitting volleyball, wheelchair basketball, swimming, cycling, shooting, and archery.

Fifty athletes from the event will compete as members of the All-Marine team for the Warrior Games. The Warrior Games, a competition between all branches of service for wounded service members, will take place in Colorado Springs, Colo., April 30-May 6.

Bremerton supports the 'Great American Spit-out'

By Douglas H Stutz, Naval Hospital Bremerton Public Affairs

BREMERTON, Wash. - The Great American Spit Out (GASpO) campaign was recognized Navy-wide on February 23, but is always year-round at Naval Hospital Bremerton. The Department of Defense event is part of 'Quit Tobacco—Make Everyone Proud,' an on-going educational campaign tailored specifically for the U.S. military to give up tobacco products.

"Smokeless tobacco is dangerous and has definite health risks," said Patrick W. Graves, Naval Hospital Bremerton tobacco cessation facilitator. "Any time any person puts any kind of smokeless tobacco into their mouth, they become exposed to such health threats as oral cancer, pancreatic cancer, esophagus cancer, stomach cancer and colon cancer. We encourage anyone who uses smokeless tobacco to just give it up for the day."

"It's time for me to quit. I have finally realized that I don't need it. This is the right choice for my overall health," said Logistics Specialist Senior Chief Edward Lange, Medical Services Leading Chief Petty Officer.

Lange counts himself as one of many who has attempted to quit, only to restart and then try again. "It's only been nine days for me this time. I've tried before, so maybe the third time is a charm," said Lange.

Graves notes that smokeless tobacco has 28 cancer-causing carcinogens. The dip is a super concentrated form of nicotine, equal to 3.5 packs of cigarettes. "That makes it all the more addictive," he said.

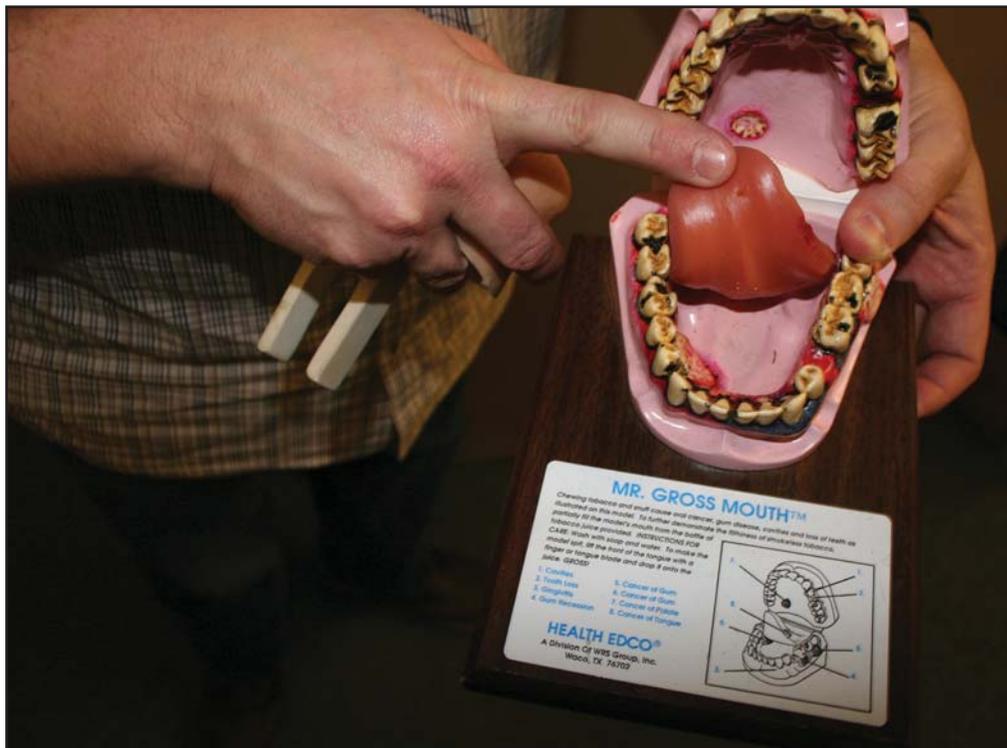


Photo by Doug Stutz

Pat Graves, Naval Hospital Bremerton's tobacco cessation coordinator, holds a replica of a smokeless tobacco user's mouth called Mr. Gross Mouth. The teaching tool shows just what chewing tobacco and snuff can do to a person's system, causing oral cancer, gum disease, cavities and loss of teeth, as the mock model graphically demonstrates.

DOD data shows that smokeless tobacco is used by 19 percent of 18- to 24-year-old military males, which is approximately twice the national average. "But it seems so much harder to quit in our older populations," Graves said.

"Just like alcohol used to be, no one thinks it's cool to be a quitter," said Graves. "But once you quit you're really glad because you get rid of the baggage that went along with something that is self-destructive."

