



NAVY AND MARINE CORPS MEDICAL NEWS

January 2013

MEDNEWS Items of Interest

January highlights Navy Medicine's support to readiness. During this month, Navy Medicine showcases how it meets its readiness goal by taking care of the ship or the mission, its shipmates, and self. Readiness also plays a major role in supporting our 21st century Sailor and Marine - one that will be ready both mentally, physically, spiritually, emotionally, and professionally to meet the challenges of today.

The Navy Surgeon General's Strategy and Priorities video can be viewed on the Navy Medicine YouTube page at <http://youtu.be/49MaUXJYvts> and downloaded from the Surgeon General's corner on the BUMED homepage: <http://www.med.navy.mil>.

The Navy Medicine bath salts video and posters can be found at: <http://www.med.navy.mil/Pages/Spice.aspx>.

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Did You Know?

NAMRU-6, commanded by Capt. David Service, is comprised of 14 active duty service members from the Navy, Air Force and Army and 320 Peruvian scientists.

Navy Medicine rolls out new campaign on 'Bath Salts' use

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

FALLS CHURCH, Va. - Navy Medicine announced the launch of a new informational video and poster regarding the health risks and dangers of the synthetic amphetamine known as "bath salts" and other designer drugs, Dec. 20.

The public service announcement video and poster will be distributed for display throughout the fleet and are available for download at <http://www.med.navy.mil/Pages/Syntheticdrugs.aspx>.

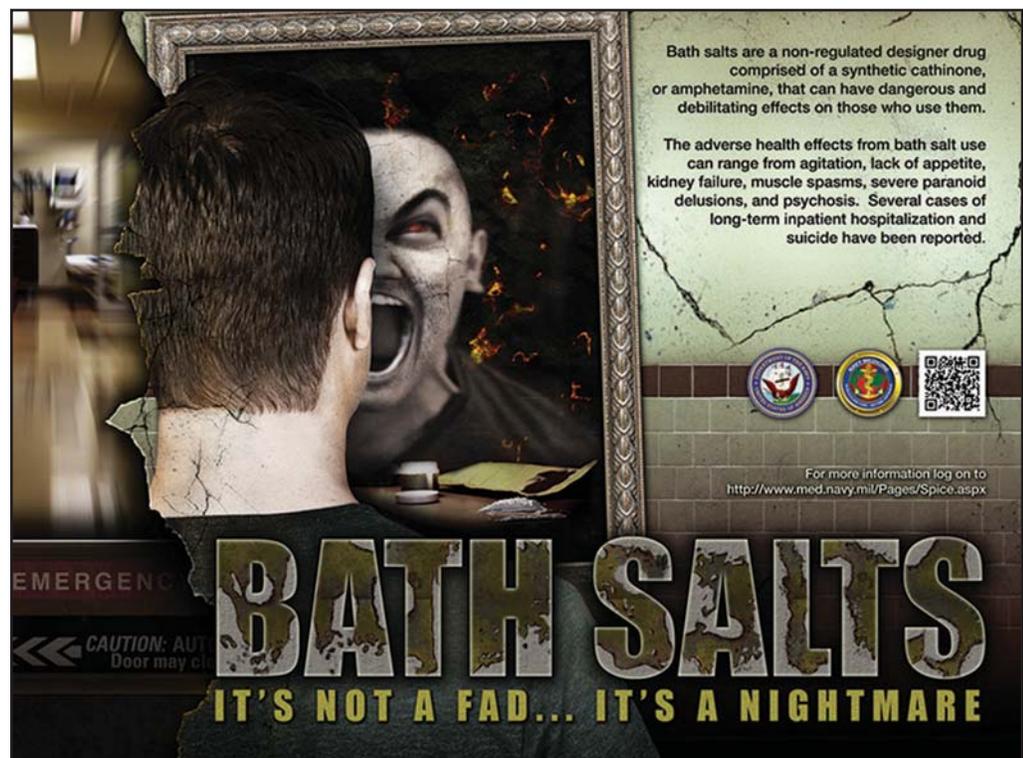
The new media products focus on the dangers of bath salts and are part of the long-term awareness and deterrence campaign Navy Medicine launched last year on synthetic and designer drugs. This effort is also part of an overall Navy communications plan with partners at

the Naval Personnel Command and the Naval Criminal Investigative Service and other commands.

The education and awareness campaign from Navy Medicine supports the Navy's zero-tolerance policy on designer drug use, as well as highlights the real and present risks of bath salts. The campaign's goal is to decrease the number of active-duty service members who use designer drugs like bath salts and the synthetic marijuana "Spice" because they are falsely marketed as a "legal" way to get high.

According to Navy Medicine psychiatry resident Lt. George Loeffler at the Naval Medical Center San Diego, the adverse health effects from bath salt use can range from lack of appetite to kidney failure, muscle spasms, severe paranoid delusions, and psychosis. Several cases

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Navy Medicine bath salts poster.

Navy Medicine highlights the importance of readiness

As we start upon this new year and look at our mission ahead, we need to be ready. Whether our job is providing patient care at a medical treatment facility or providing training to Sailors and Marines, we need to keep readiness at the forefront. We are in the readiness business.

This month, I would like to focus on the importance of readiness from the battlefield to the bedside. Readiness is job number one. Each job that we do has an impact on readiness.

When people ask me about Navy Medicine I tell them what we do. We provide world-class care, anywhere, anytime, above the sea, on the sea, or below the sea. And when we need to, we move on to land and complete our mission there. It's our hallmark, it's our ethos, and we are the pride of the country for the way we meet that mission.

We need to stay in the readiness business to stay sharp, lean forward, and be ready. And so I expect you to be on point, and to do what's

necessary to maintain that readiness. In order to meet our readiness goal we must make sure we take care of ourselves, take care of the ship or the mission, and take care of our shipmates. I am sure you have heard me reiterate the importance of ship, shipmate, and self if you have worked with me throughout the years.

We can meet our readiness goal through a variety of ways. First, we need the right education and training. The Medical Education Training Campus in Fort Sam Houston, Texas is a great example of that. All of our corpsmen go through METC to get the right training they need to complete their mission in

whatever operating environment they are assigned to – whether it is on the battlefield in Afghanistan or providing care during a community outreach program in San Diego. The right training will ensure that we

are ready to meet our operational commitments.

