



# Navy and Marine Corps Medical News



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

**July 2011**

## **MEDNEWS Items of Interest**

July marks "Navy Medicine's Focus on Mental Health." This month takes a look at how Navy Medicine heals wounded warriors in body, mind, and spirit. Also, it highlights some specific ways Navy Medicine is advancing mental health care from an operational stress control perspective.

### **Navy Weeks 2011**

Navy Medicine will be participating in Navy Week cities: Los Angeles (July 28-30), and San Antonio (Oct. 24-30). For more information on Navy Weeks go to [www.NavyWeek.org](http://www.NavyWeek.org)

**Ethics Education Conference** will be held at the Smithsonian, Sept. 7, at the Baird Auditorium, Smithsonian National Museum of Natural History. Register early at: <http://bit.ly/ioMY7B>

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## **Did You Know?**

**OASIS** (Overcoming Adversity and Stress Injury Support), is a pilot treatment program that provides intensive mental health care for service members with combat related mental health symptoms from PTS, to major depression, anxiety, or substance abuse.

# Navy Week Chicago

## *Navy Medicine discusses Warrior care*

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

CHICAGO - The Rehabilitation Institute of Chicago (RIC) and Navy Medicine met to discuss innovations in wounded warrior care as part of Chicago Navy Week June 29.

Rear Adm. Elaine Wagner, director, Navy Medical Resources Plans and Policy Division; and Dr. James Kelly, director of the National Intrepid Center of Excellence in Bethesda, Md., met with RIC leadership, staff and patients, and toured the facility during the visit.

RIC is widely recognized as the leading provider of physical medicine and rehabilitation, and is the largest private rehabilitation research center in the world with more than 250 projects underway from bionic limbs to rehabilitation outcomes.

"The U.S. military has the best trauma teams in the world who are saving more lives on the battlefield than ever before," said Joanne Smith, MD, president and chief executive officer of RIC.

"It is an honor to partner with the Defense Department to bring novel treatments to benefit our wounded heroes and offer the greatest recovery possible."

The Navy health care executives discussed ongoing partnership programs designed to improve the quality of life for personnel who were severely wounded in combat and met with a wounded Marine who was part of a new pilot program in rehabilitation care with RIC.

"I was really lucky to come to RIC; as the care is individually based," said Lance Cpl. Ed McDonough.

McDonough was a gunner in a Humvee that was hit by an improvised explosive device (IED) Aug. 5, 2009, in Afghanistan where he lost a leg and had complications associated with traumatic brain injury (TBI) and post traumatic stress disorder (PTSD).

After spending time undergoing rehabilitation treatments at Walter Reed

See WARRIOR, Page 3



CHICAGO - Rear Adm. Elaine Wagner, director, Medical Resources Plans and Policy Division, OP-NAV code N931, and Chief, Navy Dental Corps, is shown the advanced features of various prosthetics by Joanne Smith, MD, president and chief executive officer, Rehabilitation Institute of Chicago, as part of Chicago Navy Week 2011, June 29.

## Navy Medicine Focuses on Mental Health

Whenever I speak on the issue of mental health care, I emphasize that we need to focus on how we heal our wounded warriors not just in body, but in mind and spirit. So many of the injuries we see today are unseen and these invisible wounds of war not only have a tremendous impact of our personnel, but they affect military readiness. As we strive to help our men and women in uniform heal, we need to remember that they also have families who serve their loved ones, and often become victims of fatigue, stress and mental trauma as well.

Families are an integral part of a comprehensive treatment program, and of healing. This is what comprehensive care, and our patient and family-centered care model is all about.

Throughout my four year tenure I have made mental health a key focus of the comprehensive care we provide Sailors, Marines, and their families. In past issues I've focused on some of our traumatic brain injury diagnosis and

treatment programs that also support mental health wellness. In this issue I'd like to highlight some specific ways we are advancing mental health care from an operational stress control perspective.

Navy Medicine is doing everything we can to ensure a continuum of psychological healthcare is available to service members throughout the deployment cycle – pre-deployment, during deployment, and post-deployment.

