



NAVY AND MARINE CORPS MEDICAL NEWS

February 2013

MEDNEWS Items of Interest

February highlights Navy Medicine's role in operating forward. During this month, Navy Medicine showcases how it meets its forward mission in the air, at sea, under the sea, and on land. In addition, it highlights the significant advancements Navy Medicine is making to support those they serve.

February observes Black History Month and American Heart Month.

The Great American Spit-Out will be observed Feb. 21. For more information on tobacco-free living go to: <http://www.med.navy.mil/sites/nmcphc/health-promotion/tobacco-free-living/Pages/tobacco-free-living.aspx>.

Check out the new "Dirty Jobs" - style show from Navy Medicine titled "Scrubbing In" on the Navy Medicine YouTube page at: <http://youtu.be/IQ-drykfZRM>.

Find us on Facebook. U.S. Navy Bureau of Medicine and Surgery, follow us on Twitter @ NavyMedicine, read our publications on Issuu, check out our photos on Flickr, watch our videos on YouTube and read our blog on Navy Live.

Did You Know?

Chewing tobacco is not a safe alternative to smoking because the body absorbs three to four times more nicotine, making it potentially more addictive than cigarettes. Learn more about the Great American Spit-Out on page 4.

Navy Medicine announces Sailor 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 Navy Medicine's 2012 Sailor of the Year (SOY) at the Defense Health Headquarters, Feb. 8.

Hospital Corpsman 1st Class (HM1) Jonathan T. Tarkowski was selected by BUMED's panel of senior enlisted leaders as Navy Medicine's SOY.

"Leadership at the deckplate is often more important than leadership at the top," said Vice Adm. Matthew Nathan, U.S. Navy surgeon general and chief, BUMED. "Corpsmen exemplify leadership wherever they are: on ships, deployed with Marines, in training and where hospital care is given. They are the

essence of Navy Medicine."

Tarkowski, a native of Tulsa, Okla. serves as the leading petty officer for the cardiac telemetry care unit at Walter Reed National Military Medical Center, Bethesda, Md. He is responsible for leading more than 20 Sailors, Soldiers and Airmen in the daily operations of a 26-bed cardiac recovery inpatient ward. As lead, he ensures the accurate tracking of \$2 million in medical equipment and oversees a supply budget of \$250,000.

"I was humbled to be nominated," said Tarkowski. "Being selected as Navy Medicine's SOY is not about what I have done; it's what my junior and senior Sailors have allowed me to do. This is a tribute to others, not me."

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Photo by Joshua Wick

Left to Right: Force Master Chief Sherman Boss, BUMED; Hospital Corpsman 1st Class Trevor Wolfe, Naval Health Clinic Corpus Christi, Texas; HM1 Cassandra Townsend, Naval Hospital Yokosuka, Japan; HM1 Jonathan Tarkowski, Walter Reed National Military Medical Center, Md.; HM1 Jonathon Birkle, Navy Medicine Training Support Center-Fort Sam Houston, Texas; HM1 Kenneth Matthews, BUMED, and Vice Adm. Matthew Nathan, U.S. Navy Surgeon General.

Navy Medicine Looks at Operating Forward

Navy Medicine's motto: "World-class care ... anytime, anywhere" exemplifies not only our dedication to provide care at home, but also how we provide health care when we operate forward. We provide care above the sea, below the sea, on the sea, on the battlefield and in our homeports. Whether you are an independent duty corpsman deployed with the Marines or a Navy researcher developing vaccines in one of our labs across the globe, you play a significant role in Navy Medicine's forward mission.

This month, I would like to highlight how Navy Medicine is operating forward and the significant advancements we are making to support those we serve. In our current environment, we need to remain vigilant to meet our mission. We must keep our skills fresh and anticipate what may be on the horizon.

Perhaps more so than any other Navy Medicine personnel, our independent duty corpsmen understand what it means to operate forward. They do amazing work to ensure we meet our forward-deployed mission. They are the essence of Navy Medicine. They are leaders and teachers to those they serve with, and in many cases, perform their jobs in the most austere of environments.

Aviation is a key element of operating forward, and aviation medicine is on

the cutting edge, especially in the field of Human Systems Integration. Our aircraft, manned and unmanned, are faster than ever. We are seeing a complex combination of a highly technical machine paired with an equally complex human operator. When the pilot cannot physically keep up with the machine, due to G- forces, for instance, adjustments are made to the design. Our flight surgeons or aerospace medicine specialists understand the limitations of the pilot and recognize problems early on in the development of an aircraft and make mitigating recommendations to the designers. It is truly remarkable.

We are also breaking the glass ceiling in Navy Medicine by changing the way we use aviation physician assistants — a program that has been used for decades by our Army counterparts with resounding success. For the first time, we have an aviation PA assigned to Carrier Air Wing Five in Japan serving in a flight surgeon billet. The PA provides clinical care for aviators in such areas as otolaryngology (ear, nose, and throat), ophthalmology, internal medicine, neurology, and psychiatry, just like the flight surgeon. This has allowed our flight surgeons to focus on improving the training in human factors for their aviators, in addition to the care they provide every day. The Naval Aerospace Medical Institute is also in the process of developing a curriculum which would allow a PA to gain the clinical knowledge necessary to provide aeromedical care for our aviators.