Earlier this month, I visited the U.S. Naval Medical Research Unit (NAMRU-6) in Peru. The incredible research being done there is another fine example directly supporting the readiness of our Fleet and force. The infectious disease research and surveillance they are conducting in South America enhances the health and readiness, not only of our Navy and Marine Corps personnel, but also that of our joint partners.

The outstanding work by our other Navy Medicine NAMRUs and Naval Environmental Preventive Units around the world also play a significant role in maintaining readiness not only for our Navy Medical personnel directly working in those areas but for the entire Navy Medicine enterprise with extensive vaccine research and disease surveillance.

Next, we need the right equipment to meet our readiness goal, including technology and clinical informatics. If we



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

have the right equipment and the ability to access electronic patient medical records, we are more effective in providing world-class patient care.

Finally, we need the right resources to keep us ready. Whether they are resources for our wounded warriors, families, independent duty corpsmen or directives and policies that help our personnel at MTFs and in the field, we need up to date and valuable resources to keep us ready to meet our mission.

Recently, there has been a disturbing trend on the use of synthetic drugs such as spice and bath salts, eroding the readiness of our Sailors and Marines. Using these designer drugs is like playing Russian roulette with not only your life but also your career and health. Let me remind you that there is a zero tolerance policy on illegal drug use in the U.S. Navy and it's not worth losing your career, family, or sanity. We need all of our personnel to remain strong and healthy to meet our mission.

Readiness also plays a major role in supporting our 21st century Sailor and Marine - one that will be ready both mentally, physically, spiritually, emotionally, and professionally to meet the challenges of today. It's what also allows me to boast about you anywhere I go, about the job you do and how you do it and the challenges you meet head on.

I am extremely proud to be your shipmate. It is my honor and my privilege to be your surgeon general.

“In order to meet our readiness goal we must make sure we take care of ourselves, take care of the ship or the mission, and take care of our shipmates.”

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



**Navy and Marine Corps
Medical News**

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INSIDE THE STENNIS MEDICAL LAB

By Mass Communication Specialist
2nd Class Charlotte Oliver, USS John
C. Stennis Public Affairs

USS JOHN C. STENNIS, At Sea - The laboratory technicians aboard the Nimitz-class aircraft carrier USS John C. Stennis (CVN 74) work day and night to ensure every Sailor receives medical care and are kept mission ready.

“One day is never like the next,” said Hospital Corpsman 2nd Class Steffan King. “Sometimes it’s routine checks like drawing blood or urinalyses, and sometimes patients come in that are really sick, and they require more testing.”

To become a qualified laboratory technician, Sailors must earn a medical laboratory technician certificate from the National Certification Agency for Medical Laboratory Personnel. They must also attain the Navy Enlisted Classification (NEC) code 8506 by completing a one-year advanced school.

“This NEC makes us pretty versatile in the medical community,” said Hospital Corpsman 2nd Class Habtamusolomon Yimesgen, from Gaithersburg, Md.

The Stennis laboratory is capable of performing a variety of tests, including blood tests for HIV, hepatitis, complete blood count, and urine tests. The lab also performs skin scrape tests in which skin cells are collected in the form of scrapings and placed under a microscope for



Photo by Mass Communication Specialist 3rd Class Chelsy Alamina

Hospital Corpsman 1st Class Diana Rodriguez, from San Diego, treats a patient during a medical emergency drill aboard the Nimitz-class aircraft carrier USS John C. Stennis (CVN 74). John C. Stennis is deployed to the U.S. 5th Fleet area of responsibility conducting maritime security operations, theater security cooperation efforts and support missions for Operation Enduring Freedom.

analysis and process to potentially identify many forms of bacterial and fungal infections.

“There’s no guess work with the tests we perform,” said Yimesgen. “The results of these tests tell us what’s wrong with the

patient and that helps the doctor prescribe treatment for what they may have.”

Like many jobs in the medical field, laboratory technicians are often exposed to more germs than other Sailors, but for these hospital corpsmen the reward outweighs the risk.

“The exposure to disease and contagious skin conditions is there, but our job is to help people, and this job can be very rewarding,” said King. “I’ve always wanted to be in the medical field and if I ever decide to become a doctor, nurse or IDC [independent duty corpsman] the knowledge I have now will give me an advantage when I go to school.”

The job of the Stennis laboratory technicians is demanding and there is never a dull moment for these Sailors. Whether it is taking a routine blood sample or finding out the cause of an unseen ailment, these medical professionals take pride in caring for their fellow Sailors aboard the Stennis.

The John C. Stennis Carrier Strike Group, consisting of Stennis, Carrier Air Wing 9, Destroyer Squadron 21, and guided-missile cruiser USS Mobile Bay (CG 53) are deployed to the U.S. 5th Fleet Area of Responsibility to strengthen regional partnerships, sustain maritime security, and support combatant commander requirements for assets in the area.

CAMPAIGN

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of long-term inpatient hospitalization and suicide have been reported and Loeffler has firsthand experience treating service members at Navy military treatment facilities with these symptoms.

“I would say not just as the naval officer, but as your doctor, bath salts will not only jack up your family and your career, it will jack up your mind and body too,” said Loeffler in the PSA now available online.

The Bath Salts campaign’s slogan, “Bath salts: It’s not a fad... It’s a nightmare,” reflects the hallucinogenic effect of bath salts, which are a non-regulated designer drug comprised of a synthetic cathinone, or amphetamine, that can have a dangerous or debilitating effect on the user.

“As the leader of the medical community for the Navy and Marine Corps, I cannot emphasize enough to our Sailors and Marines that using synthetic drugs really is just like playing Russian roulette with their health, not to mention their career,” said Vice Adm. Matthew L. Nathan, U.S. Navy surgeon general said in an editorial written for the Union Tribune in San Diego earlier this year.

The bath salts campaign further supports the Navy Surgeon General’s mission for all commanding officers and others in

positions of leadership to be fully engaged in their command’s implementation plan to continually communicate and educate all hands as to the Navy’s zero-tolerance policy on designer drug use.

“The U.S. military represents a microcosm of our much larger population and in many ways strives to be a reflection of the society we serve, so we share many of the same health and safety issues as the general population, including the increased use of these dangerous and debilitating drugs - which not only affect our service members’ health, but also our readiness as a military force,” said Nathan.

“For nearly two years now, Navy leaders have taken a multi-tiered approach to combating this escalating issue in our forces, and with our partners in the Naval Criminal Investigative Service, Naval Personnel Command and throughout our naval enterprise, we have made progress in deterring and detecting use.”