**“I am confident that the Navy Medicine team will continue to do their best to help our wounded warriors and their families.”**

*-Vice Adm. Adam Robinson, Jr.,  
U.S. Navy Surgeon General*

Our mental health specialists our forward deployed in operational environments to provide services where and when they are needed. This is really the best way to stem some of the consequenc-

es of stress and mental health issues. If we can treat them in real time in the field, we can get an individual back to duty faster and hopefully cut off the necessity for any long term treatment or long-term disability from illness. In addition, we are making mental health services available to family members who may be affected by the psychological consequences of combat and deployment. Our focus is multi-disciplinary-based care, bringing together medical treatment providers, social workers, case managers, behavioral health providers and chaplains.

I believe we have made great strides in developing numerous programs and initiatives to help our Sailors, Marines, and their families, transition and reintegrate from the combat zone to the home front. While we still have much work to, I am confident that the Navy Medicine team will continue to do their best to help our wounded warriors and their families.

It is my honor to represent you as your Surgeon General. Thank you for everything you do, but most of all, thank you for your service.



Vice Adm. Adam M. Robinson, Jr.,  
U.S. Navy Surgeon General

### Navy Medicine Mental Health Care Programs

- **OSCAR** (Operational Stress Control and Readiness) teams help to build resilience and decrease stigmas associated with seeking psychological health care. OSCAR teams are embedded psychological health professionals within operational units in theater and provide early intervention and prevention support throughout all phases of deployment.
- **SPRINT** (Special Psychiatric Rapid Intervention Teams) are Navy Medicine's primary response resource in providing rapid short term support following operational mishaps and critical events involving loss of lives. SPRINT's mission is to provide individuals with educational and supportive service in group and individual settings that are designed to facilitate the normal recovery process and reduce the potential for future problems that can impact operational readiness.
- **OASIS** (Overcoming Adversity and Stress Injury Support), is a pilot treatment program that provides intensive mental health care for service members with combat related mental health symptoms from PTS, to major depression, anxiety, or substance abuse.
- **FOCUS** (Families Over Coming Under Stress), is a family-centered resiliency training program based on evidence-based research interventions that enhance understanding, psychological health, and developmental outcomes for highly stressed children and families. FOCUS participation has increased family and child positive coping and reduced parent and child distress over time.



**Navy and Marine Corps  
Medical News**

Navy Bureau of Medicine and Surgery

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# Navy Medicine launches new blog

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

WASHINGTON - Navy Medicine announced the launch of its new blog July 5, designed to facilitate a unique and constructive two-way dialogue between Navy Medicine and its stakeholders, including service members and their families.

"My hope is that this open forum will serve to inform and generate lively discussion all across our enterprise and around the world," said Vice Adm. Adam M. Robinson, Jr., U.S. Navy surgeon general, and chief, Bureau of Medicine and Surgery (BUMED).

Navy Medicine is committed to delivering meaningful and current information on its global operations while garnering feedback from the medical community and those Navy Medicine serves.

Blog topics will include Navy Medicine's support of global operations, humanitarian aid and disaster relief, stories about the courage and sacrifice of Navy Medicine, noteworthy research and development, and discussion items relevant to Navy Medicine.

"With the spirit of commitment and service in mind, let us begin the discussion of how we can best meet our current and future challenges," said Robinson. "I encourage all readers and bloggers, no matter their rank, posi-

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## Preventive Medicine: Just Say 'No' to Bugs

By Lt. Lori Perry, M.D., M.P.H., Preventive Medicine Officer

Lt. Lori Perry is a Preventive Medicine physician, assigned to the medical team for Pacific Partnership 2011. She is responsible for force health protection and public health education and program development.

My top three pet peeves when it comes to my job are, in no particular order:

1. When people call it "Preventative" Medicine. No offense. It's just one of those things.
2. You have to eat the buffalo chicken MRE if you want Reese's Pieces.
3. Very few people seem to know, strictly speaking, what it is we do at work.