Another way we operate forward is through undersea medicine. Navy Medicine is currently taking a multi-pronged approach to address the medical and psychological causes of unplanned personnel losses in our submarine force. These losses can be due to a variety of reasons including medical, disciplinary, pregnancy, family care, and honorable discharge. We are also streamlining the Undersea Warfare physical waiver and disqualification request package administrative handling, moving towards an all-electronic system. All of these advancements by our undersea medical professionals, researchers, and support staff allow the Navy Medicine undersea mission to continue



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

effectively and intelligently.

Last month, the Secretary of Defense announced immediate rescission of the 1994 Direct Ground Combat Definition and Assignment Rule. This change will result in openings previously closed to women — positions already changing with superb women Sailors on our submarines. Navy Medicine anticipates and, as always, will provide women's health care in support of our military's forward mission. We are already providing necessary resources concerning pregnancy and parenthood for our Navy and Marine Corps personnel. The Navy and Marine Corps Public Health Center's Sexual Health and Responsibility Program is focusing on the prevention of unplanned pregnancies and sexually transmitted infections, including HIV, and providing critical resources for all our Sailors. Navy Medicine also released a policy in December 2012 mandating active duty and Reserve female Sailors receive counseling on contraception services upon receiving orders to operational duty. In addition, we are intensifying our efforts for better awareness of these issues for both men and women. These programs and guidance support our mission readiness and accomplishment, minimizing avoidable health care costs and personnel losses, morbidity and mortality, and support a better quality of life.

In all, the work that each and every one of you does each day has an impact on how we successfully operate forward. Regardless of where we are, deployed or at home, we all come together to make the mission happen.

I am extremely proud to be your shipmate. Thank you for your service and as always, it is my honor and my privilege to be your surgeon general.



**Navy and Marine Corps
Medical News**

U.S. Navy Bureau of Medicine and Surgery

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USNH Yokosuka Sailors sharpen their skills

By Mass Communication Specialist 2nd Class Josh Curtis,
U.S. Naval Hospital Yokosuka Public Affairs

YOKOSUKA, Japan - Twenty-three hospital corpsmen stationed at U.S. Naval Hospital Yokosuka completed the Hospitalman Skills Basic Course Feb. 14.

The goal of the two-day course was to refresh students' fundamental knowledge of five key aspects of health care including physical assessments, triage, IV therapy, medication administration and trauma care.

The course was divided between lectures and hands-on training.

"There are a lot of [hospital] corpsmen who come to this command who are straight out of 'A' School," said Lt. Jason Reid, USNH Yokosuka Multi-Service Unit division officer and course facilitator. "They have a lot of book knowledge, and this course builds on that by giving them hands-on skills. This is kind of a refresher for a lot of the things they learned. We take it up one more step by physically doing the things they learn about."

The students work with a state-of-the-art teaching tool called SimMan. SimMan is a high-tech mannequin that reacts just like a real patient. Students are able to check its pulse, blood pressure and listen to changes in its tone of voice.

"The training was very helpful," said Hospital Corpsman 2nd Class Weiran Wang. "It reinforced what we learned in 'A' School. Taking a closer look at the fundamentals makes us better [hospital] corpsmen which allows us to better serve our patients and the fleet."

The course also allowed students to build their self-confidence.

"You have to be comfortable with your patients," said Reid.

Sailor

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During the ceremony Force Master Chief Sherman Boss, BUMED and director of the Hospital Corps, addressed the five finalists, adding he couldn't be more proud of them because they are the Navy's future.

"What you represent is pretty astounding," said Boss. "There are about 4,800 first class petty officers, and you are the best five. We look to you to be the future of Navy Medicine."

Tarkowski enlisted in the Navy in May 1987 and served with distinction for 10 years, earning numerous qualifications and deployed in support of Operations Desert Shield, Desert Storm and Southern Watch. Tarkowski was honorably discharged in 1997 and returned to his hometown to pursue a career in law enforcement.

In 2002, then Sgt. Tarkowski joined the Kansas Army National Guard and between 2005-2006 deployed in support of Operation Iraqi Freedom (OIF). In

2006, he returned to active duty with the Navy, attended hospital corpsmen "A" school and deployed with the 1st Marines Division in support of OIF. While at his current assignment at Walter Reed he deployed in June 2011 as an individual augmentee supporting a provincial reconstruction team in Uruzgan, Afghanistan and returned in March 2012.

"I enjoy serving, being a corpsman, deploying and taking care of Soldiers, Marines, and Airmen," said Tarkowski. "It has always been a passion, but my true love is to take care of Sailors."

Tarkowski added that his interest in medicine stemmed from his mother being a civilian nurse.

"The U.S. Army taught me what I could be," said Tarkowski, "but the Navy continues to show me that I can be much more than I ever dreamed."

The five petty officer 1st class finalists went before the SOY Board for evaluation of their educational accomplishments, physical fitness standards, participation in civic and community activities, along with a variety of rigorous tests of profes-

sional military knowledge, leadership, military bearing, Navy values and current events.

This year's finalists are Hospital Corpsman 1st Class Jonathon T. Birkle, Navy Medicine Training Support Center, Fort Sam Houston, Texas; Hospital Corpsman 1st Class Kenneth J. Matthews, BUMED headquarters; Hospital Corpsman 1st Class Cassandra D. Townsend, Naval Hospital Yokosuka, Japan; and Hospital Corpsman 1st Class Trevor M. Wolfe, Naval Health Clinic Corpus Christi, Texas.

In December 2012, each command selected their SOY who then competed for regional SOY. Those winners moved forward to Navy Medicine's SOY competition. Tarkowski will now compete for the Navy-wide Shore SOY competition in March.