Nathan affirmed that the Navy will continue to highlight the issue of synthetic drug use by delivering sustained and targeted messages throughout the Navy and Marine Corps.

“We cannot over-communicate this issue,” said Nathan. “Accountability for those who abuse these substances will help deter their use.”

Navy Surgeon General highlights global health engagement in Peru

By Capt. Dora Lockwood, U.S. Navy Bureau of Medicine and Surgery Public Affairs

CALLAO, Peru - Vice Adm. Matthew L. Nathan, U.S. Navy surgeon general and chief, Bureau of Medicine and Surgery, visited the U.S. Naval Medical Research Unit in Peru (NAMRU-6) Jan. 9-11 to observe the global health engagement efforts conducted in the region.

"Navy Medicine's mission is one with a truly global footprint," said Nathan. "Naval Medical Research Center, Navy Medicine's global biomedical research and development enterprise, is engaged around the globe, operating forward and providing a global health benefit around the world."

NAMRU-6, commanded by Capt. David Service, is comprised of 14 active duty service members from the Navy, Air Force and Army and 320 Peruvian scientists. This unit has the unique distinction of being the only U.S. military command in South America. Not only is the facility unique in that regard, it is also unique in the research it conducts.

NAMRU-6 conducts infectious disease research and surveillance that is of military and public health concern in the region. The research covers a wide spectrum of topics including entomology, bacteriology, virology, emerging infections, and

parasitology.

While visiting houses of people who are enrolled in the NAMRU-6 ovitrap study in Iquitos, Peru, Nathan observed mosquito collection activity.

U.S. Air Force Lt. Col. Eric Halsey, head of the NAMRU-6 virology department, described the research and ovitrap study occurring in Iquitos.

"Ovitrap are devices that kill the mosquito and her eggs that spreads the dengue virus," said Halsey. "We visit each house periodically to assess for the pres-



Photo by Capt. Dora Lockwood

U.S. Navy Surgeon General, Vice Adm. Matthew Nathan (back) and Air Force Lt. Col. Eric Halsey, (far right) head of the Naval Medical Research Unit-6 virology department, look on as NAMRU-6 mosquito collectors, Guillermo Inapi and Helvio Astet evaluate mosquitoes captured during a dengue surveillance house visit, Jan. 10.

ence of live mosquitoes and to inquire whether people in the house have been sick recently. We compare data collected from the ovitrap-houses to houses that do not have ovitraps."

Nathan emphasized the importance of the research being done by our worldwide naval medical research centers, labs and

units and the direct impact on the health and readiness of our Navy and Marine Corps personnel, our joint partners, and the

world's population.

"Infectious disease is one of the world's greatest killers," said Nathan. "Our troops are at more risk from disease than they are from bullets and bombs. What you do here makes a difference in keeping all of our service members healthy, infection-free and medically ready."

Nathan met with his Peruvian counter-

part, Rear Adm. Eduardo Novoa, director of the Peruvian naval medical center, and toured the Peruvian Naval Medical Center, located in Callao, Peru. This flagship hospital was designed by the same architect and is identical to her sister hospital, Naval Hospital Beaufort, located in Beaufort, South Carolina.

Nathan thanked the NAMRU-6 personnel for the difference they are making in the world and for being ambassadors of global health engagement.

"I thank you for the friendships and partnerships you are creating and nurturing here," said Nathan. "The research you are doing in Peru is important to the world. It is this type of collaboration that makes the world a stronger, safer place for all of us."

NAMRU-6 conducts research on and surveillance of a wide range of infectious diseases that are of military or public health significance in the region, including malaria and dengue fever, yellow fever, viral encephalitides, leishmaniasis, Chagas' disease, and enteric diseases such as shigellosis and typhoid fever.

"Naval Medical Research Center...is engaged around the globe, operating forward and providing a global health benefit around the world."

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

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 maintains readiness despite flu season

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

FALLS CHURCH, Va. - Navy Medicine announced Jan. 15, its military treatment facilities currently have sufficient amount of influenza vaccinations to reduce the risk of the flu for service members and beneficiaries despite the shortages experienced by its civilian counterparts.

According to public health experts, the greatest protection for flu comes in the form of vaccination.

“The flu can have a significant impact on readiness but vaccination is the best way to protect and reduce the risk of flu,” said Cmdr. Natalie Wells, Public Health Emergency Officer, U.S. Navy Bureau of Medicine and Surgery. “Navy Medicine military treatment facilities currently have an adequate supply of flu vaccines available for service members and beneficiaries.”

Centers for Disease Control and Prevention indicators suggest there is a good match between the circulating flu virus strains and the current 2012-2013 seasonal flu vaccine, meaning this year’s vaccine will protect most recipients from contracting the flu.

Navy Medicine also emphasized that treatment is available for service members and beneficiaries should they contract the flu.

“All influenza virus strains tested so far are responsive to antivirals such as Tamiflu,” said Wells. “MTF pharmacies have adequate amounts of Tamiflu on hand and additional Tamiflu is accessible if needed.”



Photo by Mass Communication Specialist Seaman Darien G. Kenney

Hospital Corpsman 3rd Class Franz Malitig gives an influenza vaccine shot to Electricians Mate 2nd Class Olivia Cannon aboard the guided-missile cruiser USS Hue City (CG 66), Nov. 6. Hue City is deployed to the U.S. 5th Fleet area of responsibility conducting maritime security operations, theater security cooperation efforts and support missions as part of Operation Enduring Freedom.

Seasonal flu vaccination is mandatory for all DoD uniformed personnel who are not medically or administratively exempt.

Service members and beneficiaries still needing a flu vaccination should visit their local MTF.

According to Wells, to date, 94 percent of active duty Navy and 90 percent of active duty Marine Corps service members have received the flu vaccination.

In addition to receiving the flu vaccine, there are additional means of maintaining a strong immune system and readiness.

“Maintaining a clean work environment, good hygiene practices, and managing workforce exposure are some simple measures to reduce flu spread,” said Wells.