WAMPAR, Papua New Guinea (May 24, 2011) -- Hospital Corpsman 2nd Class Cyril England tests the potable water tank at a medical civic action project for Pacific Partnership 2011. Pacific Partnership 2011 is a five-month humanitarian assistance initiative that will make port visits to Tonga, Vanuatu, Papua New Guinea, Timor-Leste, and the Federated States of Micronesia.

Navy Medicine Video

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Navy Medicine is a global healthcare network of 63,000 Navy medical personnel around the world who provide high quality health care to more than one million eligible beneficiaries. Navy Medicine personnel deploy with Sailors and Marines worldwide, providing critical mission support aboard ship, in the air, under the sea and on the battlefield.

Navy Medicine Social Media

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Navy Medicine launched its new blog on DoDLive July 5, designed to facilitate a unique and constructive two-way dialogue between Navy Medicine and its stakeholders, including service members and their families.

tion, or location, to provide constructive feedback on our goals and policies, because a good idea knows no rank."

The Navy Medicine blog is available at: <http://navymedicine.navylive.dodlive.mil>.

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vide high quality health care to more than one million eligible beneficiaries. Navy Medicine personnel deploy with Sailors and Marines worldwide, providing critical mission support aboard ship, in the air, under the sea and on the battlefield. For more information visit <http://www.med.navy.mil>.

## WARRIOR

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Army Medical Center for amputation and TBI care, he was referred to the NICoE for specialized treatment in TBI and PTSD.

"Lance Cpl. McDonough was a good candidate for the Day Rehabilitation Program at RIC which is a chairman of the joint chiefs initiative to expand the level of care for our wounded warriors," said Kelly. "This is a pilot program designed to leverage highly specialized services available in the private sector that can be tailored to meet specific individual needs."

While at RIC, he received a new custom limb for running and high performance activities, and his PTSD symptoms have improved through many treatments, including innovative biofeedback strategies used at RIC.

"I hope by my being here, I can smooth out any bumps and pave the way for some of my buddies to also receive care at the Rehabilitation Institute of Chicago

in the future," said McDonough. "I'm running now which is pretty cool, and I am feeling much better."

During the tour Wagner emphasized the military's commitment to caring for wounded personnel.

"Our wounded warriors deserve nothing but the best care available to help them heal physically, psychologically and emotionally," said Wagner. "We must maintain our commitment to their long-term care as the wounded young men and women of today will still need our care for years to come."

Navy Medicine is a global health care network of 63,000 Navy medical personnel around the world who provide high quality health care to more than one million eligible beneficiaries. Navy Medicine personnel deploy with Sailors and Marines worldwide, providing critical mission support aboard ship, in the air, under the sea and on the battlefield.

Chicago Navy Week is one of 21 Navy weeks occurring this year. Navy Weeks are designed to show Americans the investment they make in their Navy and increase awareness in cities that do not have a significant Navy presence.

# Hospital Corpsman awarded Silver Star

Navy Medicine Support Command  
Public Affairs

FORT BRAGG, N.C. – A Navy Hospital Corpsman was awarded the fourth highest military honor during a June 24 ceremony at the U.S. Marine Corps Special Operations Command (MARSOC) at Marine Corps Base Camp Lejeune, N.C.

Hospital Corpsman 1st Class (FMF/DV/FPJ) Amilcar Rodriguez, was awarded the Silver Star for actions on Nov. 6, 2009, while serving as a combat adviser and corpsman with Marine Special Operations Company F, 2nd Marine Special Operations Battalion, Marine Special Operations Regiment, Special Operations Command, in support of Operation Enduring Freedom while deployed to Afghanistan.

Rodriguez, an Avon, Conn., native originally from Caguas, Puerto Rico, is a trauma instructor at the Naval Special Operations Medical Institute (NSOMI), the Navy detachment within the Army Joint Special Operations Medical Training Center (JSOMTC) at Fort Bragg. He accepted the award in front of family and friends, crediting his actions during the four-hour gunfight to his training and experience gained during multiple missions, emphasizing the team work and camaraderie of his Company F teammates.