The Navy's Hospital Corps consists of more than 25,480 active duty and reserve Navy hospital corpsmen who deploy with Sailors and Marines worldwide, in both wartime and peacetime. The rating is the largest, most professionally diverse and highly decorated in the Navy.



Photo by Mass Communication Specialist 2nd Class Josh Curtis

Hospital Corpsman 2nd Class Resielyn Jose instructs Hospital Corpsman Rosanna Torres on how to ensure a syringe is free of air bubbles during a Hospitalman Skills Basic Course at U.S. Naval Hospital Yokosuka, Feb. 14. The goal of the course is to provide corpsmen with fundamental knowledge of the five key aspects of health care.

"This course gave them the opportunity to work with a simulated patient and evaluate themselves. It allowed them to hone the skills they need as [hospital] corpsmen."

USNH Yokosuka is the largest U.S. military treatment facility on mainland Japan. The hospital provided 233, 308 total outpatient visits in 2012.

Great American Spit-out exposes chewing tobacco dangers

By Douglas H. Stutz, Naval Hospital Bremerton Public Affairs

BREMERTON, Wash. - Naval Hospital Bremerton is actively promoting the Great American Spit-Out (GASPO) Feb. 21, by having users pledge to go tobacco-free for that one day.

NHB's GASPO campaign is being spearheaded by the command's tobacco cessation facilitator and Health Promotion department, and is part of 'Quit Tobacco-Make Everyone Proud,' a Department of Defense on-going educational campaign tailored specifically for the U.S. military to give up tobacco products.

"We hope users use this day to make a commitment to stop their habit," said Patrick W. Graves, NHB tobacco cessation facilitator. "Chewing tobacco is a dangerous concept with definite health risks. Putting chewing tobacco into a mouth instantly exposes a user to significant dangers such as throat cancer, pancreatic cancer, esophagus cancer, stomach cancer and colon cancer. There are 28 cancer-causing carcinogens in a dip of chew. Smokeless tobacco is known to cause gum disease, tooth decay and heart disease."

According to Navy and Marine Corps Public Health Center (NMCPHC) Health Promotion and Wellness Department, smokeless tobacco is not a safe alternative to smoking. A National Cancer Institute study states that chew/dip is just as addictive and contains more nicotine than cigarettes.

Graves attests that chewing tobacco is really a super concentrated form of nicotine, equal to three and a half packs of cigarettes. "That makes it all the more addictive," he said, citing compiled Department of Defense statistics that show chewing tobacco is used by 19 percent of 18- to 24-year-old military males, approximately twice the national average. "Chewing tobacco is not a safe alternative to smoking because the body absorbs three to four times more nicotine, making it potentially more addictive than cigarettes."

Graves advocates that the benefits far outweigh the risks when it comes to quitting a habit like smokeless tobacco.

NMCPHC notes that quitting smokeless tobacco can positively impact any former-user, from giving them personal hygienic changes of brighter teeth and fresher breath, to professionally improving their readiness with increased endurance due to better lung capacity, less injuries and less time off due to illness. Quitting can even enhance night vision.

On top of reducing danger from cancer, there are also financial incentives involved. Quitting can save a smokeless tobacco user money. A person can even calculate how much savings by using the Department of Defense cost savings calculator.

"If there is a person out there who is using dip and/or smoking and is thinking about quitting, now is the best time," said Graves. "If they are experiencing symp-

NMCPHC recommends that anyone can stop using smokeless tobacco. It is suggested that a user make a plan for quitting - the more detailed the better - and add helpful pointers, such as:

- * Write down your reasons for quitting and keep them on hand at all times. A good tip is to consider keeping them in the pocket that was used to store a can of chew.

- * Pick a date and work backwards to get that start date. It is recommended that a user begins to taper tobacco use two to four weeks prior to the actual tobacco-free date.

- * Identify the triggers from using any tobacco product, and how the user can cope when the craving hits.

- * Enlist the help of family and friends for support.

- * Try replacing smokeless tobacco with a healthy alternative, such as sunflower seeds, toothpicks or sugar-free gum/candy.

- * Change up the routine. If a user chewed/dipped during the morning commute, then take a different route or ask a friend to carpool.

toms like high blood pressure, recurring cough, and/or shortness of breath, then they need to ask themselves what they're

See GASPO, Page 5

NMCP's Medical Board Team receives 14th Certified Pipeline Movers Award

By Mass Communication Specialist 2nd Class (SW) Anna Arndt, Naval Medical Center Portsmouth Public Affairs

PORTSMOUTH, Va. - Naval Medical Center Portsmouth announced Feb. 14 that the Medical Boards staff received the Certified Pipeline Movers Award for their successes in the Physical Evaluation Board process.

The staff has received the award 14 times since 1990, with the longest and current streak going since 2005.

The award, which followed the August 2012 inspection by the Transient Monitoring Unit (TMU), recognizes medical treatment facilities within Navy Medicine that process personnel who are being assessed to see whether or not they are fit to continue their service or if their condition dictates they should be medically retired or separated.

"This award recognizes the monumental efforts made by our Medical Boards staff, our case managers, the Military Personnel Division and all of the physicians who move these boards through the system in a timely and efficient manner," said Rear Adm. Elaine C. Wagner, NMCP commander. "Only about 10

percent of commands in the Navy are recognized with this award. It takes a great deal of effort to ensure that all of our wounded warriors, limited duty Sailors and transient personnel are taken care of in such a professional manner."