For more information on the seasonal flu and how to protect yourself and your loved ones, please visit the Navy and Marine Corps Public Health Center Influenza webpage here: <http://www.med.navy.mil/sites/nmcphc/epi-data-center/influenza/Pages/default.aspx>



Photo by Chief Hospital Corpsman Josh Ives

Operational Medicine

Lt. j.g. Laura Cook, a physician assistant for Provincial Reconstruction Team (PRT) Farah, evaluates a wounded Afghan policeman. Four members of the Afghan National Police (ANP) involved in an improvised explosive device were treated by PRT Farah medical personnel, the 541st Forward Surgical Team (Airborne) and coalition force medics at the Forward Operating Base Farah aid station. PRT Farah’s mission is to train, advise, and assist Afghan government leaders at the municipal, district, and provincial levels in Farah province Afghanistan. Their civil military team is comprised of members of the U.S. Navy, U.S. Army, the U.S. Department of State and the U.S. Agency for International Development.

Navy Medicine leadership highlights priorities in new video

By Shoshona Pilip-Florea, U.S. Navy Bureau of Medicine and Surgery

FALLS CHURCH, Va. - The Navy Surgeon General publicly released a video Jan. 15, detailing his priorities for the Navy Medicine enterprise moving into the New Year and beyond.

The video is posted on the Navy Medicine YouTube site here: <http://www.youtube.com/watch?v=49MaUXIVyts>.

The video is also available for download on the Surgeon General's Corner on the Navy Medicine website here: <http://www.med.navy.mil/leadership/sgvisits/Pages/default.aspx>.

The priorities, which are readiness, value, and jointness, were developed and fine-tuned by senior officer and enlisted Navy Medicine leadership throughout a series of workshops held in 2012.

In the video message to his 63,000-person organization, Vice Adm. Matthew L. Nathan, U.S. Navy surgeon general and chief, Bureau of Medicine and Surgery, explains each of the priorities and what they mean for the future of Navy Medicine and the environment the organization is operating in today.

Nathan emphasized the importance of readiness, not only of his own Navy Medicine personnel, but also the importance of their role in maintaining the readiness of the Fleet.

"Readiness is job one," said Nathan. "We provide world-class care, anytime, anywhere. It is our hallmark, our ethos, so we've got to be sharp, on point to do what's necessary to maintain that readiness."

Bremerton's simulation lab provides latest in medical training

By MC1 (SW/AW) James Evans Coyle, NHB Public Affairs

BREMERTON, Wash. - Naval Hospital Bremerton's Simulation Center (Sim Lab) expanded training options were on full display for doctors, nurses, hospital corpsmen and other staff Jan 14.

NHB's Simulation Center has existed for more than three years to provide healthcare providers with a chance to accurately replicate the experience of giving patient care. These tasks can range from the mundane to highly complex and can cover every skill level.

"The mission (of the Sim Lab) is to develop and maintain the skills of our healthcare staff and become the go-to source of skills development for regionally based military personnel," said NHB's Sim Lab Program Manager Hospital Corpsman 2nd Class Blake Hite.

According to Hite, the Sim Lab's goal is to develop both



Screen shot from Vice Adm. Matthew L. Nathan's, Navy surgeon general, video on his priorities of readiness, value and jointness.

Nathan also acknowledged the current fiscal constraints and the realities facing the military health care industry today and what he believes must be done to successfully maneuver it without impacting the quality of care.

"In today's fiscal resource conservation, we've got to look for the value in all we do," he said. "Let's evaluate everything we do, especially as we transition to operating in a peacetime care dynamic. We've got to be razor-sharp in quality, efficiency and value and we need to be thinking about this all the time."

Nathan's final priority recognizes the move toward a more joint environment and aims to capitalize on the strengths of these joint opportunities.

"Jointness is key," Nathan said. "There's more strength together than there is apart. We're finding the synergy with our

sister services and other partners. We're sharing what we know and learning what others know and building a better team together. That's critical."

Nathan's goal is for every member of the Navy Medicine team - from the doctors, nurses and health care administrators at a medical treatment facility to an independent duty corpsman on a submarine - to know and recognize not only the priorities of Navy Medicine, but also how each of them relates to their own job.

"I am looking to my leaders on the officer, enlisted, civilian and contract levels to all engage with their folks and relate these priorities to their commands and jobs," he said to his staff upon release of the video. "Open and transparent communication is a leadership imperative and an expectation I have of all my team members."

didactic and kinesthetic skills through the use of low, medium, and high fidelity simulation. These realistic simulations build communication skills, develop leaders in high stress situations, and keep important yet sometimes rarely used skills honed.

With the latest addition of their state-of-the-art "SimMan," a medical mannequin with cutting edge technology, the Sim Lab can ensure the training learned equates to increased benefits for actual patients.

"The SimMan can be programmed for many different types of medical conditions such as cardiac arrest, various bronchial and endoscope procedures. Sim Man 3G is our newest mannequin. Unfortunately, he is not quite ready to go live yet, but when he is it will be impressive. He has everything from fluctuating pupil sizes from LED lights to the ability to be put on a ventilator. This mannequin will be almost completely wireless and will really push the immersion to a new level. The more immersed a student is the more realistic we can make things

Virtual colonoscopies offered at NMCS D

By Mass Communication Specialist
Seaman Pyoung K. Yi, Naval Medical
Center San Diego Public Affairs

SAN DIEGO - Naval Medical Center San Diego (NMCS D) began offering virtual colonoscopies, better known as computed tomography (CT) colonography, to its patients in November 2012.

CT colonography applies CT scanning techniques to examine the interior of the colon. It uses a rotating beam of X-rays and detectors placed at various angles to obtain cross-sectional images. This computerized analysis converts the images into detailed three-dimensional pictures of the inside of the colon.

No additional equipment was needed to provide this new medical procedure, but in 2012 NMCS D spent approximately \$10,000 to train three radiologists on how to perform CT colonography provided by the American Society of Radiation Oncology and the University of California San Francisco.

"This virtual colonoscopy enables the radiologist to 'see' inside the colon without having to insert a viewing instrument into the bowel," said Cmdr. (Dr.) Jason D. Sweet, staff radiologist at NMCS D.

The procedure is a less-invasive option for patients requiring a colorectal cancer screening but who cannot tolerate regular colonoscopies due to anesthesia risks or other issues.

"CT colonography is an attractive alternative for routine colorectal cancer screening. It has a useful role in providing a colorectal screening solution in patients



Photo by Mass Communication Specialist Seaman Pyoung K. Yi

Cmdr. Jason D. Sweet, staff radiologist at Naval Medical Center San Diego (NMCS D), examines images of a patient's bowel obtained from a computed tomography (CT) colonography, Jan. 4. CT colonography applies CT techniques to examine the interior of the colon offering a non-invasive option to patients.

with multiple [diseases]," said Sweet.