"This is recognition of what my team and I went through and how we reacted to the situation," said a humble and understated Rodriguez. "I had multiple roles on the team, and during that encounter I was prioritizing as well as being a corpsman for the team."

According to the citation, Rodriguez and an Afghan partner had established a rooftop over watch position. Shortly after, a U.S. Marine



Photo by Cpl Kyle McNally, Marine Corps Special Operations Command

CAMP LEJEUNE, N.C. - U.S. Marine Corps Major Gen. Paul E. Lefebvre (left) awards Hospital Corpsman 1st Class (FMF/DV/FPJ) Amilcar I. Rodriguez the Silver Star medal during a June 24 ceremony at Marine Corps Special Operations Command in Camp Lejeune, N.C. Rodriguez, assigned as Company F, 2nd Marine Special Operations Battalion combat advisor and corpsman during a Nov. 6, 2009 firefight during which he was wounded, now serves as a trauma instructor at the Naval Special Operations Medical Institute (NSOMI).



and two Afghan Commandos who were part of Rodriguez' team were wounded by an enemy sniper. Rodriguez immediately returned fire into the enemy position, killing two members of the opposing force, and, despite imminent danger, moved to the wounded Marine's position. While extracting the Marine, Rodriguez sustained three gunshot wounds from a sniper.

Other Marines pulled Rodriguez and the other wounded service members from the roof, during which time Rodriguez calmly directed the initial assessment and treatment of the injuries he and the other service members had sustained.

Though seriously wounded, Rodriguez calmly instructed another medic during the stabilization of other injured

personnel later in the engagement.

"Petty Officer Rodriguez' heroic actions are in keeping with the proud tradition of Hospital Corpsmen who deploy with Sailors and Marines worldwide both in wartime and in peacetime," said Navy Surgeon General Vice Adm. Adam M. Robinson, Jr.

"The bond that Corpsmen share with Marines is like none other - it's sacred and unique. When our Marines deploy, they know they will be well-cared for, from the battlefield to when they return home. We will follow the Marines into heaven or to the gates of hell."

The Silver Star is awarded for gallantry in action against an enemy of the United States while engaged in military operations with a friendly force.

JSOMTC is a subordinate of the Naval Operational Medicine Institute in Pensacola, Fla., and the Navy Medicine Support Command in Jacksonville, Fla.



## Got News?

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

# Medical Home Port sets up in Japan

By Pfc. Brianna Turner, Marine Corps Bases Japan

CAMP FOSTER, OKINAWA, Japan — Okinawa recently became the first overseas location to adopt the U.S. Navy's newest program designed to revolutionize Navy Medicine and the Military Health System.

The Medical Home Port model, which was launched in the U.S. in 2009, is in alignment with the Navy's strategic goal for patient and family-centered care.

The model, currently being used at Camps Kinser and Courtney, introduces a new approach to providing comprehensive health care to active-duty service members and their families.

"The model offers service members and their family's team-based care which includes a physician leader, a mid-level provider, such as a physician assistant, a nurse, corpsman or medical technician, and the front desk staff," said Cmdr. George L. Dyer, director of branch clinics U.S. Naval Hospital

Okinawa. "The goal of this approach is that there will always be someone in the doctor's office that knows the patient and their situation."

Cmdr. Steven A. Kewish, a Family Medicine physician with USNH, said the plan is to incorporate additional team members to the health care model.

"In the future there could also be pharmacists, nutritionists and social workers," he said.

The new model introduces many improvements from the way Navy medicine conducts business, said Kewish.

"In the past, patients and providers were matched but if they couldn't be put together in an appointment, the system fell apart," said Kewish. "In the new model, patients will always be cared for by their team. If they need to see a physician, it will be from their team. If they need to talk to a nurse or have a question answered, it will be

done from within their team."

Along with offering patients a team of health care providers, this new model will make access to care easier, as well as help cut medical costs.

"Patients will have same- or next-day access to clinics, which will cut down emergency room visits and save money," said Dyer.