Carol Y. Mitchell, Medical Boards supervisor, was quick to acknowledge the effect her staff has in the continual receipt of this award.

"It's important to me that the staff is recognized, because Ms. Williams and I couldn't do it without them, from the physical evaluation boards to the limited duty cases," Mitchell said. "There are a few thousand documents that we process every year and to be able to accomplish that really takes a dedicated, hard-working staff."

"In general, with medical boards, with our knowledge and experience, we're able to provide the best for the member," said Zandra K. Williams, assistant supervisor. "We do have a good rapport with doctors and clinics, and they assist us to help in the process."

During the inspection, the TMU checks on the efficiency

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NAVY CORPSMAN SHARES SKILLS WITH MARINES

By Marine Corps Pfc. Daniel Hosack,
Marine Barracks Washington, 8th and I

WASHINGTON – A native of South Amboy, N.J., is helping to save the lives of Marines by sharing his skills as a corpsman.

Navy Hospital Corpsman 2nd Class Michael Pappas, one of three Navy corpsmen stationed at Marine Barracks Washington, taught the Combat Lifesaver Course to 30 Marines, Jan. 31. The course teaches critical battlefield first aid techniques designed to save the lives of Marines injured in combat.

The three-day course gives Marines the hands-on instruction needed to provide lifesaving first aid in combat. They learned how to identify burns, treat bone fractures and wounds, and attend to other common battlefield injuries. The Marines also learned how to apply a tourniquet and open an airway, and they were taught how to evacuate fellow injured Marines off the battlefield.

“I think it’s a great course, because it teaches the Marines to take care of each other if something happens to one of them,” Pappas said.

Pappas, who served in Afghanistan from 2010 to 2011, said he believes the three-day course was time well spent, and that the skills taught in the course increase the probability of Marines return-



U.S. Marine Corps photo by Pfc. Dan Hosack

Navy Hospital Corpsman 2nd Class Michael Pappas explains to Marines how to properly apply a bandage on a wound during a Combat Lifesaver Course at Marine Barracks Washington, D.C., Jan. 31.

ing home if injured in combat.

“A course like this one is vital, because it increases the amount of Marines we can get back alive to their families,” said Hospital Corpsman 3rd Class Charles Barbarick, a corpsman who taught the course with Pappas. “Our role is to ensure the well-being of mind, body and spirit of all our Marines.”

In his regular duties, Pappas is responsible for the medical care and the overall health and wellness of the Marines he serves with, as well as the management of the unit’s “sick call,” the military’s equivalent of an urgent care center.

Pappas said he plans on staying in the Navy and entering the Navy Nurse Corps.

GASPO

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waiting for. If they are holding out for some worst-case scenario, it’s already taken place. The dangers of chewing tobacco are subtle.”

Graves is convinced that as a whole, Navy and Marine Corps personnel tend to be better informed than the general public about the inherent dangers of tobacco usage. But getting the information out is part of the continual challenge in reminding users of the hidden threat.

“It’s up to the individual and their action and behavior,” said Graves. “We know more. We also tend to smoke and dip 35 to 50 percent more than our civilian counterparts. It’s always been a cultural thing in the service. We are gradually changing that.”

“Using chewing tobacco is completely contradictory to anyone who puts in the time to keep up with their readiness, training and physical fitness,” said Graves. “Then they go and use smokeless tobacco which takes away from their gains. GASPO is one of the many ways a person can start the process of quitting.”

NHB, Branch Health Clinic Puget Sound Naval Shipyard, Branch Health Clinic Bangor, and Branch Health Clinic Everett Dental staff are also proactive in educating and reminding personnel on the health risks associated with chewing tobacco.

“Our partners in the dental community tend to see the impact of what chewing tobacco can do a lot earlier than I do,” said Graves. “One of the signs is a pre-cancerous lesion. Our dentists and dental technicians are really good at recognizing something like that and then sharing with the patient about the potential problem.”

Graves encourages anyone who is thinking of quitting cigarettes or chewing/smokeless tobacco to contact their primary care doctor, unit/ship/boat corpsman, or NHB’s Tobacco Cessation Facilitator office.

Call your TRICARE regional quit line. All non-Medicare-eligible beneficiaries can receive assistance with smoking cessation through the TRICARE® toll-free Smoking Quitline, available 24 hours a day, seven days a week, including weekends and holidays.



Got News?

If you’d like to submit an article or have an idea for one, contact
MEDNEWS at 703-681-9032 or Valerie.Kremer@med.navy.mil

Navy Medicine debuts new 'Dirty Jobs' - style show

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

FALLS CHURCH, Va. - The U.S. Navy Bureau of Medicine and Surgery (BUMED) created and released a new "Dirty Jobs"-style informational show, Jan. 31.

The episode released last month is part of a larger series, titled "Scrubbing In," and is hosted by BUMED public affairs specialists who visit various commands across the Navy Medicine enterprise to showcase its vast capabilities.

"The goal of 'Scrubbing In' is to connect to viewers in a unique way by allowing them to step inside Navy Medicine and get a glimpse of what our folks really do to support our warfighters and their families," said Vice Adm. Matthew L. Nathan, surgeon general of the Navy and chief, BUMED. "The series is designed to show how Navy Medicine commands enable our Sailors and Marines to always be ready to respond when necessary, particularly when they are operating forward."

The show will serve as a valuable recruiting tool showing potential Sailors and Navy Medicine civilians the unique and rewarding jobs that are available to them, according to Nathan.