A CT colonography also helps to complete the remainder of the examination for a patient's who has had an incomplete traditional colonoscopy. Approximately 10 percent of patients fall into this category.

"In this circumstance, the colon will already have been cleansed, and CT colonography can be done on the same day," said Sweet.

The benefits of undergoing a CT colonography include a 20-minute exami-

nation, instead of an hour-long optical colonoscopy, clearer images after the scan is complete, and a more comfortable option for patients who previously had to undergo a traditional colonoscopy procedure.

"There is no need for sedation and the patient can drive themselves home after the exam," said Sweet. "There is also no need for placement of an intravenous catheter (IV)."

In addition, unlike traditional colonos-

See Colonoscopies, Page 11

BREMERTON

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seem, especially with stress and working on communication," said Hite.

"Our Simulation Center is capable of a broad range of skill training, such as suturing, birthing drills, intubations, inserting NG tubes, central line insertions using sonosites, and many more. We can even do certain procedures such as broncoscopies and endoscopies. The birthing simulator and emergency neoresuscitation situations are frequently utilized by doctors, nurses and hospital corpsman," Hite said.

According to Medical Simulation Contractor Doug Jones, the SimMan's human-like responses will eventually become a reality when the SimMan will be able to talk directly to the doctors and nurses engaged in the training.

"The way it will soon work is that I or one of the other simulation instructors will be on a wireless microphone from another room, and we'll be able to create a scenario through the voice box of the SimMan complaining of various ailments

and disorders," said Jones. "The doctor or nurse will come in, SimMan will say, for example, 'I'm having chest pains.' People involved in the training will also see that SimMan's heart rate has maybe skyrocketed. The people training can then administer medication," said Jones.

"Our patients benefit the most. The advantage is we don't have to learn in a real life situation. We can practice the skills we will need in cases and work out the kinks before we go on to do the real thing," added Hite.

NHB's Training and Education Department Head, Lt. Cmdr. Ronald Cleveland attests that the SimMan and the Simulation Center's mission of "Quality Care, Patient Safety and Lead Team Dynamics" will continue to be available to other health care facilities in the local community.

"We're incorporating more PQS (Personnel Qualification Standards) needed by all ship-board medical personnel in this area who are using and will continue to utilize our Sim Lab. We've specifically been an excellent resource for Sailors going out in the field," said Cleveland.

Norfolk's fleet dental hits 200th deployable, dental-ready ship since 9/11

By Mass Communication Specialist 2nd Class Nikki Smith, Naval Medical Center Portsmouth Public Affairs

PORTSMOUTH, Va. - Branch Health Clinic Naval Station Norfolk Dental Clinic and USS Nicholas (FFG-47) had large cause to celebrate Jan. 11 during a ceremony at the clinic honoring Nicholas as the 200th consecutive ship since Sep. 11, 2001, to be deployable with the crew at or above 95 percent Operational Dental Readiness.

Ships with such high dental readiness minimize their risk of a crew member experiencing a dental-related emergency while deployed. The clinic's Fleet Dental department also staff mobile dental vans to provide dental services pierside. This minimizes disruption to ships' crews while ensuring ships without dental teams on board are ready to sail.

Naval Medical Center Portsmouth (NMCP) and Nicholas leadership joined BHC Norfolk staff to mark the clinic's milestone.

"This day speaks volumes to the dedication of the staff here," said Rear Adm. Elaine C. Wagner, NMCP commander and Navy Dental Corps chief. "As the Dental Corps chief, I am particularly honored to be here with you celebrating the 200th consecutive ship since 9/11 to deploy with operational dental readiness above 95 percent. It is an awesome accomplishment, and it speaks volumes about the dedication and hard work that the entire dental team has put into this effort."

Cmdr. Cory Blaser, Nicholas commanding officer, thanked Wagner for the work of the dental staff with a signed photo of his ship.

"There are many pieces to mission

readiness as my ship gets ready to head out over the horizon to do our job, and everyone in this room helped us prepare," Blaser said. "Dental and medical readiness are both absolutely paramount. I make sure all of my Sailors are ready to go, and the assistance we received from the staff here has been so important in ensuring the health of my people. Thank you all very much and thank you for the continuing support of the fleet."

The accomplishment fits in perfectly with Navy Medicine's goals of readiness, value and jointness.

The 15-member Fleet Dental department operates six Mobile Dental Units, driving two to the Norfolk waterfront Monday through Thursday to give Sailors annual checkups and cleanings pierside, saving thousands of man-hours in travel time between the waterfront and the clinic.

The department provides service to more than 40 cruisers, frigates, destroyers and submarines, generally working with ships six to seven months before a deployment to plan the pierside visits.

During the ceremony, Jesse Medina, BHC Norfolk assistant fleet liaison officer, proudly placed the number "200" onto the clinic's poster that tracks the ships. A retired dental technician, Medina has worked with the Fleet Dental department for more than nine years, helping to provide care for more than 160,000 patients.

"I understand that these ships don't have the dental staff to take care of these Sailors," Medina said. "I very much enjoy taking care of these ships' crew members, and it's the entire clinic that makes this happen."

The clinic had previously recognized ships for meeting the 100th and 150th

Fleet Dental Department at Branch Health Clinic Norfolk:

- 15 personnel maintain the operational dental readiness of more than 10,500 Sailors.
- Provides services to 42 surface and subsurface ship (cruisers, frigates, destroyers and submarines)
- Maintains six Mobile Dental Units with a total value exceeding \$3 million
- Deploys two Mobile Dental Units daily to the Norfolk waterfront to provide dental exams and cleanings. This service saves the Sailor from making a trip to the dental clinic, saving the ship thousands of man hours a year
- Provides services to all personnel mobilizing/demobilizing from Reserve Duty

Accomplishments since Sept. 11, 2001:

- BHC Norfolk, Fleet Department has deployed 200 consecutive ships at or above 95 percent Operational Dental Readiness.
- The Fleet Department has provided 111,860 dental exams
- The Fleet Department has provided 164,106 patients treated (exams and procedures)

consecutive ships to achieve a 95 percent or above rating of dental readiness: USS Bainbridge was the 100th in August 2007, and USS Cole was the 150th in January 2010.