Medical Home Port allows patients to book appointments, communicate with their care takers and view their lab results using



the internet.

"There is a program we use called Relay Health," said Dyer, "It provides a private and secure messaging platform for patients to easily communicate with their doctors and health team."

The new model is scheduled to begin at Camp Lester's Family Medicine Clinic Aug. 1.

## Navy Medicine seeks SARP counselor candidates

By Paul R. Dillard, Navy Medicine Public Affairs

WASHINGTON - Navy Medicine announced June 21 it is looking for E-5 through E-9 Sailors to become drug and alcohol counselors for the Navy and Marine Corps Substance Abuse and Rehabilitation Program (SARP).

Approved applicants attend an 11-week Navy Drug and Alcohol Counselor School (NDACS) at the Surface Warfare Medical Institute in San Diego, Calif., and enter into a training pipeline that offers the potential for both Navy and international civilian certifications.

"We are looking for individuals who can really relate to other people," said Ted Judson, assistant department head for certification and contracts, NDACS. "We need candidates who have good active listening skills, can empathize well with others, who can be non-judgmental and show warmth and positive regard for others."

NDACS Students learn counseling skills and techniques, the integration of 12-step programs with bio-cycle, social and spiritual aspects of substance abuse and dependence.

Sailor and Marine applicants can be from any rating but must meet certain criteria, including having no record of non-judicial punishment for at least two years and must have stable personal affairs.

"Many students arrive with little or no exposure to work in mental health or substance abuse settings but have amazing treasures of life experiences, and end up leaving with profoundly altered views of the world around them – and of themselves," said Jerry Adams, a psychologist and clinical preceptor at NDACS. "They leave with skills that ready them for lifelong learning which is so essential to success in this field."

NDACS is designed to provide training to military personnel who will eventually provide outreach, screening, assessment, and treatment of alcohol and other drug addictions for fellow Sailors and Marines. The school convenes a new class five times a year and is now accepting applications for its session that begins Oct. 4, 2011.

Students participate in a variety of classroom activities including didactic lectures and experiential activities. They go through a three-week practicum experience where they actually go into the field and work with drug and alcohol abusers in a treatment setting, before wrapping up their final week with information and readiness surrounding their internship.

"There is no other Navy school like this, no other experience like this," said Judson. "If you want a challenge to reach out beyond what you are doing now, then try this on."

**"If you want a challenge to reach out beyond what you are doing now, then try this on."**

*-Ted Judson, assistant department head for certification and contracts, Navy Alcohol Counselor School*

# Navy Explores Medical Partnerships with Vietnam

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

WASHINGTON - The Navy's top medical corps officer discussed areas of mutual interest with senior military officials of the government of Vietnam during their visit to the United States, June 15.

Navy Surgeon General Vice Adm. Adam M. Robinson Jr. met with Lt. Gen. Tran Quang Khue, vice chairman of Vietnam National Committee for Search and Rescue, and deputy chief of the General Staff, People's Army of Vietnam; and Senior Col. Gen. Vu Quoc Binh, surgeon general, People's Army of Vietnam; where they explored areas of enhanced military partnerships related to military medicine and medical research.

Robinson began discussions of possible military medical partnerships with Vietnam's military medical leadership in 2008, and visited the country in June 2010, to continue the dialogue. During the meeting in Washington, Robinson reemphasized the value of establishing global partnerships to meet common challenges.

"Medicine and medical research are universal languages," said Robinson. "Diseases affect us all the same way. By working together in areas such as infectious disease research, we help not only both our nations, but the world meet these health challenges."

In addition to discussions of collaboration on infectious disease research,

other areas of discussion included HIV, Dengue fever, malaria, zoonotic diseases, infection control, and under-sea medicine.

"Military medical partnerships have been one of the best examples of the positive growing relationship between our two countries," said Binh. "We fully support Vietnam's medical cooperation with our U.S. counterparts."