Graves acknowledges that there are success stories. He estimates that almost 50 percent of serious quitters, people who make the commitment and take the necessary steps, do quit the habit. "But for those who give a half-effort and expect and hope just a pill or some patches will do all the work, the odds are less than 25 percent," he said.

"Having the guts to start is important. Having more guts to succeed is also needed," Lange said.

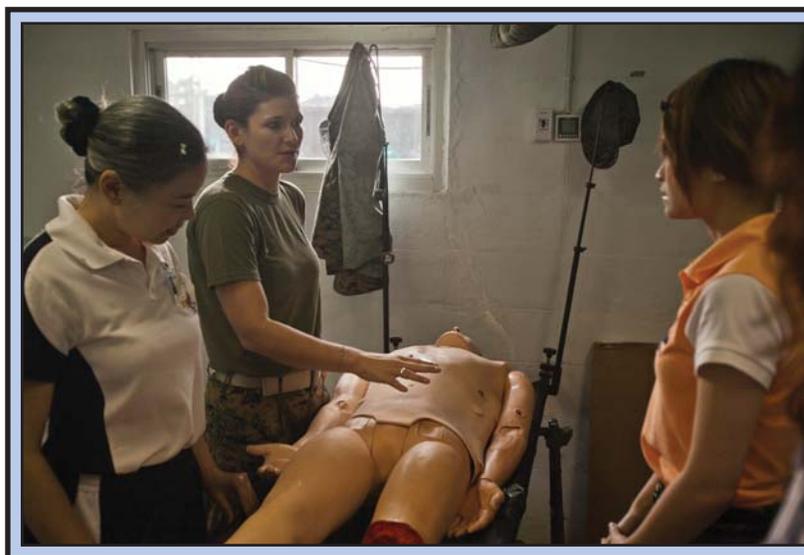


Photo by Staff Sgt. Ken Melton

Expeditionary Medicine

Petty Officer 2nd Class Crystal N. Straub, a Mena, Ark., native, explains the benefits using a simulated mannequin for training to local Royal Thai doctors during Exercise Cobra Gold 2012. Straub, a hospital corpsman with Tactical Medical Simulation Center, III Marine Expeditionary Force has been using the tool for realistic training for the past two years. Cobra Gold is a recurring multinational and multiservice exercise co-hosted by the Kingdom of Thailand and the U.S. designed to advance regional security by exercising a multinational force from nations sharing common goals and security commitments in the Asia-Pacific region.

Navy researchers collaborate to eradicate Cutaneous Leishmaniasis

By Darnell Gardner, NAMRU-3 Public Affairs

CAIRO - The U.S. Naval Medical Research Unit No. 3 (NAMRU-3) in Cairo, Egypt, began scientific collaboration in September 2011 with the Moroccan Ministry of Health to work on the eradication of cutaneous leishmaniasis (CL), a disfiguring skin condition caused by infection with the organism *Leishmania major* (*L. major*). The offending microbe, a resident of the rodent-sand fly ecosystem, is transmitted to humans by the bite of infected sand flies, which become infected when they feed on the feces or blood of an infected rodent. CL is a serious health problem in Morocco, with nearly 9,000 cases reported in 2010.

Over 2,500 U.S. personnel serving in the Middle East and Asia have contracted leishmaniasis at an estimated cost of over \$20 million in treatment and lost personnel-hours. NAMRU-3's Vector Biology Research Program's active engagement in disease surveillance and novel research activities have served as an integral part of the Navy's medical research mission to combat leishmaniasis.

With funding support from the Deployed War-Fighter Protection (DWFP) program, Dr. Hanafi Hanafi, NAMRU-3 vector biologist, and Dr. Thomas Mascari, a parasitologist from the Louisiana State University Agricultural Center (LSU Ag-Center), traveled to Morocco to collaborate with Moroccan researchers on selecting suitable sites for sand fly and rodent surveillance in several CL endemic areas.

"Dr. Cherif Mohamed, Director, Health Province Bouarafa, pinpointed the Jerada, Berkane, and Figuig provinces of eastern Morocco, to initiate surveillance activities," explained Hanafi. "These areas are historically endemic for CL due to the presence of numerous *Meriones shawi* (*M.shawi*) and *Psammomys obesus* (*P. obesus*) rodent colonies. These rodents serve as the primary source of fresh blood meals for sand flies and are considered reservoir hosts for CL."

This effort entailed conducting a study on sand fly control using specially treated rodent foods throughout suspected feeding areas of *M.shawi* and *P.obesus*. The first type of food was treated with fluorescent dye that left a trail of identifiable excrement when ingested. This allowed researchers to pinpoint exact feeding

areas of the *M.shawi*. The second type of food was laced with rodent-friendly ivermectin insecticide. Once ingested, ivermectin enters the rodents' bloodstream, resulting in a deadly blood meal for the female sand flies who feed on the rodents while leaving the rodents themselves unharmed. In addition, the excrement left by the ivermectin-fed rodents serves as a poisoning agent for the sand fly larvae who use rodent excrement as a food source.