The premiere episode takes place at the Navy Medicine Aviation Survival Training Center in Patuxent River, Md., where hosts Paul Ross and Josh Wick go through the same water survival training all naval aviators are required to complete.

"We hope the show does a good job



Screen shot from Navy Medicine's new "Dirty Jobs" - style show "Scrubbing In."

of highlighting the people who keep our Sailors and Marines ready and fit to fight," Wick said. "The purpose is to give viewers a small taste of the types of work being done across Navy Medicine that the average person might not know about."

In the first episode the two hosts go through the training course in the water and are taught proper emergency egress procedures for the aviation community keeping in mind both the physiological and mental challenges of the scenario. At one point they are fully submerged in water via a mechanical dunker that simulates a crashing helicopter, have to find their way out and then participate in a simulated open-water rescue.

"By doing a show like this we are able to illustrate the value and importance of Navy Medicine," Ross said. "'Scrubbing In' is an avenue to demonstrate to viewers

the realistic nature of the training and the expertise of Sailors at commands like the Aviation Survival Training Center."

"Scrubbing In" is being produced in-house through the BUMED Visual Information Directorate. The Navy Medicine public affairs office aims to create five-six shows a year with each episode focusing on a different aspect of the enterprise.

The first episode is available on the Navy Medicine YouTube page: <http://www.youtube.com/watch?v=IQdrykfZRM8>.

"Scrubbing In' is just another way to show the great and imperative work being accomplished by the men and women of Navy Medicine," said Nathan. "Whether it's on land, in the air, or above and below the sea, Navy Medicine's people continue to provide world-class care...anytime, anywhere."



Photo by Mass Communication Specialist 1st Class N. Ross Taylor

Operational Medicine

Hospital Corpsman 2nd Class Shuntae Heck performs a physical assessment of a mock evacuee during a non-combatant evacuation operation aboard the amphibious assault ship USS Bonhomme Richard (LHD-6) as part of exercise Cobra Gold 2013, Feb. 17, in the Gulf of Thailand. The Bonhomme Richard Amphibious Ready Group, currently on deployment in the U.S. 7th Fleet area of responsibility, is taking part in Cobra Gold, a Thailand-United States co-sponsored multinational exercise.

Southern Partnership Station 2013 begins, USNS Swift departs Mayport

By Lt. Cmdr. Corey Barker, U.S. 4th Fleet Public Affairs

NAVAL STATION MAYPORT, Fla. - High speed vessel USNS Swift (HSV-2) departed Mayport to begin Southern Partnership Station 2013 (HSV-SPS 13), Feb. 14, in the U.S. 4th Fleet area of operations to conduct subject matter expert exchanges and partner building from Feb. 15 - May 26.

Supporting the U.S. Maritime Strategy, HSV-SPS 13 will focus on enhancing cooperative partnerships with regional maritime services and improving operational readiness for all participating services.

In addition, HSV-SPS 13 will provide the opportunity for U.S. and partner nation forces to operate in the multinational environment, refine coordination and improve interoperability, and demonstrate flexibility.

"Southern Partnership Station is a critically important mission in our area of interest and will greatly enhance our partner nations in the Western Hemisphere," said Rear Adm. Sinclair M. Harris, commander, U.S. Naval Forces Southern Command/U.S. 4th Fleet. "The multi-service team and civilian mariners embarked on the High Speed Vessel Swift will do a fantastic job."

Swift will embark a command element and military personnel from all branches of the U.S. Armed Forces, as well as civilian contract mariners working for a private company under charter to the U.S. Navy's Military Sealift Command.

"All hands onboard are fully aware of their roles and will represent our nation very well," said Harris.

Assigned units will focus on locally identified needs, such as port security, non-commissioned officer professional development, operational risk management, medical readiness, outboard motor maintenance, and patrol craft operation, among others.

"It is exciting to begin this historic mission," said Cmdr. Bob Poling, HSVSPS 13 mission commander. "Swift is a unique platform that allows us to make lasting bonds with our partner nations in Latin America. What we do on this deployment will make a difference and it will have a lasting impact on our part-



Photo by Lt. Cmdr. Corey Barker

High Speed Vessel Swift (HSV 2) arrives at Naval Station Mayport to take on stores and personnel to participate in Southern Partnership Station 2013 in the U.S. 4th Fleet area of responsibility, Feb. 7. Southern Partnership Station takes place from Feb. 10 to May 26 with scheduled port visits to Belize, Guatemala and Honduras.

nerships in the region."

Swift is currently scheduled to visit Belize, Guatemala and Honduras to conduct subject matter experts available to host-nation maritime services. During these visits, the HSV-SPS 13 command element will conduct engagements designed to strengthen cooperative partnerships.

"The high speed vessel Swift mission is not only pushing the envelope on what we can do with this ship but will have a great impact on how the joint high speed vessel and littoral combat ship will be employed in the future," said Harris. "Our shipmates on Swift are well focused on executing this mission flawlessly."

The ship is scheduled to return to Mayport at the completion of the scheduled mission May 24.

AWARD

From page 4

though which the medical boards staff processes those in the Disability Evaluation System. They examine the transmission of required messages and notifications and if they are meeting the required timelines while processing each Sailor or Marine's case. The result of the assessment concluded that the Medical Boards staff processes all cases within the mandated timeline or well below.