Both countries continue to participate in high-level diplomatic exchanges, taking place both in Vietnam and in the United States. The most recent was Secretary of the Navy Ray Mabus' trip to Vietnam Nov. 28, 2010, where he met with military leaders in Hanoi, Ho Chi Minh City and Vietnam's Naval Headquarters in Hai Phong, where he expressed the importance of building a strong bilateral relationship.

"As we look to the future, there is great potential for our two navies to work closely together on areas of mutual interest like maritime security, search and rescue, humanitarian assistance and disaster relief as well as peacekeeping operations," said Mabus.

The United States and Vietnam have engaged in several medical engagements over the past years including the June 2010 visit of the Navy hospital ship USNS Mercy (T-AH 19) visit to Quy Nhon, Vietnam, as part of Pacific Partnership 2010 (PP10). While there, the PP10 team worked alongside the people of Binh Dinh Province to deliver a variety of humanitarian and civic assistance programs ashore and



U.S. Navy photo by Capt. Cappy Surette, Bureau of Medicine and Surgery

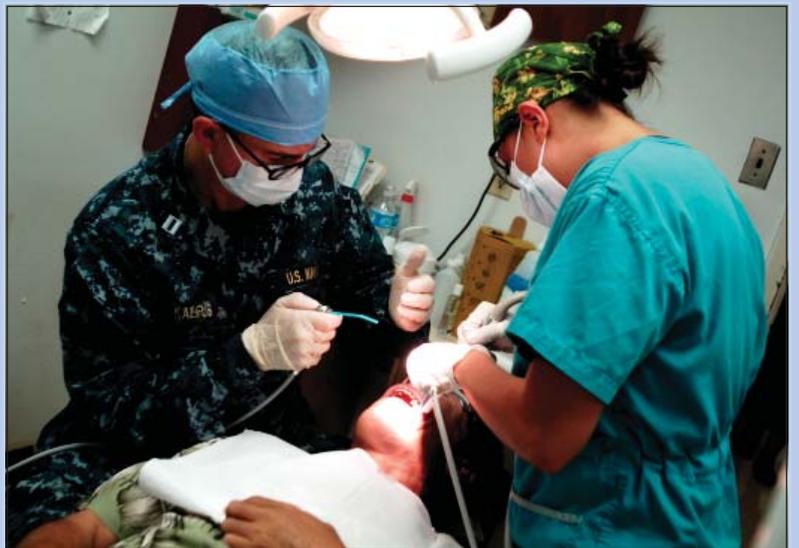
HANOI, Vietnam - Navy Surgeon General Vice Adm. Adam M. Robinson, Jr. and Nguyen Quoc Trieu, Vietnam's Minister of Health exchange gifts during a meeting in Hanoi May 28, 2010. Robinson met with senior Vietnamese leadership to discuss potential opportunities for enhanced bilateral military medical partnerships during his visit to the country as part of Pacific Partnership 2010.

on board the hospital ship.

"We have seen great mutual benefit from our recent medical engagements with Vietnam and look forward to identifying additional opportunities to work together in areas of public health research, medical education and other areas," said Robinson. "I am inspired by the spirit and enthusiasm of these discussions and look forward to enhanced relations between our two countries."

## Pacific Partnership 2011

POHNPEI, Federated States of Micronesia - Lt. Arthur Kalfus, left, and Hospital Corpsman 3rd Class Celina Sweat perform dental procedures on the President of Micronesia, Manny Mori, during a medical civic action project at the Pohnpei State Department of Health Services as part of Pacific Partnership 2011, July 11. Pacific Partnership is a five-month humanitarian assistance initiative that will make port visits to Tonga, Vanuatu, Papua New Guinea, Timor Leste, and the Federated States of Micronesia.



U.S. Air Force photo by Airman 1st Class Haleigh Greer/Released

# Navy entomologists respond to Hawaii Dengue Fever

By Chris Aguinaldo, Navy Region Hawaii Public Affairs

JOINT BASE PEARL HARBOR-HICKAM, Hawaii —When a possible dengue threat hit Hawaii earlier this year, personnel from Joint Base Pearl Harbor-Hickam contributed their expertise to help.