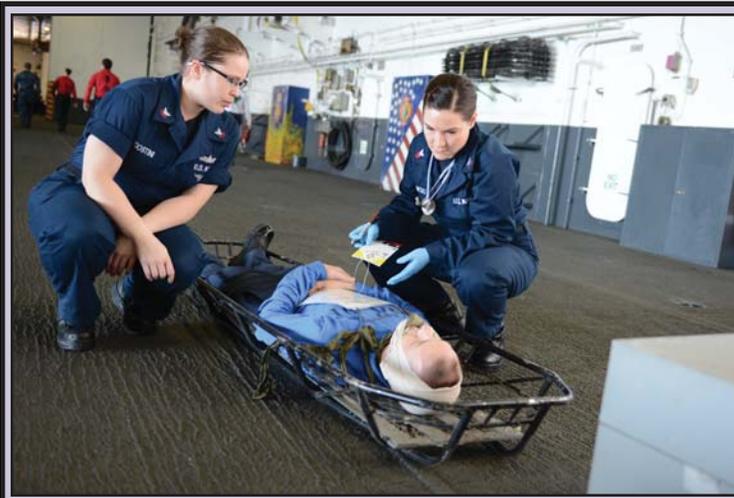


Photo by Mass Communication Specialist 2nd Class Timothy Walker

Mass Casualty Medical Training

Hospital Corpsman 2nd Class Kendrah Agostini, left, and Hospital Corpsman 1st Class Laura Jablinski treat simulated injuries on Aviation Boatswain's Mate (Handling) 1st Class Brian Roy during a mass casualty training exercise aboard the aircraft carrier USS George H.W. Bush (CVN 77). George H.W. Bush is conducting training and carrier qualifications in the Atlantic Ocean.

Officials announce TRICARE Prime service area changes

By Amaani Lyle, American Forces Press Service

WASHINGTON - Active duty service members and their families will be unaffected when long-delayed reductions to areas where the TRICARE Prime option is offered take place Oct. 1, TRICARE officials said yesterday.

But as TRICARE seeks to synchronize service area shifts once staggered by contract delays, some military retirees and their dependents will be moved to TRICARE Standard coverage, S. Dian Lawhon, beneficiary education and support division director, said during a conference call with reporters. Those affected reside more than 40 miles from a military treatment facility or base closure site, she said.

The new contracts limit Prime networks to regions within a 40-mile radius of military treatment facilities and in areas affected by the 2005 base closure and realignment

process, she explained. But provisions will allow Prime beneficiaries who see providers outside the 40-mile service area to remain in Prime if they reside within 100 miles of an available primary care manager and sign an access waiver, she added.

"If TRICARE retirees and young adults live less than 100 miles away from a remaining Prime service area, they can re-enroll in Prime by waiving their drive standards and there will be room made for them," Lawhon said, adding that the networks are required to connect providers to those who elect to waive their drive standards.

Contractors such as United HealthCare Military & Veterans, Health Net Federal Services and Humana Military will continue to assist beneficiaries in obtaining providers in their regions, she added.

"Health care is best if it's local," Lawhon said. "We've established the drive

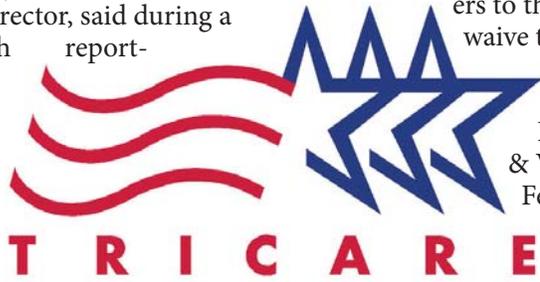
standards [to enable] people to access their primary and specialty care within a reasonable period of time."

Austin Camacho, TRICARE's benefit information and outreach branch chief, said the out-of-pocket, fee-for-service cost of TRICARE Standard would cost a bit more, depending on the frequency of health care use and visits. No cost applies for preventive care such as mammograms, vaccines, cancer screening, prostate examinations and routine check-ups, he added.

Officials estimate the changes will lower overall TRICARE costs by \$45 million to \$56 million a year, depending on the number of beneficiaries who choose to remain in Prime, Camacho said.

Lawhon and Camacho said beneficiaries should speak to their health care providers and families to assess the best course of action.

"We're hoping people will take a careful look at their health care needs," Lawhon said. "We have seen that people using the Standard benefit are very pleased with it, and their customer satisfaction is the highest of all."



Sailors cautioned after legalization of marijuana

By Mass Communication Specialist 3rd Class Vanessa David

EVERETT, Wash. - Although the state of Washington has recently updated the law on the use of marijuana, essentially decriminalizing use for civilians, Zero Tolerance drug policy regulations remain unaffected for Sailors.

The Zero Tolerance drug policy was implemented after a fatal crash of an EA-6B Prowler on board USS Nimitz in 1981, killing 14 crew members and injuring 45 others.

Autopsies were performed and several members of the flight deck crew tested positive for marijuana. Following this discovery, then-President Ronald Reagan instituted a Zero Tolerance drug policy across all of the U.S. Armed Forces.

As a result regular, random urinalysis drug checks are conducted on all military personnel.

"Marijuana can stay in the system for up to 30 days depending on the person's metabolism, dosage and method of consumption," said Hospital Corpsman 3rd Class David Johnson. "Because it's lipid-based, it can stay in the fat cells for a long period of time, whereas water-based substances would flow through very quickly."

Marijuana, or cannabis, induces multiple psychological affects to the users mental state.

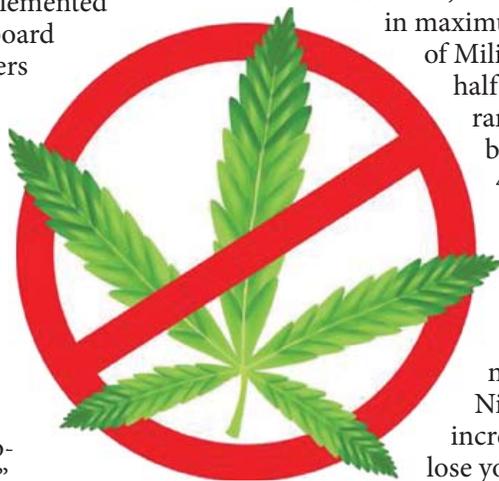
"Being under the influence of marijuana can result in slow reaction speed and poor judgment, and can negatively affect operational success," said Legalman 1st Class Michael Lightsey. "In the case of an emergency, people could get hurt. You don't want anyone to be high while operating a jet."