"The clinics, the physicians and the leadership at this medical center are all proactive in trying to render the best service to our wounded, ill and injured members," said Mitchell. "It takes that kind of collaboration from the top to the bottom to get this process working as well as it does."

"Our staff follows the patient through our processes, making sure the patient

understands what is going on, that they understand the process, and that if they encounter problems they can come to us," said Mitchell.

One tool that has helped the Medical Boards staff improve their patient care is the Integrated Disability Evaluation System, which was developed by the Bureau of Medicine and Surgery and has been in place at NMCP since 2011. It speeds up the process of transitioning limited duty personnel by getting all of the players involved in the various stages of a patient's case working together, from the patient's physicians at the beginning to Veterans Affairs (VA) personnel who determine disability ratings at the end.

Mitchell noted that cooperation and collaboration with the Hampton VA are an integral part of the program's success; the VA staff is just across the hallway, whereas in other facilities, the VA is in a separate location.

The faster turnaround also helps the Navy and the Marine Corps with manpower management and fleet readiness. The faster an ill or injured member can be released from an operational billet, the quicker that billet can be filled by a replacement. That also applies to service members returning to full-duty status. According to Mitchell, they return about 100 Sailors and Marines to full duty every month.

By ensuring the highest quality of health care, the full and efficient use of NMCP's services, and working closely with Navy and Marine Corps commands, Medical Boards' accomplishments demonstrates well Navy Medicine's goals of readiness, value and jointness.

"We all have different parts of the process to complete, so everyone doing their part is how we are able to achieve the pipeline award," said Williams.

'Corpsman Up': Senior medical enlisted leader on Facebook

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

FALL CHURCH, Va. - U.S. Navy Bureau of Medicine and Surgery's Force Master Chief and director of the Hospital Corps announced the launch of the "Force Master Chief, Navy Bureau of Medicine and Surgery" Facebook page, Jan. 23.

Navy Medicine's senior enlisted leader established the new Facebook page in an effort to enhance two-way communication with current, past, and future Navy hospital corpsmen, their families, the Navy community as a whole as well as its stakeholders.

"My hope is that this page will offer a forum for our more than 25,480 active duty and Reserve Navy Hospital Corpsmen serving and supporting our Navy and the Marine Corps," said Force Master Chief Sherman Boss.

Hospital corpsmen (HM) deploy with Sailors and Marines worldwide, in both wartime and peacetime. The rating is the largest, most professionally diverse and highly decorated in the Navy. The average age of corpsmen is 25 years old, according to Boss, so he wants to meet them on the platforms and outlets that they use.

"Social media is new to me, but I want



Force Master Chief Sherman Boss

to embrace the communication tools that my folks use," said Boss. "So, this old salty dog is going to learn some new tricks."

The communication tools of yesteryears cannot reach as far and wide as social media. Establishing a virtual presence through a medium that most people utilize is just another tool Navy Medicine and corpsmen can use to support each

other, the Force Master Chief added.

Navy Medicine applauds Force Master Chief's effort and encourages its other leaders to follow.

"Navy Medicine is a global force and with social media, it allows us to extend and share our communication efforts directly with those we serve and support," said Capt. Dora Lockwood, director, BUMED public affairs.

Navy Medicine uses a wide range of social media resource including Facebook, Twitter, YouTube, Flickr, as well as the Navy Medicine Live blog. They are accessible from various platforms including mobile devices making it possible to access this information and communicate with our personnel stateside and deployed.

"I encourage my Sailors, no matter [their] rank, to provide constructive feedback and discussions on our goals, policies, mission, specialties, and career development [as well as] how we can best meet our current and future challenges," said Boss.

The Navy Medicine Force Master Chief Facebook page is accessible at: <https://www.facebook.com/USNavyMedicine-FORCM>.

Naval Hospital Beaufort hosts open house for American Heart Month

By Regena Kowitz, Naval Hospital Beaufort public affairs

BEAUFORT, S.C. - Naval Hospital Beaufort staff and beneficiaries were treated to an open house in the hospital's Wellness Center, Feb. 14, to highlight cardiovascular health for American Heart Month.

The event, which was hosted by the Health Promotion Department, was designed to highlight the hospital's fitness center, which includes an aerobics area and equipment room, as well as the services available that promote a healthful lifestyle.

"This was a great event to let our staff and patients know that we are here to promote wellness and take care of them when they are sick," said Capt. Melanie Merrick, Naval Hospital Beaufort's executive officer. "We do this by helping to optimize their health by preventing disease, injury, and illness. Our Health Promotion Department provides a lot of resources to help individuals make healthier lifestyle choices, particularly when it comes to choosing heart-healthy diets and showing how fitness can be part of anyone's everyday routine."

During the open house, Health Promotion staff sponsored a healthy dessert contest and tasting. The entries were required

to be low in fat to show that you can have your cake and eat it too when it comes to eating right. Guests were also given the opportunity to burn any extra calories gained from eating those healthy desserts with fitness demonstrations that included dance aerobics and instruction on using battle ropes — two thick ropes that provide conditioning and strength training.

"Because this is American Heart Month, we really wanted to focus on how people can incorporate heart-healthy foods and activities into their lives," said Ivette Moore, health promotions coordinator. "It's also National Condom Day, so we wanted to provide information on preventing sexually transmitted infections and make sure condoms were available."

Hospital staff also provided information about different classes and resources for helping beneficiaries lead healthier lifestyles including nutrition, tobacco cessation, and weight management.