“Dengue Fever can be a debilitating mosquito-borne disease,” said Naval Medical Research Unit 2 (NAMRU-2) Pacific Microbiologist Lt. Dustin Harrison. “Although not often fatal, it causes severe headaches, and muscle, eye and joint pain.”

However, he explained when multiple forms of the dengue virus are introduced into an area, there is an increased risk for an even more serious form called Dengue Hemorrhagic Fever (DHF).

“Because Hawaii has mosquitoes that are capable of efficiently transmitting the virus and there is no specific treatment for infection, it is important to quickly identify and respond to any potential outbreak as soon as possible,” said Harrison.

NAMRU-2 Pacific and Navy Environmental and Preventive Medicine Unit 6 (NEPMU-6) teamed up to assist the state of Hawaii after reports of dengue fever in the islands in February when the state Department of Health confirmed four cases of dengue fever on Oahu.

These initial cases were reported to have no history of travel to a dengue endemic area and were localized to a single neighborhood in Pearl City, a short distance from the U.S. Marine Corps Manana Housing area.

Since February, NAMRU-2 Pacific and NEPMU-6 have been assisting with the outbreak by providing informational pamphlets to Manana Housing residents, educating the public on ways to control mosquitoes around their homes, and conducting mosquito



Courtesy photo

JOINT BASE PEARL HARBOR-HICKAM, Hawaii — U.S. Naval Medical Research Unit No. 2 (NAMRU-2) Pacific microbiologist Lt. Dustin Harrison, watched by Lt. Ian Sutherland, Navy Environmental and Preventive Medicine Unit No. 6 (NEPMU-6) entomologist, prepares a sample for molecular analysis. The NAMRU-2 Pacific and NEPMU-6 teamed up to assist the State of Hawaii with an outbreak of dengue fever that hit the islands earlier this year.

trapping and dengue testing.

“Prevention is the key to reducing mosquito bites,” said Lt. Ian Sutherland, NEPMU-6 entomologist. “Eliminating sites where mosquito larvae can grow is the single most effective step.”

“Nearly anything that can hold water for five days can serve as a source of mosquitoes. Inspect and repair window and door screens to keep mosquitoes from entering homes. Wearing lighter colored, long-sleeved clothing as well as personal insect repellent containing DEET can also be effective at reducing the risk of mosquito bites,” he added. Both Sailors agree that if personnel suspect a dengue infection, they should call a physician or medical care provider.

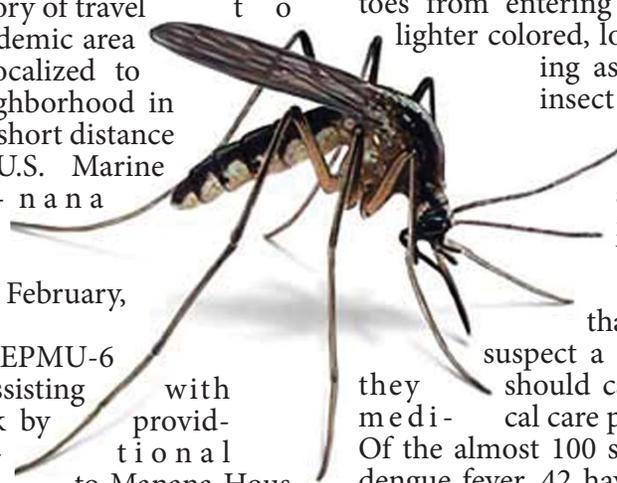
Of the almost 100 suspected cases of dengue fever, 42 have tested negative with the rest awaiting testing, which is being done by the joint NAMRU-2/NEPMU-6 lab, the Hawaii State Labs

and the Centers for Disease Control and Prevention in Atlanta. The samples have been collected from all over Oahu.

The NAMRU-2/NEPMU-6 staff have collected and identified 1,905 *Aedes albopictus* females (the vector for dengue virus in Hawaii) from three sites set up by the NEPMU-6 Entomology Department and one site set up by the state of Hawaii. The mosquitoes are being analyzed using a prototype dipstick test for dengue virus that is being field tested and evaluated in conjunction with Walter Reed Army Institute of Research.