Illegal or wrongful use, possession, sale, transfer of controlled substances, or any attempt to commit drug offenses results in maximum punishment under the Uniform Code of Military Justice, which includes forfeiture of a half month's pay for two months, reduction in rank, courts martial, three days confinement on bread and water (for E-3 and below Sailors), 45 days of extra duty and 45 days on restriction or 60 days of restriction and discharge from military service.

"Aside from the typical punishment that follows drug use, there are collateral consequences to getting kicked out of the military," said Lt. Cmdr. Ryan Anderson, Nimitz' command judge advocate. "Aside from increasing the difficulty of finding a job, you also lose your G.I Bill. It's not a good idea for Sailors to dabble with marijuana because it's not worth it.

Before you eat that pot brownie, ask yourself if it's worth losing \$90,000."

For more information about the misuse of controlled substances and its consequences, reference Milpersman 1910-146.



Naval Hospital Bremerton earns meritorious unit commendation

By Douglas H Stutz, Naval Hospital Bremerton Public Affairs

BREMERTON, Wash. - Naval Hospital Bremerton (NHB) was formally presented the Meritorious Unit Commendation (MUC) by the commander of Navy Medicine West and Naval Medical Center San Diego Jan 8.

The presentation highlighted Rear Adm. C. Forrest Faison III's two day visit to Naval Hospital Bremerton and associated Branch Health Clinics at Naval Base Kitsap - Bangor, Puget Sound Naval Shipyard and Naval Station Everett.

"This commendation just documents what we already know. The MUC recognizes a great team. It is a real privilege to see such an incredible team provide medical help to our Sailors, Marines and families. Every day you rise to the occasion. I am so incredibly proud of you. On behalf of all those you help, thank you," said Faison.

Faison also held several all-hands Admiral's calls, dined with approximately 20 recently returned Individual Augmentee staff members, and met with current residents in NHB's Puget Sound Family Medicine Graduate Medical Education program. He also met with NHB Sailors and civilians of the quarter and year.



Courtesy photo

Naval Hospital Bremerton

Capt. Christopher Culp, NHB commanding officer notified NHB staff members last month on receiving the command's second commendation. The initial MUC was awarded for meritorious service from Dec. 1, 1996, to Dec. 31, 1999, for providing timely compassionate care in Navy Region Northwest as well as meeting readiness mission needs while deployed to Haiti with Fleet Hospital 5.

"As we haul down the previous MUC that has flown for the past 10 years, it has transcended time and become part of the fabric of the command. The command

itself has maintained the personality and presence that encompasses what the MUC stands for, and this MUC is a direct reflection of Capt. (Mark) Brouker's tenure and accomplishments," said Culp.

The Meritorious Unit Commendation for Naval Hospital Bremerton covered the period July 1, 2008 through Sept. 30, 2011, which was during Navy Medicine West Chief of Staff Brouker's previous tour and 3-year tenure as NHB's commanding officer from July 18, 2008 to Aug. 4, 2011.

The current MUC covered all staff assigned to all active duty component unit identification codes (UIC) within the hospital. The citation, signed for the Secretary of the Navy Ray Mabus by Chief of Naval Operations Adm. Jonathan W. Greenert, recognized personnel of NHB consistently demonstrated exceptional patient and family centered care, graduate medical education, and fleet support while meeting its readiness mission. The citation also cited exceptional performance in multiple areas including dental readiness, graduate medical education excellence, fleet support, tsunami support, environmental excellence and patient care.

Sleep apnea: Keeping millions awake at night

By Lance Cpl. Joshua W. Grant, Marine Corps Base Camp Lejeune

MARINE CORPS BASE CAMP LEJEUNE - Million of Americans suffer from obstructive sleep apnea every year but many people of all ages who have the condition don't realize because they don't know the symptoms and it's often undiagnosed.

At the quarterly retiree town hall meeting at Naval Hospital Camp Lejeune, Navy Lt. Stephanie Fofi, a three-year family medicine resident, gave the retirees much of the information they needed to recognize if they were suffering from sleep apnea.

It is unknown exactly how many people suffer from OSA, but the World Health Organization published the number could be as high as 100 million worldwide, and states less than 25 percent of cases are diagnosed, said Fofi.

Approximately 4 percent of men and 2 percent of women over the age of 35 suffer from sleep apnea but most are unaware it's the cause of their lethargy. Classified as one or more pauses in breathing during the night, sleep apnea is commonly diagnosed through snoring.

"Snoring doesn't always mean you have sleep apnea," said

Fofi. "When you sleep, parts of your throat muscles relax and cause a block in the air way which vibrates, causing snoring."

People shouldn't be too worried if they snore or think they have sleep apnea because the brain automatically wakes you when your breathing pattern is interrupted, said Fofi.

Fofi added breathing abnormalities can happen up to one hundred times per night causing lasting effects during the day.

"It increases the risk of hypertension, stroke and heart attacks, heart failure and heart arrhythmia," said Fofi. "Untreated it also causes daytime sleepiness that increases risk for work-related and motor vehicle accidents."

Despite the symptoms and effects of sleep apnea, there are many treatment methods. Surgery, medications, oral appliances and Continuous Positive Airway Pressure machines all help to rid individuals of sleep apnea.

CPAP machines are a type of head gear worn during sleep that regulates air flow to keep breathing consistent at night.

Fofi said OSA is not always an immediate threat, but without treatment it can cause lasting effects which threaten the health and safety of millions.

For more information visit www.sleepfoundation.org.



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



NMRC trains biological detection team at Air Force base

By Senior Airman Benjamin Wiseman,
36th Wing Public Affairs

ANDERSEN AIR FORCE BASE, Guam—“Out of sight; out of mind” is never the policy of the 36th Medical Group lab detection team, who work year-round to ensure Airmen here are always prepared in case of a biological attack or a medical epidemic.

The 36th MDG lab technicians take proficiency exams to stay current on training for biological attacks or a medical epidemic. The proficiency test examines not only the technician, but the entire detection process.

Every lab technician is required to take a hands-on test and a written test for identifying agents. Each quarter, the lab technicians rotate to take the proficiency test. This ensures everyone in the laboratory is able to identify and process biological agents.