Open since 1949, Naval Hospital Beaufort provides general medical, surgical, and emergency services to all active duty personnel, as well as retired military and family members residing in the Beaufort area, a total population of approximately 29,000 beneficiaries.



Value added: Scott Center Annex Pharmacy fills new prescriptions

By Deborah R. Kallgren, Naval Medical Center Portsmouth Public Affairs

PORTSMOUTH, Va. – The Scott Center Annex pharmacy began filling new prescriptions for TRICARE beneficiaries, Feb. 11.

For many years, the refill pharmacy has filled approximately 550,000 refill prescriptions annually, making it the largest freestanding refill center in the Navy.

Now, after heeding customer suggestions, patrons will be able to take new prescriptions to the Scott Center Annex to be filled.

“We are trying to improve customer service and reduce wait times at the main pharmacy at Naval Medical Center Portsmouth,” said Cmdr. Roger Bunch, assistant head of NMCP’s Pharmacy Department.

Construction at the Scott Center Annex pharmacy to add the capability to fill new prescriptions cost approximately \$100,000.

“We plan on saving half a million dollars annually on prescription (costs),” said Bunch. He added that it costs the government and taxpayers more money when TRICARE beneficiaries fill their prescriptions at retail pharmacies.

While the Scott Center Annex pharmacy was not enlarged to accommodate filling new prescriptions, the interior was reconfigured to add space for two new pharmacists and six additional technicians.

The pharmacy is located adjacent to the Commissary and Navy Exchange, making it easy for patients to drop off their prescriptions before shopping and then picking them up as they leave the base. Bunch said customers may stay and wait for their prescription to be filled, but



Photo by Rebecca Perron

From left, Lt. Cmdr. Roger Bunch, NMCP’s Pharmacy Department assistant head; Capt. Eugene de Lara, NMCP’s Pharmacy Department head; Capt. Lori Krevetski, director, Clinical Support Services; Capt. David Collins, NMCP acting deputy commander; Capt. Mark Bridenstine, Norfolk Naval Shipyard commanding officer; and Lt. David Satterthwaite, division officer and pharmacist at the Scott Center Annex pharmacy.

the wait time can vary.

In 2010, wait times were dramatically decreased when the pharmacy installed robotics that fill up to 4,500 refills per day, quickly dispensing 300 different medications. Further efficiencies add value by bringing beneficiaries back to military pharmacies.

The changes at the Scott Center Annex Pharmacy coincide with increases in prescription copays at retail pharmacies that occurred, Feb. 1. The Fiscal Year 2013 National Defense Authorization Act required TRICARE to increase copays on brand name and non-formulary medications not filled at military hospitals or

clinics. There was no increase in copays for generic medications.

“Medications filled at military pharmacies have no out-of-pocket costs,” said Lt. David Satterthwaite, a pharmacist and division officer at the Scott Center Annex pharmacy. “With the changes in TRICARE pharmacy copays, we hope more beneficiaries will choose to have their prescriptions filled at the Scott Center Annex pharmacy.”

With the new and expanded Commissary scheduled to open in May, it’s hoped the additional customers shopping for groceries will also get their prescriptions filled at the pharmacy.



Photo by Mass Communication Specialist 2nd Class Jessica L. Tommen

Enlisted Superior Performance Awards

Naval Medical Center San Diego staff members (standing from left to right), Hospital Corpsman 1st Class Luis Fonseca, Jr., Hospital Corpsman 1st Class Danny Oligo, Hospitalman Ryan Ewins and Hospital Corpsman 3rd Class Jerred Lee, receive applause while being presented the Enlisted Superior Performer (ESP) award during the Armed Forces Communications and Electronics Association/U.S. Naval Institute West 2013 Conference at the San Diego Convention Center, Jan. 31. The ESP award recognizes the service of those enlisted military members who have been selected by their commands for superior performance in the past year.

NAMRU-3 establishes new relationship with USAMRU-Kenya

From NAMRU-3 Public Affairs

CAIRO, Egypt - To strengthen jointness with Department of Defense medical research laboratories in Africa, the U.S. Naval Medical Research Unit No. 3 (NAMRU-3) has taken steps to establish a new relationship with the U.S. Army Medical Research Unit Kenya (USAMRU-K).

In October 2012, NAMRU-3 invited Lt. Col. Eyako Kofi Wurapa, director of the Department of Emerging Infectious Diseases at USAMRU-K, and Berhane Assefa, the deputy director, to visit NAMRU-3 to discuss efforts to strengthen togetherness in research and avoid duplication of efforts, thereby saving time and cost and enhancing mission readiness.

Col. Tom Logan, USAMRU-K commanding officer, reciprocated with an invitation to Capt. Buhari Oyoyo, NAMRU-3 commanding officer, and Lt. Cmdr. Jennifer Curry, research science director, for a follow-up visit to the USAMRU-K facilities in Kenya, Jan. 14-17. The visit kicked off with an exchange of command briefs to better define the capabilities and current projects of the two laboratories. Other command-level interests were contract staff utilization, integration with the Centers for Disease Control and Prevention (CDC) and local medical research institutions, procurement routes and overhead costs with an eye toward the flexibility afforded by different management structures in the face of budget uncertainty, travel expenditure caps and conference approval requirements.

“The organization of USAMRU-K was very interesting, with the headquarters embedded at the Kenya Medical Research Institute (KEMRI), much like the NAMRU-3 Ghana Detachment, which is embedded at the Noguchi Memorial

“This visit was an important step in opening up serious dialog on jointness with USAMRU-K, with NAMRU-3 looking forward to extending its role in assisting AFRICOM.”