Observation cameras, specially treated rodent food, and specialized light traps were set up to monitor levels of activity among sand flies and rodents. Approximately 5,000 sand flies and feces samples

were collected, proving the treated bait was palatable to *M.shawi*. Samples were shipped to the LSU AgCenter for final analysis to determine the impact of the rodent bait treatments on the sand fly populations.

"This is an important first step for field trials for sand fly control, using feed-through and systemic insecticides in areas where CL is problematic. The success of this project has resulted in the designation of additional sites for sand fly and leishmaniasis studies in Morocco. Positive discussions with Moroccan collaborators have also ensured the continuation of this project into Spring 2012," Dr. Hanafi said.



Courtesy photo

Dr. Hanafi, accompanied by Moroccan researchers, surveys the habitat of *Psammomys obesus* (suspected reservoir host of *Leishmania major* in Morocco) in Tejery sector, Bouarfa Province, Morocco.



Courtesy photo

Rodent baits containing the insecticide ivermectin were palatable to *Meriones shawi*, the reservoir host for *L. major* in Morocco.

February is Women's Heart Health Month

From the National Heart Lung and Blood Institute

What is Heart Disease?

When you hear the term "heart disease," you may think, "That's a man's disease" or "Not my problem." But here is The Heart Truth®: one in four women in the United States dies of heart disease, while one in 30 dies of breast cancer. If you've got a heart, heart disease could be your problem.

What Are the Risk Factors for Heart Disease?

An astonishing 80 percent of women ages 40 to 60 have one or more risk factor for heart disease. Having one or more risk factors dramatically increases a woman's chance of developing heart disease because risk factors tend to worsen each other's effects. In fact, according to research compiled by the National Heart Lung and Blood Institute (NHLBI), having just one risk factor doubles your chance of developing heart disease.

Whatever a woman's age, she needs to take action to protect her heart health. Heart disease can begin early, even in the teen years, and women in their 20s and 30s need to take action to reduce their risk of developing heart disease. Yet among U.S. women ages 18 and older, 17.3 percent are current smokers, 51.6 are overweight (BMI of 25 or greater), 27 percent have hypertension, 35 percent have high cholesterol, and 53 percent do not meet physical activity recommendations. African American and Hispanic women, in particular, have higher rates of some risk factors for heart disease and are disproportionately affected by the disease compared to white women. More than 80 percent of midlife African American women are overweight or obese, 52 percent have hypertension, and 14 percent have been diagnosed with diabetes. Some 83 percent of midlife Hispanic women are overweight or obese, and more than 10 percent have been diagnosed with diabetes.

To learn more, read about heart disease risk factors or watch



The Heart Truth's Heart Attack Risk Factors video, which address the two types of risk factors associated with heart attacks.

How Do I Find Out if I Am at Risk for Heart Disease?

Some women believe that doing just one healthy thing will take care of all their heart disease risk. For example, they may think that if they walk or swim regularly, they can still smoke and stay fairly healthy. This is wrong. To protect your heart, it is vital to make changes that address each risk factor you have.

A damaged heart can damage your life by interfering with enjoyable activities and even your ability to do simple things, such as taking a walk or climbing steps. Heart disease cannot be "cured." It is a lifelong condition — once you get it, you'll always have it.

Fortunately, it's a problem you can do something about. Find out your risk for heart disease and take steps to prevent and control it. Talk to your doctor to get more answers. Start taking action today to protect your heart. By doing just four things — eating right, being physically active, not smoking, and keeping a healthy weight — you can reduce your risk of heart disease by as much as 82 percent.

MANAGERS

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of IM/IT professionals that have made notable contributions in the field of military healthcare despite limited resources," said Verlin Hardin, chief information officer, Navy Bureau of Medicine and Surgery. "As the military resets after the past decade of combat operations, we must continue to develop innovative and fiscally responsible solutions so that we continue to be good stewards of our

taxpayer dollars."

Cmdr. Rick McCarthy, Chief Information Officer for Naval Medical Center, Portsmouth was honored to accept an award on behalf of the Navy IM/IT team at the NATO Role 3 hospital in Kandahar, a command that is run by the Navy.

"The efforts of the team and this award reflect the commitment and the dedication of the two teams who did an amazing job over the year in support of the warfighters in Afghanistan," said McCarthy.

The Tri-Service Medical Information Management Symposium (TMIMS) is an

annual conference that is held in conjunction with the Healthcare Information and Management Systems Society (HIMSS) Conference and Exhibition. HIMSS provides keynote speakers addressing leading issues, educational sessions, exhibitions and connections to physicians, nurses, administrators, pharmacists, payers and other key players in healthcare IT. TMIMS precedes the HIMSS Conference and Exhibition and is focused on both Navy and joint IM/IT throughout the Military Health System.



Got News?

If you'd like to submit an article or have an idea for one, contact MEDNEWS at 202-762-3160 or Valerie.Kremer@med.navy.mil

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