This type of testing is only one of the many things the units are involved in. NAMRU-2 Pacific conducts research on infectious disease agents throughout the Pacific and South East Asia.

NEPMU-6 oversees prevention and control strategies against insect-borne diseases, water-quality problems, and any other conditions threatening the health of Pacific Sailors and Marines.



# Recognizing the Contributions of Navy Aerospace Medical Research Efforts

By **Cmdr. Rita Simmons, Executive Officer, Navy Medical Research Unit-Dayton**

As the Naval Aerospace Medical Research Laboratory (NAMRL) closes the book on its 70-plus year history in Pensacola, the laboratory's scientific resurgence and push to maintain mission execution during a tumultuous period of reorganization and relocation to Ohio to become part of Navy Medical Research Unit-Dayton continues to be widely recognized.

Fittingly, in June 2011 NAMRL was awarded the Meritorious Unit Commendation (MUC) by the Secretary of the Navy for consistently demonstrating meritorious achievements above and beyond mission requirements from April 1, 2007 to April 1, 2010. The MUC is awarded to units whose accomplishments and achievements set it apart from other units performing similar services and is comparable to the individual Bronze Star award.

NAMRL distinguished itself by executing and delivering award winning products to the fleet and maintaining high levels of research quality and productivity during the Base Realignment and Closure (BRAC) relocation from NAS Pensacola, Fla. to Wright-Patterson Air Force Base in Dayton, Ohio. While many units facing BRAC intentionally scale down work volume

or cease operations entirely, NAMRL improved scientific productivity by eight-fold, significantly increased sponsorship and research funding, and transitioned five innovative scientific products to the Fleet.

In addition to setting itself apart through excellence in research and development, NAMRL personnel prepared for the BRAC transition, managing the complex logistics associated with physically moving the laboratory over 750 miles. NAMRL personnel and leadership successfully oversaw the design and construction of a \$13 million MILCON (military construction) and assumed the role of technical lead for the design-build of two novel research devices, one of which was a \$19 million, one-of-a-kind Disorientation Research Device that will be a cornerstone of Navy Medicine's aeromedical research program.

Although one of the smallest laboratories in the Navy Medicine Research and Development Enterprise, NAMRL was recognized by several federal, national, and international organizations for producing outstanding research, with six awards bestowed, including two Federal Laboratory Consortium awards for Technology Transfer, the only laboratory in the Enterprise to ever receive this honor.

NAMRL leadership instilled a cul-



**Cmdr. Rita Simmons, Executive Officer, Navy Medical Research Unit-Dayton**

ture of service, resulting in a heightened commitment to its mission to directly impact warfighter readiness and Fleet survivability with relevant operational products. The award is a testament to the distinctive accomplishments, unrelenting perseverance, and unfailing devotion to duty displayed by the officers and staff of NAMRL, and represents the culture of excellence that will continue at Naval Medical Research Unit-Dayton.

## Macklin Symposium Autism and the Military Child

**WHEN:** Sept. 13-14, 2011, 8:00am to 5:00pm

**WHERE:** The Renaissance Portsmouth Hotel and Waterfront Conference Center, 425 Water Street, Portsmouth, VA 23708.

**WHAT:** A multi-disciplinary two-day training symposium on autism spectrum disorders (ASDs). Topics address current knowledge and future directions in the care and treatment of children with ASDs, with specific emphasis on the needs of military children.

**WHO SHOULD ATTEND:** Anyone interested in autism spectrum disorders including: military family members, educators, physicians, etc.

**REGISTRATION DEADLINE:** Aug. 15, 2011

**COST:** There is no fee for this training; however, registration is required. Lunch is on your own.

**POC:** (757) 953-7379 or [Glenda.Lewis-Fleming@med.navy.mil](mailto:Glenda.Lewis-Fleming@med.navy.mil), <http://www.med.navy.mil/sites/nmcp/pages/autism2011.aspx>

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Medicine news and daily  
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