**Capt. Buhari Oyoyo
NAMRU-3 commanding officer**

based cohort similar to the NAMRU-3 population-based surveillance in Damanhour, Egypt. The nearby laboratory spaces at the Kisian complex (which also houses the largest Centers for Disease Control and Prevention contingent outside of Atlanta) hold the USAMRU-K Entomology and Malaria Diagnostic/Malaria



Photo courtesy of NAMRU-3 public affairs

From left: Capt. Buhari Oyoyo, NAMRU-3 commanding officer, and Lt. Cmdr. Jennifer Curry, research science director, meet with Col. Tom Logan, commander, USAMRU-K. Photo by Lt. Col. Eyako Kofi Wurapa.

Institute of Medical Research in Accra, Ghana,” said Oyoyo. “I was impressed that there was no duplication of lab activities, even though there are various working sites.”

Over three days, Wurapa and Assefa gave Oyoyo and Curry a tour of the working sites. They first visited Kisumu, which has been active in vaccine and treatment trials for HIV and malaria. At Kisumu Kombewa Clinical Research Center there is a

population-based cohort similar to the NAMRU-3 population-based surveillance in Damanhour, Egypt. The nearby laboratory spaces at the Kisian complex (which also houses the largest Centers for Disease Control and Prevention contingent outside of Atlanta) hold the USAMRU-K Entomology and Malaria Diagnostic/Malaria

Drug Resistance programs. Finally, at Kericho, which is located approximately two hours from Kisumu, the NAMRU-3 team toured state-of-the-art facilities at the “Microbiology Hub” reference lab and the Kericho District Hospital laboratory. Both College of American Pathology certified labs are run under the same management, resulting in optimization of diagnostic capabilities and support.

NAMRU-3 and USAMRU-K already partner in multi-center trials funded by the Global Emerging Infections Surveillance and Response System and the Military Infectious Diseases Research Program, but hope to develop more joint protocols specific to the U.S. Africa Command (AFRICOM) region in the near future.

“This visit was an important step in opening up serious dialog on jointness with USAMRU-K, with NAMRU-3 looking forward to extending its role in assisting AFRICOM,” Oyoyo said.

This initiative by both commanding officers also supports the Surgeon General’s goals for jointness, value and readiness in their respective missions on the African continent.



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NAMRU-6 counters the threat of bacteria and resistant organisms

By Lt. Cmdr. Drake Tilley, head,
Department of Bacteriology, U.S.
Naval Medical Research Unit 6 - Peru

Infectious bacteria have been causing problems for military campaigns since time immemorial. At the forefront has always been diarrhea, and with every deployment or armed conflict, diarrhea has taken its toll on unit readiness and the ability to operate at ones best.

To counter this burden, the overseas medical research labs have been investigating and developing strategies to mitigate the detrimental effects of bacterial diarrhea over the last 30 years. Due to this effort, surveillance networks have been set up to help determine the most common causes of diarrhea within our troops and which bacteria are responsible for the most severe illness worldwide.

At NAMRU-6, we focused on diarrhea occurring within travelers to Peru, deployed troops as part of operations New Horizons and Beyond the Horizons, and within the local populations to get a pulse on which bacteria are causing diarrhea within South America and to determine if these bacteria are developing resistant to the antibiotics commonly used to treat these cases. This has become vital information in the development of countermeasures to keep our people healthy and to focus Department of Defense vaccine development efforts.

As part of our mission, we have been integrally involved in the pre-clinical trials of novel vaccines

against some of the most common bacterial cause of travelers' diarrhea. Vaccines against *Campylobacter*, enterotoxigenic *Escherichia coli* (ETEC), and *Shigella* are currently under development with the assistance of the Military Infectious Disease Research Program (MIDRP) and have the potential to provide needed protec-

NAMRU-6 is spearheading surveillance in South America for the presence of resistant organisms with the potential to cause severe hospital or wound infections.



Photo courtesy of NAMRU-6 public affairs

Glady's Nuñez, microbiologist for NAMRU-6, performing an Immunoblot Assay looking for the presence of the enterotoxigenic *Escherichia coli* (EETEC) challenge strain as a cause of diarrhea during a pre-clinical trial using novel adhesion-based EETEC vaccines.

tion against the morbidity associated with these common causes of diarrhea while deployed.

Another potential morbidity for deployed service members are wound infections. Wounds and hospital acquired infections have become more difficult to

treat in recent years due to multi-drug resistant bacteria which are harder to kill with standard

antibiotics. As shown with recent conflicts in South-West Asia, these bacteria have complicated hospital courses for our wounded service members and have proven to be a global health threat. Given this threat, NAMRU-6 is spearheading surveillance in South America for the presence of resistant organisms with

the potential to cause severe hospital or wound infections. In concert with multiple military and civilian hospitals within the city of Lima, Peru and within the Amazon town of Iquitos, isolates known to cause hospital acquired infection and those associated with wound infections are collected and analyzed for the emergence of resistance and for virulence factors which make them more deadly. Through our efforts, we are beginning to fully grasp the scope of the problem and to develop strategies to counter this global health threat.

Although the Bacteriology Department at NAMRU-6 is only one department in one overseas lab, it is part of a bigger system whose strength is in its connectivity to the region and its ability to form channels of communication between institution and researchers with a common goal. Through this teamwork, progress toward mitigating and or eliminating infectious disease threats will remain progressive.

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