“This process is not like riding a bicycle or tying your shoe. It is not that simple,” said Maj. Philip Bossart, 36th MDG Diagnostic and Therapeutic Flight commander. “If we don’t practice this process, a critical step might get forgotten or the wrong agent might be identified. A mistake would impact the base’s mission, its people and possibly the local community. This is why we train as seriously as we do.”

The testing process starts with unidentified biological agents being sent from the Naval Medical Research Center to Andersen, where lab technicians screen and identify the unknown agent.

“Luckily, the 36th MDG lab hasn’t encountered a real world situation here,” said Bossart. “But because of their training, we will be ready.”

With a recently acquired extraction kit, the bio-detection team can now identify a wide variety of biological agents and



Photo by Senior Airman Benjamin Wiseman

Tech. Sgt. Anthony Lowman, 36th Medical Group biological detection team chief, prepares denatured biological samples during proficiency training. The 36th MDG laboratory is tested every quarter to ensure their personnel, equipment and identification procedure is proficient in case of a biological attack or medical outbreak.

contaminants. The new kit allows them to rapidly identify the agent and give base leadership more time to respond in case of a medical epidemic or attack.

“We process the biological agents through our Joint Biological Agent Identification and Diagnostic System, which allows us to test for several agents at once instead of one-by-one,” said Tech. Sgt. Anthony Lowman, 36th MDG biological detection team chief. “Since we can test multiple agents at once, we usually can identify it in two to four hours. We then give base leadership the results, and they determine the course of action depending on the agent pre-sent.”

Denatured biological agents are used during the proficiency tests. These agents are safe to the user and the public, but

still the team takes every precaution as if they were real.

“All agents are tested in a geo-graphically separated containment area from the medical group that has its own contained ventilation system,” said Lowman. “This way the base is safe from any samples we may be testing.”

The biological detection teams advise Airmen to refrain from handling any possible biological agents.

“If you come upon a possible biological agent, whether it is white powder or something else, don’t collect a sample or bring it to the medical facility,” said Bossart. “Keep away, secure the surrounding area and call 911. Our emergency response professionals are trained to handle these types of hazards.”

COLONOSCOPIES

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copy, CT colonography evaluates the abdominal organs outside the colon and, in certain circumstances, may reveal a “clinically important” finding.

“A CT colonography could detect an early cancer of the kidney years before it would have presented clinically, enabling early treatment,” said Sweet.

In the United States, the majority of individuals eligible to undergo a colorectal cancer screening decide not to get it done,

possibly because of the invasiveness of an optical colonoscopy, said Sweet.

“By offering CT colonography as a less invasive alternative, more people will be willing to undergo colorectal cancer screening and, therefore, screening compliance will increase,” said Sweet.

NMCS providers recommend patients schedule their first colonoscopy at the age of 50, or if patients have a family history of colon cancer should schedule their first exam 10 years prior to when a family member was first diagnosed with colon cancer.

Preparing Aviators For Warfighting

By Cmdr. Matthew W. Hebert, Naval Aviation Survival Training Program Manager, U.S. Navy Bureau of Medicine and Surgery

A U.S. Navy F/A-18E pilot and his wingman were on a routine trans-Atlantic ferry flight back to the United States. It was a beautiful cloudless late-fall evening, with night quickly approaching. The air crew was two hours into a five hour flight which was progressing 'as normal.' Both aircraft were flying straight and level in formation over the water at an altitude of 38,000 feet and cruise speed of 325 knots. There was no land in sight. The next rendezvous with the in-flight U.S. Air Force KC-135 tanker was scheduled in 30 minutes. Soon, refueling would be an issue.

The lead pilot was communicating his current flight parameters and briefing the specifics of the refueling rendezvous with his wingman, when the wingman noticed that the lead's speech was becoming slurred, and it was taking 'longer-than-normal' to communicate his thoughts. The wingman asked how the lead pilot was feeling, and his lead responded that he was beginning to feel light-headed, dizzy and confused. The pilot personally noted that he was having trouble focusing on the instruments, even though they were both flying on auto-pilot. There were no secondary aircraft indications that there was an oxygen system malfunction. What could be wrong?

The wingman quickly realized from his recent requalification at the Aviation Survival Training Center (ASTC) on the Reduced Oxygen Breathing Device (ROBD) that his lead was likely experiencing hypoxia, a condition that starves the brain of oxygen. He immediately instructed his lead to execute specific emergency procedures that would allow him to begin to breathe emergency oxygen. This simple set of actions took the pilot several attempts to accomplish successfully. The wingman radioed to declared an emergency and requested immediate descent of the flight to an altitude of 10,000 feet from Air Traffic Control, which is the



Photo by Photographer's Mate Airman John Ciccarelli

A student attending the refresher course in water survival at Aviation Survival Training Center, Marine Corps Air Station Miramar, Calif., is dragged with a pulley in a pool to simulate an ejection seat being pulled by a parachute in water.

altitude where hypoxic hypoxia (altitude hypoxia) should no longer be an issue. Both aircraft began an immediate descent and were able to make alternative provisions to obtain in-flight fuel and allow both aircrewmembers to land safely as soon as an available airfield was available.

Although this scenario is fictional, it is not improbable. There have been instances where flights similar to this have occurred but the outcome was much more tragic. The loss of an aircraft, and more importantly the loss of a Naval Aviator, degrades warfighting readiness. Almost 90 percent of all U.S. Navy mishaps are attributed to human factors, and can be reduced or eliminated by regular training.

To improve survivability of flight personnel, enhance flight mission performance and decrease mishap rates in the U.S. Navy and Marine Corps, the Chief of Naval Operations (CNO) designated the Bureau of Medicine and Surgery (BUMED) as the Training Agent for Aviation Physiology and Water Survival training. Pilots, aircrew, selected passen-

gers, project specialists and other authorized individuals who fly in USN/USMC aircraft are required to visit one of eight ASTC's to complete initial and refresher training that emphasizes human factors and physiological threats in aviation physiology: hypoxia, hyperventilation, trapped gas expansion, decompression sickness, situational awareness, spatial disorientation, aviation life support systems, aeromedical aspects of ejection, fatigue and acceleration (G training). Students also are required to complete initial and refresher water survival training: over-water parachute descent procedures, parachute drag, helicopter hoisting, underwater egress/underwater problem solving, survival swimming, rescue devices and life raft organization.

For more information on the Naval Survival Training Institute and locations of the Aviation Survival Training Centers, go to <http://www.med.navy.mil/sites/nmotc/nsti/Pages/default.aspx>.

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